WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR THE EASTERN MEDITERRANEAN

الهيئة الصحية العالمية
المكتب الاقليمي لشرق البحر الابيض المتوسط

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REGIONAL COMMITTEE FOR THE EASTERN MEDITERRANEAN

Twenty-sixth Session

SUB-COMMITTEE A

Agenda Item 13

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REPORT OF SUB-COMMITTEE A

OF THE

TWENTY-SIXTH SESSION

OF THE

REGIONAL COMMITTEE FOR THE EASTERN MEDITERRANEAN

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PART I

INTRODUCTION

1. GENERAL

Sub-Committee A of the Regional Committee for the Eastern Mediterranean at its Twenty-sixth Session met in Karachi, Pakistan, from 11 to 13 October 1976. Three plenary meetings were held and the Sub-Division on Programme took place on Tuesday and Wednesday, 12 and 13 October 1976. Technical Discussions on "Health services and manpower development" took place on Wednesday, 13 October.

The following States were represented:

Afghanistan
Bahrain
Cyprus
Democratic Yemen
Egypt
Ethiopia
Iran
Iraq
Jordan
Kuwait
Libyan Arab Republic
Oman, Sultanate of
Pakistan
Qatar
Saudi Arabia
Somalia
Sudan
Syrian Arab Republic
Tunisia
United Arab Emirates
Yemen Arab Republic

All Member States represented exercised their right of vote in Sub-Committee A.

The United Nations, the United Nations Development Programme, the United Nations Children's Fund, the United Nations Relief and Works Agency for Palestine Refugees, the Organization of African Unity and the League of Arab States were represented.

Representatives or observers from twenty inter-governmental, non-governmental and national Organizations were present.[1]

2. OPENING OF THE SESSION (Agenda item 1)

The opening session was held at the Intercontinental Hotel.

In the absence of the Chairman of Sub-Committee A of the Twenty-fifth Session of the Regional Committee for the Eastern Mediterranean, the Regional Director, Dr A.H. Taba declared the Twenty-sixth Session open, wishing it every success in its deliberations. He thanked the Government of Pakistan for their hospitality.

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[1] See: List of Representatives, Alternates, Advisers and Observers to Sub-Committee A, Annex II

3. ELECTION OF OFFICERS (Agenda item 2)

The Sub-Committee elected its Officers as follows:

Chairman:	H.E. Mir Taj Mohammad Khan Jamali (Pakistan)
Vice-Chairmen:	H.E. Dr Abdul Rahman Al Awadi (Kuwait) H.E. Dr Madani El Khiyami (Syrian Arab Republic)
Chairman of Sub-Division on Programme:	H.E. Dr Riad Ibrahim Husain (Iraq)
Chairman of Technical Discussions:	H.E. Dr S. Sheikholeslamzadeh (Iran)

4. ADDRESS BY THE PRIME MINISTER

A message from His Excellency, Mr Zulficar Ali Bhutto, Prime Minister of Pakistan, welcoming the participants, was read by Professor Naseer Ahmed Shaikh, Director-General of Health.

Pakistan took as much pride in playing host to members of the Sub-Committee as it did ten years ago when this body held its meeting here.

The Organization had always been of great help with financial and technical assistance for development programmes in the field of health of all member countries of the Region. Pakistan's own programme in the field of health had gained much from this co-operation and assistance.

The problems, however, were of such magnitude that the countries represented should also pay more attention to developing their own resources for application to health projects. A unified approach by the Third World countries would be a step in this direction. With a better deal from the developed countries more resources could be diverted to such important programmes as health. This would start a cycle which would enable the Third World countries to become more self-reliant, to contribute more to regional programmes of agencies like WHO, and with a better health environment to make the best use of their resources and get a more equitable return for their products. The Prime Minister firmly believed in greater investment in health programmes because the better the health of the people the stronger would be the base of human resources which was the main asset of the many countries of the Third World.

The importance of this meeting was underlined by the fact that many Ministers of Health were leading their countries' delegations. He wished them and the WHO Director General, the Regional Director and his staff success in their deliberations and hoped that their recommendations would lead to a further improvement in health facilities in the countries that were members of this Sub-Committee.

5. INAUGURAL ADDRESS

His Excellency, Mir Taj Mohammad Khan Jamali, Minister for Health, Labour, Manpower and Population Planning, Pakistan, on behalf of the Government of Pakistan, welcomed the participants. He expressed regret at any inconvenience caused by the change in venue to Karachi.

He felt that it was to the credit of WHO that health had assumed so much importance in the development schemes of countries, since planners tended to favour the more immediately productive agricultural and economic projects. The health situation in most developing countries suffered from social and economic changes, a lack of health facilities and a painfully slow process of dissemination of health knowledge to the masses. The meeting of Sub-Committee A provided a timely forum where attention could be focussed on the problem areas peculiar to the Region.

The level of health services in a country could be indicated by the number of physicians, hospital beds and other curative facilities, nutrition and living habits, but the health standards of the population were also critically affected by their income level, while the interaction of man and his environment could determine disease incidence. On the other hand, curative services very rarely affected the disease pattern in a society. Therefore, to raise health standards, preventive services and an approach related to environment would have to be emphasized.

In developing countries, health facilities tended to be concentrated on urban centres, which even then did not always provide an adequate medical coverage, while the majority of the population living in rural areas did not even have minimal facilities, in spite of the great efforts being made in this direction.

He felt that there should be a closer relationship between local systems of medicine and the environment. The many medical practitioners, some using systems which had existed for thousands of years, could be employed to augment the medical facilities in developing countries, once the systems had been properly assessed in a scientific manner.

Referring to the problems imposed by uncontrolled population growth, he looked forward to the meeting's views on the relationship of health services to population planning. He also felt that any discussions on the integration of health into socio-economic development plans would be useful for future health planning in the Region.

WHO collaborated in many programmes in Pakistan - smallpox had been eradicated, a new spirit was being infused in an immunization programme to cover the entire population, the malaria programme was revitalized. The 1977-83 health plan envisaged coverage of rural areas using the health team concept and correction of the imbalance in the various categories of health manpower. The Government was committed to looking after the health of every citizen. The government expenditure on health had quadrupled in the last five years and other reforms introduced would help in improving the health of the people.

