MINUTES OF THE FIRST MEETING

Held at the Cyprus Hilton Hotel, Nicosia
on Tuesday, 20 August 1968, at 9.30 am

CHAIRMAN: Dr V. Vassilopoulos (Cyprus)

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Representatives of Associate Member States

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World Health Organization

Secretary to the Sub-Committee (ex-officio)  Dr. A.H. Taba, Regional Director
Representative of the Director-General  Dr. F. Dorolle, Deputy Director-General

Representatives of United Nations Organizations

UNITED NATIONS  Dr. V.J. Ram
UNITED NATIONS DEVELOPMENT PROGRAMME (UNDP)  Dr. Earl C. Hald
UNITED NATIONS CHILDREN'S FUND (UNICEF)  Mr. Gurdial S. Dillon
UNITED NATIONS RELIEF AND WORKS AGENCY FOR PALESTINE REFUGEES (UNRWA)  Dr. M. Sharif

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

LEAGUE OF ARAB STATES  Dr. N. Nabulsi
INTERNATIONAL DENTAL FEDERATION  Dr. St. Ph. Lyssioti
INTERNATIONAL STATISTICAL EDUCATION CENTRE (ISEC)  Mr. F.iz El Khouri
US NAVAL MEDICAL RESEARCH UNIT No. 3 (NAMRU 3)  Dr. L.G. Dickson
1. OPENING OF THE SESSION: Item 1 of the Provisional Agenda

The REGIONAL DIRECTOR, in the absence of the Chairman of Sub-Committee A of the Seventeenth Session of the Regional Committee for the Eastern Mediterranean, declared the meeting open.

He invited H.E. Mr Glafcos Clerides, Acting President of the Republic of Cyprus, to inaugurate the Session.

2. ADDRESS BY THE ACTING PRESIDENT OF THE REPUBLIC OF CYPRUS

Mr GLAFCOS CLERIDES said he had great pleasure in inaugurating Sub-Committee A of the Eighteenth Session of the Regional Committee for the Eastern Mediterranean and in extending to the representatives, on behalf of His Beatitude the President of the Republic, the people of Cyprus, the Government and himself, a warm welcome to the island. It was gratifying that the Member States of the Eastern Mediterranean Region, with which Cyprus was bound by strong ties of mutual respect and friendship, had been able to accept his Government's invitation.

His Government had always attached great importance to the United Nations, not only for its role in tackling the political problems of the world, but also for the work of the specialized agencies, which had been entrusted with the task of solving many of the complex problems that confronted humanity. Those agencies had, with zest and ability and in a constructive manner, fought many battles against disease, pestilence, shortage of food and other important issues. In so doing, they had helped the world, and particularly the developing countries, in a most significant manner, and had succeeded in promoting international co-operation and understanding, thus contributing greatly towards peace and stability in the world.

He was fully aware of the work accomplished by WHO in the many fields of international health and was greatly impressed by the significant contribution the Organization had made in helping developing countries to plan and strengthen their health services.
The Government of Cyprus was fully conscious of the fact that the health of the citizens of a nation constituted a paramount source of strength and a necessary prerequisite for progress and development. The health of the younger generations, on which the future of the world depended, was rightly considered an important subject to which WHO devoted its attention.

He did not feel qualified to address a Committee of experts on such a specialized subject as "World Health". He would therefore confine himself to expressing the wish that the deliberations of the session would be fruitful and that representatives would have a pleasant stay in his country.

3. ADDRESS BY THE MINISTER OF HEALTH OF THE REPUBLIC OF CYPRUS

H.E. Mr TASSOS PAPADOPOULOS, Minister of Health of the Republic of Cyprus, wished on behalf of his Government and himself to extend a very cordial welcome to all the Representatives. His Government and people considered it a great honour that the Sub-Committee should be meeting in his country, and also saw in it a big opportunity for Cyprus to play its modest role in fostering international health co-operation.

Of all the United Nations specialized agencies, perhaps none was doing more to unify mankind than WHO; in no field, perhaps, was the need for international co-operation more important and more self-evident than in that of health. In the world of to-day, when modern technology was eliminating the geographical boundaries of nations and expanding the horizons of the universe, no country could wage the battle against disease in isolation or ignore the health situation among its neighbours: a danger to health anywhere was a latent source of danger everywhere. Today more than ever before in history the struggle for better health had ceased to be a national affair and become an international concern. Health for all countries depended on the intricate system of international control, reporting and co-operation. It was in that field that the unifying influence of WHO proved the solid foundation on which international co-operation in other fields was also built.
The countries of the Eastern Mediterranean Region were fortunate in having found in the person of the Regional Director, Dr Taba, an extremely able and devoted international functionary who fervently believed in, and unremittingly pursued the cause of ever-expanding international co-operation in the many fields of concern to WHO. He hoped he was not offending Dr Taba's well-known modesty by taking the present opportunity of paying public tribute to him.

If he laid so much stress on the role of WHO in promoting international co-operation, it was because he sincerely believed that the cause of better health for all humanity did in fact encompass almost every aspect of the activity of organized society as it existed nowadays. There was practically no facet of scientific, cultural, educational, financial and social planning which did not touch upon or was not influenced by the state of health of the people of each and every country.

For WHO the fight to preserve and improve health was not limited to combating disease and creating more hygienic conditions of living. To attain "a state of complete physical, mental and social well-being and not merely the absence of disease of infirmity", it was not enough to care for the sick and invalid, to replace malfunctioning limbs, to create and operate clinics and health centres; it was necessary to co-ordinate every plan of the organized community, to utilize every achievement of modern technology, to mobilize all the financial and human resources of a country.