6. ADDRESS BY THE DIRECTOR-GENERAL

Dr H. Mahler, Director-General of the World Health Organization, referred to a plan for adopting a philosophy of health development, which he had mentioned on many occasions; the philosophy to be promoted through the complementary effects of national self-reliance and international collaboration. It was important for communities to find solutions to their own health problems, to set the national health developmental process in motion and to create permanent mechanisms to maintain this process as a truly joint effort of all the social and economic sectors concerned. If, in addition, all resources were channelled into truly socially relevant directions and health actions, all this could lead to a multisectoral mass action for social change.

An acceptable uniform level of health could be attained for the world's population by the end of the century if each country reoriented its health priorities according to their social relevance for the entire population and, at the same time, participated in global health promotion activities. To attain this goal, a well-defined development policy in each country was essential, guided by the principles of equitable distribution of health resources and of social penetration, whereby the socially peripheral population was served first and participated in determining their own health and social future.

Application of these principles would require careful central planning and support. Health planning was first and foremost a political and social process, based on a doctrine relating health development to social goals and harnessing health technology to these goals. Too often health technology dictated health policy instead of responding to it, which gave rise to a need for a social revolution in public health. There was a universal desire to improve world health, combined with frustration that health resources had not yet been distributed throughout the world more equitably. Redistribution of existing resources alone, ill-invested as they so often were in technology that was scarcely relevant to the real needs of the majority of the world's population, would be a "contra solution". The real solution must lie in creating new resources and new types of resources that would be properly adapted to the needs of the developing world and to its capacity to apply them.

A social revolution in public health did not mean the erection of hastily built health barricades, often copies of institutions in the medically affluent world, it meant adopting an approach to the solution of community health problems completely new for most countries, which, measured in social terms, had led to outstanding results in a number of countries.

For this new approach it was necessary for any society: to determine what social health goals it wished to attain; to identify those health technologies that would subserve these social health goals; to select those health technologies that were not merely sound but that it could afford to apply now; and to manifest political will to determine health policies and to create the necessary mechanisms for formulating health programmes and developing appropriate health care systems to apply them.

Although social health goals varied in accordance with social and economic development policies, they should not passively follow the economic and other social sectors. On the contrary, the individual desire for health could be harnessed to create a community desire for health development and this health development would, in turn, be

an integral part of social and economic development. Leaders of the health sectors should inspire, educate and guide the people, so that they would develop this community desire for health development and be ready to participate actively in its promotion and implementation.

In far too many countries, a privileged few were provided with highly sophisticated health care, leaving meagre or no health resources for the rest of the population. The over-riding social health goal, in Dr Mahler's opinion, was the provision of essential health care for all members of society. This should include the provision of potable water and an acceptable standard of waste disposal; the protection of houses against insects and rodents; the care of mothers before, during and after childbirth; family planning; care of the infant and the young child.

In defining social goals, collaboration with all other related social and economic sectors to ensure unity of conception and purpose was essential. Health leaders were well-suited to take the initiative in ensuring proper collaboration for this purpose with the other sectors concerned.

Another factor was identification of methods, techniques, equipment, material and drugs to attain the health goals decided upon. Where essential care for all was the urgent health goal, countries would have to restrict themselves to fundamental health technology. One of the most important functions of WHO was to arrange for the international transfer of information on health technology, with major emphasis on fundamental health technology. WHO could be used as a neutral ground for absorbing, distilling, synthesizing and disseminating information of practical value for countries in solving their health problems. This function would only succeed if each country developed the capacity to absorb the information in such a manner that it was promptly and properly used, and in turn provided the Organization with practical information from the country which might be useful to others.

Most societies had to search for the most economical solutions in money and manpower if they were to spread out their thin resources evenly. However, cost was a relative concept closely linked to ways of covering costs, whether in cash or in kind. Coverage of health service costs through national taxation could be impracticable and totally inadequate in predominantly agricultural societies; the classical social security systems applied in some developed industrial countries could, in developing countries, favour very limited population groups, thus discriminating against the majority of the population. Individual fee-for-service payment was not a method which could be widely applied. These methods of payment might be totally inapplicable to some vital components of fundamental technology not concerned with direct service to individuals, such as the provision of potable water, the protection of houses against vectors and rodents, or health education in all its aspects.

Each country had to evolve its own methods of financing health development, based on its own circumstances and judgement and the experiences of others, in the light of its own political, social and economic context, experimenting and informing others of the results of its experiments. For example, in many countries, even slight increases in the productivity of large sections of society could change their patterns of consumption and make them capable of shouldering part of the financial burden of health development. In some societies, if people were properly motivated and trained, it

would be possible to make greater use of voluntary service for various health actions, including the development of local water supplies or part-time service in the delivery of health care. Information on financing health development was an important part of the international exchange of health information by WHO.

Political will was undoubtedly the most crucial element in any social evolution or revolution, and certainly for health development. Political decision-making for health development could be influenced by the universal interest in improving individual health and awareness of what could be done to improve health. Control of the development of suitable mechanisms for formulating health programmes, and introducing appropriate health systems to implement them, was the primary function of ministries of health. Examples from a number of countries had shown that, where there was a political will, health programmes and services could be provided throughout the country and health infrastructures created which truly served the people's needs and provided job satisfaction for those delivering service. These relatively few instances of success in genuine health promotion, and not only the cure of esoteric diseases, with strictly limited resources, were due to a high degree of social awareness in the health professions. The Organization would be glad to serve in a neutral capacity for the exchange of information, so that benefit could be derived from these examples.

The fourfold process outlined for health development at national level was as valid at the international level, and could well serve as a guide for collaboration between Member States, within and between regions. The participants in the meeting could be the torchbearers of the social revolution in public health. This Region could be proud of its recent record of intercountry collaboration, whereby a number of countries provided substantial sums of money to supplement the health budgets of others. Dr Mahler sincerely thanked those countries which had been so generous.

However, money alone would not solve health problems; suitably trained and motivated people were needed and it was more important to generate new resources, especially human resources, than to demand them from others. To work together for the generation of these new resources was the essence of technical co-operation between countries, both within and between regions.

The participants could be instrumental in setting up regional mechanisms to help identify and select the health technologies most appropriate for this Region in terms of their response to regional health needs and their cost. For example, regional panels of experts could be used on a multidisciplinary basis to ensure the proper exchange of relevant information and to generate new knowledge required to provide practical solutions to the countries' health problems. Regional centres for operational research could be created, and development and training in specific programme areas. WHO would be happy to support the establishment of such centres to build up cadres of national personnel and train them towards self-reliance in the development of their programmes.

The crucial element in the health service infrastructure was undoubtedly health manpower, an area where national self-reliance was of infinite importance. Few countries could afford to make ambitious health plans requiring large numbers of highly skilled personnel and then train such personnel. If the countries of this Region continued to base their health manpower development on the traditional medical and nursing training of the affluent world, no amount of social planning and selection of health technologies for attaining social goals would be of avail, and the social revolution in public health would remain a paper revolution.

The social goal of health manpower development was to serve health programme and service needs. When these needs were defined, a totally new look had to be taken at existing ways of training health personnel, and new ways created wherever necessary. Most schools for health professionals resisted reform, but this must be overcome if the right kind of doctor, nurse, as well as the various types of health auxiliaries, were to be trained in the manner and numbers required. Countries that had traditional healers and birth attendants, should use their unusual potential by gaining their confidence, reorienting their skills and adapting their attitudes.

He did not intend to wage a quixotic battle against the windmills of the medical educational establishment, but pleaded with the members of the health professions to accept responsibility for building new cadres of health professionals and auxiliaries, properly trained to perform the duties required of them once the social revolution in public health had become a reality. In addition to national initiatives, there was undoubtedly a need for intercountry collaboration to develop adequate health manpower for the whole Region. The Organization would collaborate to the full with any national school for the health professions, along with the Ministry of Health or other ministry concerned, and any regional institution, in evolving better ways of generating health professionals and auxiliaries, properly attuned technically and socially to the needs of the people they were to serve.

Implementation of the policies he advocated presented a tremendous challenge. He asked any participants who were not convinced of the aim of the proposed social revolution in health development to convince him to the contrary or be convinced themselves that he was on the right path. The creation of national health councils could perhaps be discussed, which should include not only health personnel, but also politicians and social, economic and educational leaders.

Those who accepted the challenges he had outlined would become those social revolutionaries to whom he had referred in his address to the Twenty-ninth World Health Assembly as being so essential if any real headway was to be made with attaining health for all by the end of the century.

7. ADDRESS BY THE REGIONAL DIRECTOR

Dr A.H. Taba, Regional Director, on behalf of the World Health Organization, welcomed those present to the annual session of Sub-Committee A of the Regional Committee for the Eastern Mediterranean. He thanked the Government of Pakistan for the arrangements made for this meeting and the warm welcome which all had received in this hospitable country.

As so many of the points he wished to make had already been covered in the excellent addresses he did not present his address, text of which is included in this report as follows.

The deliberations would gain much from the presence of so many Health Ministers leading their delegations, as they carried the supreme responsibility for health in their countries.

He welcomed the attendance of the Director-General of WHO, Dr Mahler, and expressed admiration for his enthusiasm, drive and many imaginative ideas since he took office.

He expressed his profound appreciation of the understanding of the more fortunate countries for the needs and circumstances of those economically less fortunate. WHO had been pleased to be able to act as catalyst and co-ordinator of the many activities whereby one country or group of countries helped others within the Region.

One outstanding achievement in which the Organization, in this Region as elsewhere had been privileged to play its part was the almost complete disappearance of smallpox from the world, a superb example of how modern technology and means of communication, added to the determination of governments to achieve a clearly defined health goal, and working with an understanding population, could achieve great things. He hoped that the lessons to be learned from this success would be applied to other activities

The meeting was taking place at a time of grave evolution in world health affairs. A great majority of the world's population did not have any effective access to adequate health care, and in this Region, in spite of rapid socio-economic development, there was still a varying degree of dissatisfaction with health services and the level of health of the public in many countries. Governments were showing a real determination to make their people's health an ever greater priority and the proposed WHO programme and budget for the coming years reflected this prime preoccupation.

Attention of member governments had been frequently drawn to the disturbing fact that preparation of health manpower to meet the needs of health services was not adequately planned. Inadequate relationships, and the failure of communications and proper co-ordination between the institutions of education and the health services institutions, had resulted in a fragmented and loosely co-ordinated health care delivery system, which did not possess the full capacity to plan, deliver, or evaluate a health care product for the population who needed it, in the most effective form.

The unfortunate dichotomy between health educators and planners had a long historical origin in the evolution of medicine as an autonomous profession in all societies and cultures, quite apart from the development of health services, especially at the peripheral level. If the right kind of people could now receive relevant training in health subjects and use it in the right way, the developing world would gain. WHO had been making a special effort to collaborate with governments and promote this concept of integrated development of health services and health manpower, to ensure as effective and efficient a delivery of health services as possible within available resources. This trend in the programme would continue in the years to come.

He thanked the representatives for the spirit of friendship and harmony in which they had worked together during the past year, and looked forward to another friendly and productive meeting.

8. ADOPTION OF THE AGENDA (Agenda item 3, Document EM/RC26A/1, Rev.1, Resolution EM/RC26A/R.1)

The meeting was informed that item 7, nomination of the Regional Director would be discussed at a private session attended by representatives of member countries, their

alternates and advisers, a minimum number of the Secretariat designated by the Director-General, and the representative of the United Nations, to be held on Tuesday, 12 October.

The Agenda was adopted as presented.

PART II

REPORTS AND STATEMENTS

1. ANNUAL REPORT OF THE REGIONAL DIRECTOR (Agenda item 5, Document EM/RC26/2, Resolutions EM/RC26A/R.2 and EM/RC26A/R.11)

Introducing his Report, Dr A.H. Taba, Regional Director, while commenting on the generally satisfactory progress in health and continued rapid overall socio-economic development in the Region, expressed concern at the unfortunate civil disturbances in Lebanon and the enormous human sufferings involved. The Organization, in collaboration with the International Red Cross and other bilateral international agencies, was providing health and relief assistance to the extent possible and stood ready to provide increasing epidemiological and technical assistance.