In order to achieve the environment in which alone such a state of complete health could be attained, a dynamic and balanced rate of economic growth was necessary, and conversely, a satisfactory level of public health was a pre-requisite for sustained economic well-being. It was, therefore, very aptly pointed out by Dr Taba in his report to the present session that "Health improvement is part of a much larger complex and cannot be considered in vacuo... long-term health plans form an intricate part of programming for socio-economic development".
That statement alone gave an idea of the complexity and magnitude of the problem. The full dimensions of the task ahead could be realized only when the same problem was put in its international perspective. If "complete health" in any one country could be achieved only by integration of its health planning into its economic planning, a universal improvement in health conditions could be achieved only through international co-operation and co-ordination of efforts.

In spite of man's fantastic achievements in science and technology, the most formidable and most ancient problems were still besetting the human family. Many of its members lived in poverty, misery and despair. More than one in three suffered from malnutrition. One in eight suffered from trachoma or lived in an area where malaria was still a threat. Ten million suffered from leprosy. In many countries of Africa, Asia and Latin America the vast majority of infants had a life expectancy of only 25 years. Cancer was claiming its terrible toll of human lives, and cardiovascular diseases still ranked first as a cause of death in Europe and the United States. No one country had the economic resources, the expert knowledge or the time to face those problems alone; it was necessary for many countries to pool their resources and rally the campaigners in all the different specialities to the crusade against disease in all its forms.

It was normal, when considering the struggle against disease, to think first of all of the doctor. He of course played a unique and perhaps the fundamental role in the health team, but his efficacy depended on the co-operation of many of its other members: the laboratory technician, the nurse, the paramedical staff, the health educator, the sanitary engineer, the welfare worker, the research worker and the statistician. How to train all those experts and achieve a balance between supply and demand for them, how to co-ordinate and finance their efforts, were problems that WHO was called upon to tackle and which constantly recurred in regional and world-wide meetings of the Organization. Some of them with special bearing on local conditions, formed the important subjects of the agenda of the present session.
It was only through the exchange of experience, the co-ordination of efforts, the pooling of resources and regional planning that those formidable tasks could be tackled. Although over-all patterns could be discerned, health problems differed according to region, climate and local conditions, and also the wealth and stage of development of each country.

No one could deny the importance of good public health to the welfare of a population, nor the significance of satisfactory levels of health in programming economic development. The success of any programme of economic development depended on the mobilization and full utilization of the manpower of each country, and hence any investment which aimed at keeping a country's manpower healthy, vigorous and productive must be considered a sound one. On the other hand, no grandiose scheme for rapid health improvement could survive for long without a sound infrastructure to finance and sustain a steady improvement in the health services. The great challenge to any government was to establish a balance between the rate of economic growth and the rate of development of health services.

How man, and his organized society, was to solve the problem of utilizing every available resource, within his limited capabilities, in the service of a better state of health for all, and how he was to make better health the tool and the foundation of his sustained economic growth, was the biggest challenge which nowadays faced humanity. WHO had accepted that challenge; meetings such as the present one provided a unique opportunity to review its past efforts and plan its strategy for tomorrow. And in health matters "tomorrow" of course meant the next ten or twenty years.

Health was no exception to the economic rule that the satisfaction of one need created others more difficult to satisfy. The struggle for better health was universal and probably eternal. The challenges facing humanity in the field of health were formidable. To paraphrase the words of a great statesman: "All of them will not be tackled here; all this will not be attempted in this meeting. Nor will it be tackled in the next meeting, nor in our
generation, nor even perhaps in our lifetime on this planet. But let us begin. Let us not only maintain our effort, but also persevere together; let us not only endure, but also prevail in our wish to co-operate; and I am confident, if we maintain the pace, we shall in due season reap the kind of world we deserve and deserve the kind of world we shall create”.

4. ELECTION OF OFFICERS: Item 2 of the Provisional Agenda

The REGIONAL DIRECTOR invited nominations for the Office of Chairman of the Sub-Committee.

Dr NABILSI (Jordan) proposed Dr Vassilopoulos, Director-General of Health of the Republic of Cyprus.

Dr OSMAN (Sudan) and Dr EL KADI (United Arab Republic) seconded the proposal.

Decision: Dr Vassilopoulos was unanimously elected Chairman.

Dr Vassilopoulos took the Chair.

The CHAIRMAN invited nominations for the two posts of Vice-Chairmen.

Dr NABILSI (Jordan), seconded by Dr OSMAN (Sudan), proposed Dr Morshed (Iran), and Dr OSMAN (Sudan), seconded by Mr JASSIM HIJJI (Kuwait), proposed Dr Nabilsi (Jordan).

Decision: Dr Morshed and Dr Nabilsi were unanimously elected Vice-Chairmen.

5. ADDRESS BY ELECTED CHAIRMAN

The CHAIRMAN said that the Committee's gesture in appointing him Chairman conferred on him a great honour which he took to be reflected on the country that had the privilege of acting as host for the present session.

He wished to congratulate the two Vice-Chairmen on their election. With their assistance he hoped he would be able to guide the discussions on the items of the Agenda to a successful conclusion. He also wished to pay a warm tribute to the out-going Chairman, the Minister of Health of Iran, H.E. Dr Shahghol.
The presence of the Deputy Director-General of WHO was a special privilege and honour for the Sub-Committee. Everyone knew Dr Dorolle's outstanding contributions in all fields of public health and his efforts to improve the health of the peoples in all parts of the world.