Most countries of the Region were making great strides in dealing with their health problems, often in collaboration with WHO. Despite financial difficulties, a problem shared by the whole United Nations System, the Organization's work in the Region had continued as originally programmed and activities in certain countries most in need of technical collaboration had even been increased. This was possible through the understanding spirit of the economically more fortunate countries, who continued to curtail their demands on the Organization's budget, and through generous donations to Voluntary Funds by some countries. The list of countries and their donations was outlined on pages 72/73 of his Annual Report, further donations had been received since preparation of the Report, and he repeated his sincere thanks for their welcomed co-operation. This mutually supportive relationship between countries in all development projects, including health, was striking. Technical co-operation between developing countries, a subject of concern and much discussion at United Nations gatherings, was well manifested in this Region.

In this connexion, the catalytic and co-ordinative role of the Organization was becoming enhanced in the distribution of financial resources for use where most needed and in the most effective manner.

An overriding concern for health authorities was the lack of decent health facilities - often none at all - for the major section of rural populations. The major thrust of most Governments, and consequently of the WHO programme in the Region, was directed towards promoting more effective delivery of medical care and health services to unserved or under-served population. It was realized that the former policies and existing patterns for delivery of medical care could not be expected to improve the situation significantly in the immediate future. Primary health care, though not a new concept, was being increasingly introduced to remedy this great deficiency in the rural areas. National health plans, often prepared in collaboration with WHO,

emphasized planned development of health services with provision for preparation of task-oriented health manpower of all categories, including the front-line health worker. A country health programming approach, flexibly adapted to the needs of individual countries, was providing an effective way of using national planning talents (many health planners had been trained through WHO fellowships), identifying real and priority health needs, and improving intersectoral collaboration between the health and other concerned national authorities. Country health programming exercises took place during the year in Afghanistan, Pakistan, Somalia, Sudan and Yemen.

Dr Taba referred to the health services and manpower development project in West Azerbaijan, Iran, which continued to evaluate each step in the development of a new kind of front-line health worker, operating within an evolving health service network and was providing useful guidance to others in Iran and elsewhere planning to move towards provision of adequate primary health care. Evaluation of this project confirmed that success in extending health services would depend largely on community participation and innovative approaches, especially with regard to provision of the wide variety in levels of human resources needed.

Continuing special emphasis was being given to ensuring that planned development of health services was adequately matched by planned evolution of health manpower preparation. This called for co-ordination and co-operation amongst the various governmental and non-governmental institutions and agencies. Reorientation of national educational policies for the formation and utilization of health manpower of all categories, integration, to the extent possible, of practice and instruction, and creation or development of mechanisms for co-ordination between teaching institutions and the ministries of health, continued in this respect.

Education and training of manpower, which continued to be the largest single component of the budgetary allocation, was planned as rationally as possible, to improve the quantity and the quality of manpower for health services, through improving the capacity of countries to produce, retain and deploy appropriate numbers of the right kind of personnel. Retention of health personnel was particularly important, as the loss or inadequate utilization of human resources was unfortunately a frequent hazard in the Region. The "brain-drain" was a serious impediment to the expansion of health services in many countries and especially to the promotion of the regional biomedical research programme.

The Regional Director called attention to the marked region-wide imbalance in the levels of manpower produced, as presented in the graphs attached to the document submitted for technical discussions under item 11 of the Agenda. Correction of this imbalance was a matter of particular emphasis in the WHO collaborative programme with countries. The ultimate goal for the education of physicians and other health workers was the improvement of the health of the people through an effective health care system designed to meet the needs of the entire population. The extent to which health care could be rendered was determined by the available resources, but the effectiveness of the system largely depended on the education and utilization of the health personnel.

Medical education should be looked upon as inseparably linked with the development of health services, and not as having any separate identity or aim of and by itself. Obvious as this idea might seem, practice in many countries suggested that it was not widely accepted. The challenge of making medical education relevant to national needs

required an understanding of existing systems of health care, as well as research into new and better ones.

A logical outcome was a trend towards development of closer and more realistic relationship between medical schools and ministries of health. Change in this direction had been slow, although it was one of the most crucial and desirable changes that would shape the future of medical education and medical care services. In any country, unless such a spirit of partnership was fostered, and unless medical educators became involved with the realities, constraints and potentialities of the health care system, the physicians of tomorrow were unlikely to be adequately prepared for the role expected of them and the relevance of their education could continue to be questioned.

Many schools of medicine still concerned themselves exclusively with self-defined concepts of "excellence" which ignored "relevance", but there was a world-wide trend away from this inward-directed professional goal towards more social ones

When universities accepted medical education as a social endeavour and committed themselves to the solution of national health problems, the trend would be towards planning medical education on the basis of the projected health manpower needed to provide adequate health services.

In pursuit of relevance in medical education, new approaches to the settings for teaching future physicians would be explored. The traditional university hospital would no longer be the only teaching institution. One setting already being experimented with, was for the university to join the ministry of health in using part of the existing health services for teaching and research. In other words, the universities would be using existing health facilities and institutions which were similar to those in the rest of the country, including hospitals and health centres reaching right out into the community. In this way, the student would learn medicine in a realistic setting and become acquainted with, and a part of, the system in which he would practise. The challenge to the university would be to develop the best possible health care with the resources available. It would also share responsibility for training other members of the health team for the health services

The concept of the health team was not new but, though repeatedly voiced, little had been done to implement it. It was obvious that in most countries wide health care coverage of the population could not be achieved by physicians alone. The physician must function as a member of a health team comprising a wide range of categories of health workers. The leadership of such a team usually fell on the physician, who should be responsible for planning and delivery of health care with limited resources to large numbers of people; his role would be to approach the health problems not only of individuals, as at present, but also of communities, and to act as consultant and teacher to other members of the team.

Acceptance of the fact that health could not be considered in isolation from the social and economic elements of development had already led to the incorporation of the concepts and methods of the social and behavioural sciences as applied to health in the curricula of many schools around the world. Although many schools in the Region had not moved as fast as they should in these directions, these trends should gain momentum during the coming years.

There had been increasing acceptance by medical educators of the need to use modern concepts of educational planning and technology in the design, implementation and evaluation of medical education. The future would witness the establishment of units, departments or centres of medical education in an increasing number of schools. The need for educational planning and technology might be considered by some as a "luxury" at this juncture in the development of medical education. Nevertheless in the countries of the Region, which were witnessing an unprecedented expansion in student intakes with limited resources, there was an even greater need for the application of the educational sciences to medical education than in the so-called "developed" countries.

The rapid developments taking place in medical knowledge, and the extent to which the health care needs of societies were changing, made continuing education a necessity for all physicians, irrespective of their field of practice or speciality, if they were to avoid professional obsolescence and contribute effectively to the solution of health problems. In future, schools of medicine would play an increasing role in the planning, organization and implementation of continuing education as part of their national responsibility. This would demand a fully fledged partnership between the universities, the professional medical organizations and governments.

As a consequence of their natural growth and development and the need for specialist post-graduate training, most schools of medicine had extended their educational activities and responsibilities beyond the traditional undergraduate level to include post-graduate training. Such a trend was welcome in the Region, since it was bound to give a greater relevance to training which in the past was undertaken to such a very large extent in traditional institutions outside the Region.

The fellowship programme continued to be sizeable. In 1975, 666 fellowships were awarded, of which 114 were granted to teachers in medicine and other related health fields. This programme was constantly monitored and evaluated to make it more effective and useful.

A survey carried out by WHO, with the co-operation of selected Member States, on the status of health science libraries in the Region gave rather disappointing results considering the potential role of libraries in the development of formal and informal education of the health manpower. Dr Taba emphasized the need to consider the question of training of library manpower and the creation of national or regional resource centres capable of meeting the increasing demands of research workers, teachers and health administrators at national or regional levels. He hoped that the workshop for health science librarians and library educators, now in preparation, would give an opportunity to discuss WHO collaboration in the promotion of library services and to prepare a programme of work, including possible establishment of regional health literature and information services, including the use of MEDLINE.

An important issue for many countries was the preparation, supply and use of drugs in the health services, since pharmaceutical and medical supplies could consume almost half the total national budget for health. Dr Taba stated that the question of drug utilization was in urgent need of re-examination, as it was a critical factor in the utilization and expansion of health care institutions in the Region. Little was known about the true needs for drugs in primary health care or even hospitals; consumption statistics were derived from established prescribing patterns and not from scientifically-based correlation of morbidity with effective and economic therapy. Some of the

fast developing countries of the Region were confronted with the problem of over-use of drugs, unrestricted supply to health care institutions, over-prescribing by physicians, and exaggerated demands by patients, resulting in a waste of drugs and funds, and sometimes adverse reactions in the patient due to toxicity or drug interaction. A group meeting in Alexandria in March 1976 had recommended that drug utilization studies be carried out in the Region to provide fundamental data for the implementation of a national drug policy.

A Regional Advisory Committee on Biomedical Research had been established within the Region, consequent to the resolutions of the World Health Assembly and Executive Board encouraging increasing regional participation in the WHO programme of biomedical research. This Committee met for the first time in the Regional Office, Alexandria in April 1976, made an in-depth review of priorities for research in the Region and established the need for an early detailed study of regional resources in facilities, finance and manpower. It also initiated what was expected to be an ongoing dialogue between the Organization and a distinguished group of the leading scientists of the Region.

While many aspects of research on communicable diseases were important, the Committee emphasized that biomedical research should be undertaken on problems directly related to the health of the people, particularly with regard to the methodology of health care delivery, including training of health manpower, operations research, and the organization and planning of health services. It also recommended that research facilities, including institutions with potential for development, should be surveyed and up-to-date information obtained on research being carried out in the Region. A team of selected scientists was at present visiting a few countries of the Region for this purpose. It was hoped that a gional research fund could be established through voluntary contributions.

In the ensuing discussions, satisfaction was expressed with WHO collaboration in health programmes. Representatives outlined the main developments in their health programmes, notably the expansion in the training of auxiliary health personnel, to correct the imbalance in the categories of manpower available and in order to man the health services which many countries were expanding to cover greater portions of their populations. Programmes to control the manufacture of pharmaceuticals were mentioned, as well as attempts to control the price of imported and locally produced drugs. In this connexion, the pressure from drug producers through advertising and by other means, which could cause over-prescription of expensive drugs, was deplored.

In addition to outlining national programmes, a striking feature of the discussion was the number of speakers who advocated co-operation in health programmes between neighbouring countries or on a regional basis. One representative urged that countries should exchange medical information and reports, so that a country starting a new programme could benefit from the experience already gained by others. He advocated that the Region be integrated as far as health was concerned. The desire to treat problems on a regional basis was expressed by another representative, who suggested that countries of the Region should get together to prepare text-books that would be really relevant to conditions. Some representatives spoke of their training programmes from which students from other countries benefit and, in this connexion, the new rehabilitation centre being established in Iran with international assistance was especially mentioned.

In reply to a request for greater WHO involvement in family planning, Dr Taba stressed that only four countries of the Region had an official family planning policy, although others rightly regarded family planning as a part of maternal and child health care. Infant mortality and morbidity rates remained very high and he agreed that women should be advised on spacing their pregnancies.

The difficulty experienced in certain parts of the Region in getting sufficient trained personnel to meet the demand for more sophisticated services had led to the need for employment of firms on a commercial basis. Such firms were naturally interested in making a profit and also in extending their assignment as long as possible. WHO was asked to study the dangers inherent in using such firms to provide "technical" rather than genuine "health" services. In reply, Dr Mahler confirmed that WHO could be called upon to help to establish a proper health pattern. He felt that employment of such firms could create a sort of "technical colonialism" and could force a government to move in directions not beneficial to their population.

Finally, Dr Taba thanked the Government of Qatar for agreeing to relinquish any calls on the WHO budget, so that these funds could be devoted to needy countries. Other countries had taken similar action, which, as well as the generous contributions received, was an example of the way in which countries were helping each other to form an integrated whole. It was obvious from all the presentations that the Region was developing very rapidly.