He also took the opportunity to congratulate the Regional Director and his staff for the very comprehensive annual report in which WHO's willingness to continue its assistance to Member States for formulating their long-term health plans and co-ordinating their health programmes was reaffirmed.

The emphasis laid by the Organization on such important subjects as education and training - which was the key to any health development - the control of communicable diseases, with special reference to the eradication of malaria and smallpox, public health services and environmental health was highly commendable.

He would not take much of the Sub-Committee's valuable time to report on the health situation in Cyprus and on what had been achieved, as he had had an opportunity to do so during previous sessions, but he would take the liberty of referring to some of the highlights. Reflecting the concept of health as an important element in any programme for economic development, a second five-year health plan had been integrated into the country's second five-year socio-economic plan. The main objectives of that development programme were: the development of a community health service, the strengthening of the existing public health services, the organization of the public health services in the rural areas, and the further improvement of environmental hygiene.

With regard to the first objective, the government had given serious consideration to the possibility of introducing some sort of community health service, and to that end an expert adviser had been invited to study the problem on the spot. According to that expert's recommendations, two approaches were possible, either through the development of an independent national health service or through the extension of the existing social insurance scheme so as to include medical care among the benefits already provided. The problem
was, however, more complex than it might appear at first glance and require very careful consideration of all the factors involved. The most important of those factors, which were common to either type of scheme, were firstly the economic implications and secondly the shortage of medical and paramedical personnel. Hence the introduction of either type of service had had to be postponed, but meanwhile all necessary preparatory measures for attaining the goal at a later date would be pursued with determination.

For further improvement of the public health services it would be necessary to ensure that a higher standard of medical care was available to all sections of the community, to accelerate post-graduate training of medical and paramedical personnel, and to increase hospital accommodation in the general and specialized hospitals. To that end a new 600-bed General Hospital was to be built in Nicosia.

In conclusion, he wished on behalf of the people of Cyprus to express his gratitude to the World Health Organization, and in particular to the Regional Director, Dr Taba, for his untiring efforts to improve the health of the people of Cyprus. He also wished to give an assurance that his country was constantly endeavouring to make the best possible use of the assistance given to it by the Organization.

6. ADDRESS BY THE REGIONAL DIRECTOR

The REGIONAL DIRECTOR said it was a great privilege to welcome all the Representatives to the annual session of Sub-Committee A of the Regional Committee and to express the deep appreciation of the World Health Organization to His Beatitude Archbishop Makarios, the President of the Republic, and to the Government of Cyprus, for their generous hospitality. The meeting would no doubt benefit from the added stimulus of His Beatitude's interest in the Organization's activities as expressed during the audiences he had been privileged to be granted when visiting Cyprus.
The present meeting was a suitable occasion for a brief assessment of the joint activities of Member countries as WHO was passing the twenty-year mark. Many successes had been achieved in the fight against disease since the countries of the area had got together to set up the WHO Eastern Mediterranean Region with a programme far out-reaching anything previously attempted. And tangible progress had been recorded in the Region during the past twenty years: a three-fold increase in medical manpower; a thirty percent drop in the infant mortality rates of several countries; definite advances in the all-out malaria eradication drive which already protected 100 million people in the region; steady progress towards the eradication of smallpox, whose annual occurrence was dropping sharply in most countries; experimental break-throughs in the struggle against trachoma and schistosomiasis.

Health was indeed gaining on disease. But the task ahead, accentuated as it was by the pressure of a soaring population, did not allow any lessening of effort. Communicable diseases were still rife in large areas. Most Eastern Mediterranean countries were still short of doctors and medical auxiliaries. And the new stresses and strains of modern life confronted them with more commitments in fields long unexplored.

Problems of growing concern to the countries of the Region included industrialization with its occupational hazards; urbanization with its possible squalor, air pollution, social maladjustment and disease; tribal disintegration and its impact on mental health - to mention but a few of the problems now being increasingly tackled in their local or regional context.

But whatever the problems approached, whether old or new, past experience gave mounting evidence of the two-fold need for investment in human resources through education, and for long-range planning of health activities within the wider framework of overall development schemes.

While the building up of a medical and auxiliary task force was everywhere imperative to set the stage for further progress, long-term planning of health programmes with well-dosed priorities was of utmost importance if the early gains achieved were to be consolidated and benefits from the large investments in money and manpower were to be reaped.
In the countries of the Region, emerging with such forced rapidity into the mid-twentieth century, health programmes ought to be as closely related as possible to plans aimed at reducing poverty through increased agricultural production, or at raising living standards through industrialization.

With that in mind, health policy makers of several countries - including Cyprus, as the Sub-Committee had just heard - had rightly launched long-term health plans, mostly of a five-year duration, as an integral part of their programmes for socio-economic development. Similar plans were being drafted in other countries as more health planners realized that such a long-term policy, with its less immediate but more lasting results, was the key to success in health promotion.

The last World Health Assembly's resolution drawing the attention of Member States to the importance of national long-term health planning also stressed the need for regional and inter-regional long-range programming - a point of particular relevance to the Eastern Mediterranean Region whose complex geographical pattern, and position at the crossroads of three other regions, called for close co-ordination of health activities across borders.

WHO was well-suited to play a guiding role in that respect, and to help countries in the establishment of their planning units and the formulation of their plans. And the Regional Office was ready to provide further assistance in that field.

The task was not an easy one. Reliable statistics, and essential tool in planning, were scarce. The formulation, operation and evaluation of health programmes were all too often based on sample surveys and conjectural estimates.