2. STATEMENTS AND REPORTS BY REPRESENTATIVES AND OBSERVERS OF ORGANIZATIONS AND AGENCIES (Agenda item 6)

The Representatives of the International Planned Parenthood Federation (IPPF) referred to the IPPF programme for the Middle East and North Africa, covering eleven member countries, from Afghanistan to Morocco, which included the training of medical and auxiliary health personnel and the integration of population dynamics and sex education in school programmes. In the wake of the Bucharest conference, IPPF had become more involved in community development programmes and particularly programmes aimed at women living in rural areas. He felt that the co-operation of governments, the United Nations and other agencies was essential to meet the heavy responsibility of providing services to the rural areas. IPPF continued to maintain close co-operation with the United Nations, UNICEF and WHO. The best example of regional co-operation was a training programme which had been in operation at the American University of Beirut for five years and of country co-operation the maternity-centred family planning programme in the Sudan.

The Representative of the United Nations Relief and Works Agency for Palestine Refugees (UNRWA) conveyed the greetings of the Commissioner-General. He outlined the financial difficulties from which UNRWA continued to suffer, which had been aggravated by inflationary trends; much greater expenditure was required to maintain the same level of services. The tragic situation in Lebanon greatly affected the delivery of health services in that country. UNRWA medical officers could not reach their place of work and medical supplies could not be replenished regularly. Palestinian doctors living near the camps were now replacing the UNRWA doctors, who could not reach their place of work in Lebanon, bringing back to normal the staffing of all clinics in Lebanon except one. For a while, it was impossible to transport

supplies to where they were needed, but this difficulty had been overcome by utilizing the ports of Aquaba and Lattakia. Some 12 000 displaced refugees were being cared for in temporary accommodation and the usual health services were being provided to them. In addition, not only were casuality figures high in Lebanon, they were accompanied by unemployment, loss of or damage to family shelters and belongings. In spite of budgetary stringencies and the difficult situation, the health programme had not been reduced and some modest improvements had been made. WHO's support had been of vital importance in terms of five senior staff seconded, fellowships, procurement of vaccines and provision of consultants. The help of national health authorities in the host countries, in permitting refugees to use their diagnostic and treatment facilities, was very much appreciated.

The Representative of the Organization for African Unity (OAU) stated that OAU was not just a political organization. It had a genuine interest in every field of human endeavour - social, economic, scientific and related to health. Its aim was the rebirth of the authentic personality of the African people and the promotion of their well-being and happiness. He paid a tribute to the effective smallpox eradication campaign in Ethiopia, the success of which, if new cases did not appear in two years, would result in making the world free of the disease. In spite of the expressed intentions of developed countries to transfer their scientific and technical advantages to the developing countries, the latter still suffered from such disadvantages as the low prices paid to them for their basic commodities, while they were still required to import manufactured goods at high cost. The picture in developing countries was still dismal-characterized by poverty, ignorance and disease. Wealth was maldistributed and resources were mismanaged. In spite of WHO advice, many national health services still concentrated on curative rather than preventive measures; sophisticated equipment unsuited to the needs of countries continued to be purchased, which could not be used or maintained. A further area of concern was the attitude of health professionals; even some full-time public health personnel devoted the major part of their time to lucrative private practice rather than to the public institutions. Nevertheless, he felt that there were many positive factors, notably the mass determination to bring about changes for the better.

The Representative of the United Nations Children's Fund (UNICEF) referred to the happy co-operation between WHO and UNICEF on health programmes. UNICEF had been involved in health programmes for three decades and, while it was now expanding to other fields, such as water supply, primary education and technical education, the major programmes were still concerned with health. New thinking, as shown in the joint WHO/UNICEF study on alternate approaches to meeting basic health needs, presented a challenge. WHO's close collaboration in the first country programme for UNICEF assistance to Pakistan, which devoted over $ 8 million to development of health services out of a total of $ 11 million, was appreciated. UNICEF had prepared a paper to see if it were possible to meet the needs of children, especially in primary health care, in developing countries, which showed it was within the possibilities of international and other sources to meet these needs.

The Representative of the World Council for the Welfare of the Blind felt that co-ordination of all organizations working in the same direction for health was essential, if they were to be effective. The Regional Bureau of the Middle East Committee for the Blind had been established in 1972. Its most significant activities included research, co-ordination, provision of fellowships, promoting exchange of information between member countries, improving the standard of services to the blind, organizing

conferences and co-operating with governments in setting up institutes and vocational training centres for the blind. Following the WHO meeting on the prevention of blindness, held in Baghdad, Iraq, early in 1976, considerable publicity had been given to this problem.

He reiterated a proposal to establish a regional centre for the prevention of blindness, which had been submitted to the Baghdad seminar, and outlined how this project could be achieved through the following:

- Establishing eye hospitals provided with equipment and oculists
- Establishing mobile units in villages to offer ocular services in the rural regions
- Procuring experts and doctors to co-ordinate with local manpower and help in conducting experiments and surveys
- Holding academic and practical courses to ensure that manpower and technical staff are sufficient to meet the needs of all regions
- Conducting the necessary research, studies and statistics on which all plans should be based.

The Representative of the League of Red Cross Societies, speaking on behalf of the League of Red Cross and the Red Crescent Society of Pakistan, stated that the latter Society, as an auxiliary to the Government, had been providing assistance during disasters and supporting government health and welfare activities. To extend facilities to the rural areas, the Society had been revised and strengthened, so that each district could now look after its own area. Volunteers were being trained in home nursing and first aid, who would then provide services in their own rural home area. A field project had been drawn up for a regional blood donors' service, for which they would welcome WHO advice.

The Representative of the International Organization for Laboratory Animals outlined the services his Organization provided, including training activities and technical advice on the supply of suitable animals for research. Good research was sometimes hampered by a lack of the right animal on which to test drugs. It had been found that the Rhesus monkey was not suitable for all tests and it was necessary to find animals with a short gestation period, and early puberty, who could be easily handled. In connexion with zoonoses, he recommended that there should be strict checks or that quarantine rules should be maintained for all animals imported or exported.

The Representative of the Population Council stated that in twenty-five years of service, the Council had developed satisfying relationships with countries of the Region. Its interests were broad-based, focussing on population growth in the economic context, professional training, providing support to national programmes and development of fertility regulation technology. Family planning had been described as a way of living adopted by responsible couples. It effectively contributed to the social development of a country and could not be viewed in isolation from socio-economic development. The Council was oriented to scientific research and new knowledge useful to population programmes.

Direct involvement in population planning programmes had increased and the Council was also involved in many training programmes. Efforts were being made to decentralize activities to meet regional need and increasing co-operation with Governments and international agencies was anticipated.

The Representative of the World Psychiatric Association felt that many of the decisions and recommendations made at seminars and symposia on mental health in the Region were not implemented. He mentioned, in particular, the seminar on the place of psychiatry in medical education and asked WHO to follow up implementation of its recommendations with Governments. As an instance of collaboration with WHO, he cited a post-graduate training course held in Saudi Arabia, which proved that centres within the Region could be used for such activities and that it was not always necessary to turn to the western world. While formerly mental health problems were regarded as being especially prevalent in the developed world, it was now realized that the situation in the developing countries was equally, if not more, grave.

A statement was presented by the International Epidemiological Association (IEA), a professional association which promotes the use and application of epidemiological concepts and methods. IEA organized international, regional and local scientific conferences and meetings, and published books and periodicals, including the International Journal of Epidemiology. There were forty-one members in seven countries of the Region, one of whom served on the IEA Council. An international meeting on "Epidemiological strategies for health in a changing world" would be held in Puerto Rico in September 1977. There was a need to increase membership in the Region in order that scientific activities could be expanded.

A statement was presented by the International Council of Societies of Pathology, which represents national associations and societies of pathology. It was collaborating with WHO in devising uniform nomenclature and diagnostic criteria for the histological diagnosis of tumours. It had been discovered that many cancers are related to environmental factors, which if identified and removed could reduce the number of cases of cancer.

Epidemiological research was gradually identifying these factors, but their removal was a complex problem. The frequency of different types of tumours had to be determined, as a first step in their prevention, and epidemiologists were helped in this task by the Tumour Nomenclature sets issued by WHO, with transparencies showing the histological appearance of tumour-

A paper was presented by the International Society of Blood Transfusion (ISBT), which was not only a repository of technical expertise and research capabilities, concerned with fostering research and planning further international meetings, but also responded to those health requirements of the various regions of the world.

Blood Transfusion Services were sometimes considered a part of curative, rather than preventive medicine, but left to individual governments to develop, whereas they had, in fact, become a vital part of preventive medicine and health care delivery. Although the greatest pressure on the services was in urban areas, rapid development in countries had made their provision a vital infrastructural matter. The use of professional blood donors brought certain dangers, as they might be vectors of disease and their use had been discouraged by WHO and the League of Red Cross Societies. ISBT was prepared to guide and advise countries on the best and most economical system.

A voluntary blood donor service had met with success in Iran, where the latest scientific and technological means were employed. It was proposed that the Iranian experience should be shared with other countries of the Region. For this purpose the Iranian National Blood Transfusion Service proposed to offer $ 4 000 to WHO annually for the further instruction of senior technicians or doctors from the Region engaged in some branch of the blood transfusion science.

PART III

SUB-DIVISION ON PROGRAMME

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

In conformity with Rule 14 of the Rules of Procedure, a Sub-Division of the Sub-Committee as a whole was established under the Chairmanship of H.E. Dr Riad Ibrahim Husain (Iraq). The Proposed Programme Budget Estimates for 1978/79 for the Eastern Mediterranean Region (Agenda item 9 (a)), Development of Programme Budgeting and Management of WHO's Resources at Country Level (Agenda item 9 (b)) and Technical Matters (Agenda item 10 (a) and (b)) were referred to the Sub-Division.

2. PROPOSED PROGRAMME BUDGET ESTIMATES FOR 1978/79 FOR THE EASTERN MEDITERRANEAN REGION (Agenda item 9 (a), EM/RC26/3 and Corr.1, Resolution EM/RC26A/R.7)

Introducing the document containing the Proposed Programme Budget, the Regional Director explained that the proposals were based on a tentative allocation of US $ 15 517 000 for 1978 and $ 16 913 000 for 1979. This provided for a budgetary increase of approximately 9 per cent in each of the two years.

The entire programme was based on the overall objectives of the Sixth Regional Programme of Work covering a Specific Period (1978-1983) as approved by the Twenty-ninth World Health Assembly. The priorities within the General Programme of Work were specifically those discussed and agreed upon during last year's session of Sub-Committee A of the Regional Committee.

The Regional Director emphasized that, in formulating the programme, he had carefully borne in mind the provisions of Resolution WHA29.48 on programme budget policy. In any case, he had always endeavoured to keep the size and cost of the Regional Office as low as possible and had resisted expansion of the Regional Office staffing structure.

Nevertheless, he intended to streamline the work further by reducing paper work, cutting down the production of non-essential reports and delegating further authority to WHO Representatives. He was planning to reduce the number of posts in the Regional Office from ninety-two to eighty-three in 1978 and to eighty-two in 1979. In addition, some posts were to be converted from the professional to the general service category.

The overall economies derived from these changes were estimated at US $ 165 600 in 1978 and US $ 235 600 in 1979.

Under WHO Representatives, he proposed deletion of the representative post at present included for an undesignated duty station and suggested that some of the more affluent countries might agree to continue the WHO representation on a Funds-in-Trust basis, if they felt the WHO representation provided useful and worthwhile service. The resulting savings for the Regular Budget from these proposals would be US $ 273 900 in 1978 and US $ 444 900 in 1979.

He intended to achieve further economies in the Regional Office in the biennium 1980-1981, without affecting the efficient functioning of the Office.

The Regional Director emphasized that WHO's collaborative efforts were directed more and more to the economically less fortunate countries of the Region. The six countries in the Region which, according to the United Nations criteria, belonged to the least developed among the developing countries would receive between 57 and 58 per cent of the Regular Budget's direct assistance to individual countries in 1978/79, (42 per cent of the total Budget), and the international staff provided by WHO would be concentrated in these six countries. By 1979, each of these countries would receive Regular Budget assistance of US $ 1 000 000 or more.