Another widely-felt handicap to planning in the region was the dearth of trained personnel. It impeded the two processes of planning and implementation, for even the most modest plans, once established, could not be fulfilled without the minimum of staff.
Health planning was indeed an arduous administrative exercise calling for expertise, patience and ingenuity. It was also a highly rewarding one, leading to a more effective use of health personnel and resources.

Several countries, including Cyprus, had gained experience in that field, resulting in a more efficient deployment of health activities. And interest in long-range planning had increased among other Eastern Mediterranean countries.

Such a trend away from piecemeal and dispersed efforts, towards a coordinated and integrated approach to health work, within the framework of overall development schemes, augured well for the future. He felt confident that that sound approach to health problems would prove an important factor in speeding up health progress in the Region.

7. ADDRESS BY THE DEPUTY DIRECTOR-GENERAL

The DEPUTY DIRECTOR-GENERAL wished, through the Chairman, to convey to the Acting President and to the Minister of Health of the Republic of Cyprus the Organization's deep gratitude for their attending and addressing the meeting. It was a further token of the friendly and co-operative spirit that Cyprus had always displayed towards WHO, and which was further evidenced in the warmly hospitable welcome extended to those attending the session.

His first duty was to convey to the Sub-Committee the greetings and good wishes of WHO's Director-General, Dr Candau. The Director-General was sure that, as usual, the session would be a successful and useful one and under the Chairman's expert guidance the Sub-Committee would carry out its responsibilities, whether statutory or delegated to it by the Health Assembly, of making a searching review of the past year's work and a detailed scrutiny of the estimates prepared by the Regional Director for the next financial period. Those two functions of the Regional Committees were essential to the work of WHO. It was in the Regions that the activities of the past year could be examined in detail by experts conversant with local conditions, and that
budgetary proposals could be discussed by the people closest to the problems and best able to judge whether or not a project was sound. One of the greatest achievements of WHO had been to make regionalization part of its essential structure. Other organizations also held various regional meetings which were indeed extremely useful, but WHO's advantage was that regionalization had been built into its Constitution and made possible a very wide measure of decentralization from the start.

What he had said would show the importance attached to the meetings of the Regional Committees by the Health Assembly and the Director-General. He was sure that in the beautiful island of Cyprus the present Sub-Committee would once again hold a successful, constructive and useful session.

8. HOURS OF WORK

Dr NABILSI (Jordan) proposed that the Sub-Committee should meet from 9.30 a.m. to 1.30 p.m.

It was so agreed.

9. ADOPTION OF THE AGENDA: Item 3 of the Provisional Agenda (document EM/RC18/1)

The CHAIRMAN invited comments on the provisional agenda.

There were no comments.

The Provisional Agenda was adopted.

10. APPOINTMENT OF THE SUB-DIVISION ON PROGRAMME: Item 4 of the Provisional Agenda

The REGIONAL DIRECTOR suggested that the Sub-Division on Programme, composed of the Sub-Committee as a whole, should meet on Thursday morning.

Dr MORSHEDE (Iran) proposed that Dr Mardan Ali (Iraq) should be appointed Chairman of the Sub-Division on Programme.
Dr NABILSI (Jordan) seconded the proposal.

Dr Mardan Ali was unanimously elected Chairman of the Sub-Division.

11. ELECTION OF THE CHAIRMAN OF THE TECHNICAL DISCUSSIONS

Dr OSMAN (Sudan) proposed that Dr Jalloul (Lebanon) should be appointed Chairman of the Technical Discussions.

Dr RABBAT (Syrian Arab Republic) seconded the proposal.

Dr Jalloul was unanimously elected Chairman of the Technical Discussions.

12. STATEMENT BY THE DEPUTY DIRECTOR-GENERAL (Cancellation of the meeting of Sub-Committee B of the Eighteenth Session of the Regional Committee for the Eastern Mediterranean)

Dr DOROLLE, Deputy Director-General, said that on 14 July 1968, the Government of Israel had informed the Regional Director of WHO that it did not propose in the future to participate in the meetings of Sub-Committee B of the Regional Committee. As no other Member Government had expressed a desire to participate in the meeting, the Regional Director had had no alternative but to cancel it. In accordance with World Health Assembly resolution WHA.11.2 the Director-General would have to report that occurrence to the World Health Assembly. The decision of the Government of Israel not to participate in future meetings of Sub-Committee B created a new situation, and the Executive Board and the World Health Assembly would have to seek a solution to it. The Executive Board would be informed of the situation before the next Assembly met, and in accordance with its Rules of Procedure, representatives of Member States of the Eastern Mediterranean Region could appear at its meetings as observers.

The fresh situation created by the decision of the Government of Israel should not in any way affect the work of the Regional Committee. The views expressed during the meeting and the Report of the Sub-Committee would, in due course go to the Director-General.
Dr NABILSI (Jordan), commenting on what was said by Dr Dorolle, Deputy Director-General of WHO stated that he understood that Israel did not wish to attend the meeting of Sub-Committee B in order to be able to join this Sub-Committee. As representative of the Hashemite Kingdom of Jordan he declared his categorical refusal to the participation of Israel in this Sub-Committee. A nation which had violated all moral values and completely disregarded the resolutions adopted by the biggest international organization, the United Nations, as well as the Security Council resolutions; a nation which had recently attacked the city of Salt, killing and wounding tens of innocent inhabitants and farmers, regardless of age and sex, using its Skyhawks to spread destruction and destitution; a nation which disrespected human values and violated human rights should not be allowed to joining this august Committee. He therefore declared in advance, refusal of his Government to the participation of Israel in this Sub-Committee. He wished those words to be recorded literally in the minutes of the meeting.

13. ANNUAL REPORT OF THE REGIONAL DIRECTOR TO THE EIGHTEENTH SESSION OF THE REGIONAL COMMITTEE; STATEMENTS AND REPORTS BY REPRESENTATIVES OF MEMBER STATES: Item 6 of the Provisional Agenda (document EM/RC18/2)

Dr TABA, Regional Director, said that, before introducing his annual report, he wished to welcome two new members of WHO, the Peoples' Republic of Southern Yemen as a full Member and Bahrain as an Associate Member. He regretted that there were no representatives of Southern Yemen at the meeting, because of circumstances beyond their control, but he hoped that they would participate in future meetings.

Turning to the report, he said that it covered the period from 1 July 1967 to 30 June 1968. The report itself contained details of all the activities of the Regional Office, and he would only refer to the more important subjects in his introduction. The year, although it had begun in inauspicious circumstances because of the Middle East crisis, which had caused a considerable disruption of the health programmes in certain countries, had returned relatively to normal. WHO had provided considerable assistance to the Governments concerned in dealing with the health problems that had been created, and most of the staff had returned to their duty stations.
An important point stressed in the report was long-term health planning, which he had discussed in earlier annual reports. Various countries in the Region had long-term plans, and some countries had even embarked on their second five-year plan. Other countries were preparing similar plans, and the Regional Office was giving assistance, or would be prepared to give assistance, in their preparation. An allied problem was that of co-ordination, not only with other countries, but also with other Regions. Plans had already been made for co-ordination between the countries in the Region and with countries in other Regions.

He proposed to submit to the Regional Committee at its Nineteenth Session a detailed programme covering the next few years of the activities of the Regional Office, indicating the areas of activity which, in his opinion, should receive increasing attention. Any advice and guidance from the Sub-Committee would be welcome and would be borne in mind in preparing the programme.

The present year was the last one in which the United Nations Development Programme Technical Assistance component would operate on a biennial basis, as new procedures, incorporating continuous programming, would take effect from 1969. Under the new system, requests for assistance covering a period of up to four years which had been accepted by the Government co-ordinating body could be submitted to UNDP on an individual basis, at any time as and when the need occurred. It was exceedingly important that countries in the Region should put the case for the health component as strongly as possible so that the health programmes should not suffer. Approval by the United Nations depended very largely on the presentation of the projects.

What he had said about the Technical Assistance component applied equally to the United Nations Special Fund, which financed large projects in various sectors of the economy, including the field of health. If any of the countries in the region wished to apply to the Special Fund for assistance in such fields as, for example, environmental health or water supplies, the Regional Office would be glad to provide any assistance required in preparing the requests.
The expansion of the health services in many countries had made it essential to train more and more diversified health personnel at all levels. At the last meeting of the Regional Committee he had referred to the new medical schools established in Tunisia and Ethiopia. Kuwait and Libya were now planning new schools and the Regional Office was helping in the preparation of the plans. A school had also been opened at Aleppo, Syria, with assistance from WHO.

A Special Group Meeting on Medical Education held in Baghdad in November 1967 had constituted an Interim Organizing Committee for the establishment of an Association of Medical Schools in the Middle East. A meeting of that Interim Committee had been held in the Regional Office from 24 to 26 June 1968 and the Draft Constitution of the Association was prepared. It would be further studied at the forthcoming Regional Group Meeting on Medical Education to be held in Khartoum in December 1968. In a related field, another Interim Committee had been organized, through a recommendation of a Conference of Directors or Representatives of Schools of Public Health held in Manila in November 1967, to consider the establishment of an Association of Schools of Public Health pertaining to four WHO Regions (AFRO, EMRO, SEARO and WPRO). He felt that the two Associations would provide further collaboration between the various institutions and also promote standards and policies.

The charts and figures beginning on page 26 of the Annual Report showed the extent to which the fellowship programme was expanding. The number of fellowships awarded had increased to 457 in 1967, and they covered all categories of health personnel - doctors, technicians, nurses, and others, - depending on the needs of countries. There was much emphasis at present on medical educators who could convey to teachers the recent developments on the subject, and on nursing, since nursing was still weak in the Region. Apart from the aid WHO gave to nursing institutions within the individual countries, it also awarded fellowships. The whole problem of education and training was, in his view, of enormous importance in the work of WHO, because of the shortage of health personnel.
The annual report gave details on the control and eradication of communicable diseases. On the whole, in spite of problems and technical obstacles, the malaria eradication programme was progressing satisfactorily. The problem of vector resistance had cropped up in southern parts of Iran and Iraq and WHO, along with the Iranian Government, had tried out new insecticides with success; that finding was of importance for other Regions as well. A programme for malaria eradication had been begun in Tunisia and, because of the planned integration of the programme into the health services, the prospects were good.

Much had been achieved in the campaign against tuberculosis since it had been realized that BCG vaccination could be carried out without a previous tuberculin test. Another important advance was the realization that BCG vaccination could be carried out simultaneously with other vaccinations such as smallpox. The Regional Office would be very glad to help in the planning of programmes for simultaneous vaccination.

Smallpox was still endemic in the Region; there had been over 10,000 cases last year. Governments within the region had embarked on active campaigns against the disease, with WHO help in the form of advice and supplies. Smallpox vaccination had been greatly facilitated, with economical results, by the use of jet injectors and bifurcated needles. Freeze-dried vaccine also constituted an important advance, of obvious value within the Eastern Mediterranean Region, and WHO was helping with the improvement of the quality of vaccines.

The laboratory services in most countries of the Region were developing in a satisfactory way, but there was still much room for improvement. The Regional Office was prepared to give every assistance to countries wishing to improve such services.

The subject of ionizing radiation had been discussed in detail at the previous session of the Regional Committee. The protection of the population was still unsatisfactory, and practically no country had enacted adequate
legislation laying down the responsibilities of the health authorities. The largest amounts of radiation received by the population still came from medical uses and it was obviously a public health responsibility to control them. There was now an adviser on radiation in the Regional Office, and any assistance would gladly be given to countries requiring it.

In the field of nutrition, much remained to be done within the Region, the younger age groups, especially children at the stage of weaning, being the most affected by malnutrition. In some countries, but by no means all, milk substitutes that were acceptable in presentation and in taste were produced cheaply for the population, but it was desirable that they should be produced in all countries. A seminar would take place in 1969 and would deal with the question of nutrition.

In relation to community water supply programmes, a number had begun in the Region. He stressed the fact that, if a programme was properly conceived, it would be entitled to help from the United Nations Special Fund. The Regional Office would be prepared to help with plans for such projects. Often, though well planned and well installed, waterworks were not properly maintained because of the lack of trained staff. A valuable project in the field of training of waterworks personnel was that started in October 1966 in Sudan and completed in March 1968. Another such course was being planned.

The Twentieth Anniversary of WHO had been widely covered in the Region by all the communication media. An excellent book had been published by the Regional Office entitled "Men and Medicine in the Middle East", which covered all the activities of WHO in the Region and also mentioned some historical events in the Region in relation to the medical sciences. It had to be remembered that the science of medicine had largely originated in the Region. Arabic and French versions of the book would be published shortly and he hoped that they would be widely disseminated. Any comments on the book would be very welcome.
It was a source of pleasure that in 1968, for the first time, the Shousha Foundation Prize and Medal had been awarded within the Region, to Dr A. Kamal of the United Arab Republic, an outstanding public health worker, and also a personal friend of the late Dr Shousha.

In conclusion, he expressed his sincere thanks to all the Governments of the Region for their effective and close collaboration with WHO. Without such collaboration the Regional Office would not have achieved all that it had done so far. Among the many collaborators had been Dr El Mohandes, Minister of Health, United Arab Republic, whose recent death had caused great sorrow to WHO and the health circles in the Region.

Dr EL KADI (United Arab Republic) thanked the President and Government of Cyprus for their hospitality and congratulated the Chairman and Vice-Chairmen on their appointment. The Regional Director's annual report was excellent and had rightly placed great importance on medical education, since most countries in the Region were short of health staff.

Like the Jordanian Representative, he wished to state categorically that no representative of his Government would sit at the same table with any representative of the Government of Israel in a regional meeting. The Israeli Government had been guilty of a continuous series of aggressive acts against the Arabs that were marked by unbelievable atrocities, and there was no doubt that they were in the process of driving Arab people from their lands in order to replace them with Israelis.

Dr NABILSI (Jordan) associated himself with the representative of the United Arab Republic in congratulating the Chairman and Vice-Chairmen on their election and in thanking the Cyprus Government for its hospitality. The annual report so ably introduced by the Regional Director comprehensively covered WHO activities in the Region. As the Regional Director had stressed, economic and social development was fundamental to the improvement of the health of countries. In his country the economic, social, and health situation had been improving until the recent Middle East crisis, which had
greatly affected the health programme. The situation was deteriorating, not only in relation to health, but also in relation to the political situation, which might well cause another war. His country was now full of hundreds of thousands of refugees whose condition had been made worse because the winter of 1967-68 had been an exceptionally cold one; the result was the recrudescence of many diseases, especially tuberculosis. Much help, for which his Government was very grateful, had been given by the Regional Office as well as by UNICEF and other agencies and Arab and other friendly countries. The Government of Iraq had offered a hospital and sent medical teams, and the Government of Iran had built a camp for 5000 refugees and was supplying it with food and medicine.

He would have liked the Sub-Committee to meet at Jerusalem, but Jerusalem was now in occupied territory and it would not be possible for his Government to invite the Sub-Committee until it had been freed.

Dr MARDAN ALI (Iraq) congratulated the Chairman and other officers on their election and wished the Sub-Committee every success in its deliberations. He expressed the Iraqi Government's appreciation to the Government of Cyprus for its generous hospitality.

The fact that the health projects in Iraq were progressing satisfactorily was due in large measure to the efforts made by the Regional Director and to the collaboration of the Regional Office with the Government of Iraq.

Although there had been some difficulties with the malaria eradication programme, the Ministry of Health had recently increased its allocation for this purpose and it had been decided to apply the insecticide OMS-33 in southern Iraq where some 10 000 persons were now protected against malaria. No case of insecticide poisoning had been detected.

The advisory services in epidemiology had recently been extended by WHO and the Ministry of Health intended to build laboratories to co-ordinate the work that was being developed in this field.
The provision of a WHO consultant to assist the Government in the design of community water supplies was much appreciated as was the Organization's assistance in all aspects of medical and auxiliary education.

The importance that his Government attached to the rural health advisory services was indicated by the fact that it had recently allocated the sum of six million dinars for rural health centres.

His Government endeavoured to collaborate with WHO in every way and was pleased that a WHO Representative was assigned to Baghdad and hoped that the new training centre there might be designated a Regional Centre.

He was much distressed at the persecution of his Palestinian colleagues by Israel, which was committing atrocities. It was up to the members of the Eastern Mediterranean Region to put an end to such practices. In matters of health, Iraq was assisting Jordan by the establishment of a hospital and by the regular provision of medical supplies.

In conclusion, he thanked the Regional Director and all his staff for all they had done for his country and for others in the Region.

Dr RAIBAT (Syrian Arab Republic) thanked the Cyprus Government for its hospitality and expressed his appreciation to the Regional Director for his great assistance over the past year. The other Member States in the Region were also to be thanked for their collaboration one with another and for the vast amount of information that they had made available for the greater benefit of the Region as a whole.

One of the factors most seriously affecting health in the Region was the exploitation of man by man and the occupation of one country's land by another. In that connection, the Syrian Arab Republic wished to associate itself with the statements of previous speakers to the effect that they must refuse to be seated at the same Regional meeting as any representative of Israel. That country was promoting epidemics by its bellicose activities and by exporting
human populations. Not only must material and medical assistance be given to those suffering from aggression, but their dignity and their land must be restored to the Palestine refugees and their aggressors must be forced to cease their barbarian actions.

Dr C. K. HASAN (Pakistan) congratulated the Chairman and other officers on their election and expressed his gratitude to the Government of Cyprus for its hospitality. He congratulated the Regional Director on his annual report which was a masterpiece of lucidity and had his wholehearted support. It laid the right stress on the important problems of malaria and smallpox eradication. It was thanks to the help of WHO that Pakistan had been able to tackle these problems, although the work on smallpox eradication was only starting. The great assistance that WHO was providing towards the training of medical and paramedical personnel was greatly appreciated as it was indispensable to the successful prosecution of both immediate and long-term programmes. The diversity of such programmes in which WHO was collaborating was clear from the headings in the project list for Pakistan contained in the annual report.

He requested the Regional Director, WHO, to make it possible to organize a seminar in the year 1970 on Tropical Disease in Dacca, where Government of Pakistan has established recently a School of Tropical Medicine and Hygiene.

Dr TEKLE (Ethiopia), after congratulating the Chairman and other officers on their election, expressed the Ethiopian Government's thanks to His Beatitude the President of Cyprus for his generous invitation and hospitality.

He had been much impressed by the clarity, brevity and coherence of the Regional Director's annual report. The diversity of activities shown there reflected the Regional Director's unswerving support for health activities in all countries of the Region.

Dr MALASPINA (France) associated himself with the thanks and congratulations of previous speakers, and wished particularly to express his appreciation of the help in tuberculosis control that WHO was providing in the French Territory of the Afars and the Issas.
Dr HACHICHA (Tunisia) congratulated the Chairman and Vice-Chairmen on their election and thanked the Regional Director for the comprehensiveness and meticulous analysis of his annual report. He also thanked the Cyprus Government for their gracious reception and kind hospitality.

He expressed his Government's solidarity with other Arab States regarding Israel, and emphasized that the Government of Tunisia would refuse to sit at a Regional conference at which that country was represented. He thanked the Deputy Director-General for his presence, which he took to be a reflection of WHO's concern at the situation.

Mr HIJJI (Kuwait), after congratulating the various officers on their election and thanking the Cyprus Government for its kind invitation, said that his Government would also find it impossible to attend a Regional meeting at which Israel was represented.

The Regional Director was to be congratulated upon his annual report. One of the most important problems in which, so far as Kuwait was concerned, was tuberculosis. Every effort was being made to eradicate that disease in Kuwait, and for that purpose the collaboration of WHO and of neighbouring countries was essential. Smallpox eradication was another matter of great concern to his country which was doing all it could to achieve the aims set out for the Region. Great strides had also been made in improving school health and in the training of medical personnel.

He expressed his Government's condolences to the Government of the United Arab Republic on the recent death of the UAR Minister of Health.

Finally, he welcomed the Representative of the new Associate Member, Bahrain.

Dr JALLOUL (Lebanon) associated himself with other speakers in thanks to the Government of Cyprus for their hospitality and in congratulation to the various officers on their election as well as in appreciation of the Regional Director's report.
He also expressed his support of previous speakers regarding the atrocities perpetrated by Israel and expressed the hope that WHO would do all in its power to alleviate the sufferings of people made homeless and exposed to disease. The health problems raised by the crisis in the Middle East would be magnified if the crisis continued. He was, however, grateful for the efforts made for the benefit of refugees by the Regional Office and he greatly appreciated the Regional Director's annual report which set out the problems realistically.

Reference was made in that report to the International Statistical Centre in Beirut and he said that the Lebanese Government would be most willing to collaborate with WHO in developing a centre for biomedical statistics there which could be used for training medical personnel from throughout the Region.

He associated himself with the previous speaker in expressing condolences on the death of the UAR Minister of Health.

Dr YACOUB (Bahrain) thanked the Cyprus Government for its hospitality and congratulated the various officers on their election and the Regional Director and his staff on their magnificent record. It was a great honour for his country to be represented as an Associate Member for the first time.

He asked whether it would be possible for WHO to conduct a survey of the health services in Bahrain and to draw up a plan for their improvement. His country was also desirous of appointing its own nationals to the health service and would greatly appreciate appropriate assistance in training school-leavers for such positions.

Dr FARID ALI (Qatar) associated himself with the expressions of gratitude, congratulation and condolence voiced by previous speakers and said that Qatar also would find it impossible to sit at a Sub-Committee meeting at which Israel was represented.

Dr MORSHED (Iran) also thanked the Government of Cyprus for its hospitality and the members of the Sub-Committee for electing him Vice-Chairman; he congratulated his fellow officers on their election and the Regional Director
for his report. Some weeks previously there had been in Iran an "educational revolution", within the framework of the Revolution of the King and the People, designed to alter the educational framework of the country in such a way as truly to prepare the youth to take its country's destiny in hand. Among the educational changes that would be made were changes in university administration, with emphasis on building up a body of full-time teaching staff and on research. He looked forward with hope to the fruits of these changes in the medical field, as well as in others. Health in Iran would also benefit by a recent law under which young women might be called up for two years of service in the Health Corps and similar corps.

In the five-year development programme which was starting in 1968, special attention was being paid to medicine and public health. Within that programme were a project for training of physicians and auxiliaries, a project for increased research, provision for the improvement of the health insurance system under which medical care would be entrusted to local authorities, provision for the improvement of industrial health in view of the rapid industrialization of the country, and provision for low-interest loans to physicians in order to enable them to set up private hospitals whose service would be paid for by the Government in cases where a patient was unable to afford them himself. It was estimated that this latter measure would add some 4000 hospital beds to the country's total.

Regarding the development of insecticide resistance by the malaria vector, *A.n.stephensi*, in southern Iran, it was hoped that successful malaria control would be achieved by a combination of spraying with two annual cycles of DDT and one of malathion, larviciding, and the introduction of *Gambusia* fish in places where oily larvicides could not be applied.

Some 255 000 simultaneous BCG and smallpox vaccinations had been performed in Baluchistan in 1968 with no serious reactions; this provided further evidence of the usefulness of simultaneous vaccination to which the Regional Director had referred earlier in the meeting.
Regarding the critical health situation in some parts of the Region, which earlier speakers had mentioned, he thanked the representative of Jordan for his appreciative words regarding Iran's modest assistance to the people of Jordan and assured the Moslem countries of Iran's sympathy and support of the resolutions of the United Nations concerning the evacuation of occupied lands. As his country's delegation had had the occasion to indicate in the Credentials Committee and during the previous session of the World Health Assembly, only entities who were legally entitled to be Members of WHO should be able to participate in its deliberations and, furthermore, delegations participating in its gatherings should be appointed legally according to their Constitution. The Government of Iran's objections on these cases remain the same.

Dr OSHAN (Sudan) associated himself with the expressions of congratulation and gratitude voiced earlier in the meeting and said that the Regional Director's annual report was an admirable reflection of the highly commendable work being carried out by the Regional Office. The projects in the Sudan were all progressing satisfactorily, owing in large measure to the valuable assistance of WHO.

He thanked both WHO and UNRWA for the assistance rendered to the refugees in the recent Middle Eastern crisis. He hoped that the refusal of Israel to attend meetings of Sub-Committee B would in no way weaken the report that would be submitted by Sub-Committee A.

Mr ZOFRI (Yemen) said that, despite the unsatisfactory standard of health in Yemen, the efforts made in consequence of the 1962 revolution there had led to very considerable accomplishments, particularly in the decentralization of health services, in the establishment of new medical centres and in setting up a new hospital at Sana'a and a new respiratory diseases sanatorium. It was hoped that by 1970 quarantine centres and school health services would be established.

He expressed his appreciation for the assistance received from WHO, particularly in tuberculosis control and malaria eradication, and his gratitude to the Government of Cyprus for its hospitality. He associated himself with the statements made regarding Israel by the representatives from other Arab States.
Dr EL KADI (United Arab Republic) thanked previous speakers for their expressions of condolence on the death of Dr El Mohandes, lately Minister of Health of the United Arab Republic.

The CHAIRMAN called for a minute’s silence in memory of the late Dr El Mohandes. He announced that a telegram would be sent to his family and his Health Ministry colleagues on behalf of the Sub-Committee.

The REGIONAL DIRECTOR thanked the previous speakers for their expressions of appreciation for the work done by WHO. He looked forward to continued close collaboration with the Member States in the Region.

The CHAIRMAN then proposed the adoption of the following draft resolution:

The Sub-Committee,

Having reviewed the Annual Report of the Regional Director for the period 1 July 1967 to 30 June 1968;

Recognizing that the ultimate aim of socio-economic development in countries of the Region is the satisfaction of the needs of the population, to which end the Governments are harnessing the nations' resources and energies by formulating national plans and policies in keeping with the needs and aspirations of the people;

Realizing that for the attainment of higher levels of health, well-being and social security, the maximum return from the investment in health and social services of scarce human and material resources, should be ensured, to which end the optimum combination of services and skills should be sought in an inter-sectorial and inter-disciplinary approach to the planning and execution of the countries' major health and social policy, the main consideration being that the health sector, as any other sector of national programme, should be given the means and opportunities to grow in proportion to its demonstrative contribution to the achievement of national goals for which the available resources could be mobilized with a view to making the services as widely and equally accessible as possible to those in need;

Appreciating that the public health administrations should ensure steady progress in that direction, maintain programme flexibility and responsiveness to changing circumstances and needs, and engage in a continuing task of evaluation of objectives and endeavours so as to stimulate the active interest of the citizens in the implementation of the programmes;
1. ENDORSES the high priority given to the training of national health manpower, the emphasis on control and eradication of communicable diseases, improvement of environmental health, community water supplies, development of laboratory services, nutrition and radiation protection;

2. REQUESTS the Regional Director to continue to assist in the co-ordination and evaluation of health programmes in the region and, to the extent possible, with the neighbouring countries of the Region; and

3. COMMENDS the Regional Director for his substantial report which reflects the efforts made by the World Health Organization in its assistance towards the promotion of health in the Region.

Decision: the resolution was adopted.

The meeting rose at 1:35 p.m.