As a corollary, the share that the more affluent countries received of the overall Regular Budget country programme, would decrease from 12.8 per cent in 1976 to 8.1 per cent in 1978 and 6.7 per cent in 1979.

Just 10 per cent of the total Regular Budget would be spent for the Regional Office as such, i.e. for Executive Management, Library, Documents, Translation Services, Health Information of the Public, and General Support Activities.

The Regular Budget included provision of US $ 2 585 900 for fellowships in 1978 and US $ 2 820 500 in 1979. Another major component of most of the projects was supplies and equipment, for which US $ 3 107 700 were provided in 1978 and US $ 3 464 800 in 1979. The local cost subsidy provision was US $ 714 000 in 1978 and US $ 858 000 in 1979, an increase of 55 and 86 per cent respectively. These local cost subsidies were included to allow a better utilization of local talent.

The tendency of relying less on the provision of WHO long-term staff continued and would be further accentuated if the financial crisis of the UNDP should not be overcome during 1977.

The Regional Director expressed concern over the continuing financial problems facing UNDP and their effect on the overall programme. An offsetting factor was, however, the very positive development in this Region whereby a number of countries who were in more fortunate economic circumstances had made available substantial voluntary contributions to supplement the regional programme, particularly to assist the least developed among the developing countries. He again thanked those countries which had made these substantial voluntary contributions and expressed confidence that the more affluent countries would consider an extension of this extremely valuable support.

The draft resolution on the Proposed Programme Budget Estimates for 1978/79 was adopted unanimously.

3. DEVELOPMENT OF PROGRAMME BUDGETING AND MANAGEMENT OF WHO'S RESOURCES AT COUNTRY LEVEL (Agenda item 9 (b) EM/RC26/8, Resolution EM/RC26A/R.8)

The Regional Director, introducing this item, explained that the proposals contained in the document were based on recent discussions at the Executive Board and World Health Assembly, and were intended to discard the practice of building up the Programme Budget on a series of fragmented projects and to orient WHO's technical co-operation towards a programme approach. Instead of including details of projects in the Programme Budget it was intended, in the future, to give only summaries in the form of narrative country programme statements, setting out broad programme trends, objectives and modes of action. Detailed planning for projects would take place at a time closer to actual implementation, overcoming the necessity for frequent budgetary revisions to adjust the budget to the latest programme requirements. The Regional Director felt that the proposals contained in this document were in accordance with the principles of good planning and management and would tend to facilitate the work of Governments and of the WHO Secretariat.

In reply to an observation by one representative, the Regional Director explained that the adoption of these proposals would not make the transfer of allocations from one country to another more difficult.

The draft resolution as contained in EM/RC26A/R.8 was adopted unanimously.

4. EMERGENCY SERVICES (Agenda item 10(a), Document EM/RC26/4, Resolution EM/RC26A/R.9)

A technical paper on Emergency Services was presented to the Sub-Division. In the ensuing discussions, a number of representatives raised the following points:

1. The rapid increase in medical emergencies in the Region, especially accidents in the home - to which children were particularly susceptible, traffic accidents, industrial accidents and cardiovascular attacks.

2. The feasibility of applying the measures described in the light of the economic, physical and manpower situation in countries of the Region.

3. The problem of providing emergency medical services in rural areas.

4. The possible necessity for separation of emergency services for highway accidents from other emergency services.

5. The importance of prevention.

6. The hospital of choice to provide emergency medical services - the general or the traumatology hospital?

7. The use of primary health workers in emergency medical services.

Speakers emphasized the importance of WHO's role in the development of emergency services, especially in the standardization of the specifications for ambulances, formulation of legislation and organization of training programmes.

A film was shown on the emergency medical services in Teheran, and H.E. the Minister of Health and Social Affairs, Iran, expressed readiness to receive trainees from other countries of the Region at the Information Centre for emergency medical services.

The Regional Adviser on Organization of Medical Care replied to the various questions raised and indicated that the Regional Director had agreed to hold a workshop in 1977 to establish general principles for the development of emergency medical services in countries of the Region.

5. VIRAL HEPATITIS (Agenda item 10 (b), Document EM/RC26/5, Resolution EM/RC26A/R.10)

A technical paper was presented to the Sub-Division on the recent advances in the field of viral hepatitis. It pointed out that in epidemiology viral hepatitis simulates poliomyelitis and that evidence has accumulated showing that sea foods can transmit the disease. It also described the work done on non-human primates, and stated that marmosets were found to be suitable for these studies. The utilization of the immuno-electron microscope technique in revealing the virus particle of hepatitis A was also described.

The differentiations between hepatitis A and B by using immunological techniques were reviewed. Since no specific treatment is available, possible control can be only by vaccine production. The difficulties facing vaccine production were considered.

Hepatitis B structure, morphology and epidemiology and the antigenic structure of hepatitis B virus, composed of HB_sAg and HB_cAg, as well as the C antigen, were discussed and their role was considered.* The role of HB_sAg and HB_cAg in prevention of transmission was also considered and the three generations of techniques used for isolation discussed.

The possibility of collecting the HB_sAg from carriers, detoxifying it and utilizing it as a vaccine, has been studied in chimpanzees and proved to be effective, but this needs rigorous evaluation before utilization for the protection of humans.

Comments were made by representatives of Iraq, Kuwait, Pakistan, Qatar and Syria and the questions raised were answered. The resolution was adopted as presented.

PART IV

TECHNICAL DISCUSSIONS

1. HEALTH SERVICES AND MANPOWER DEVELOPMENT (Agenda item 11, Document EM/RC26/Tech/Disc.1, Resolution EM/RC26A/R.12)

The Technical Discussions on "Health Services and Manpower Development" were held on Wednesday, 13 October, under the chairmanship of H.E. Dr S. Sheikholeslamzadeh (Iran).

The paper submitted by the Regional Director formed the background to the subject. A summary technical report of the Discussions is contained in Annex III.

PART V

OTHER MATTERS

1. RESOLUTIONS OF REGIONAL INTEREST ADOPTED BY THE TWENTY-NINTH WORLD HEALTH ASSEMBLY AND THE EXECUTIVE BOARD AT ITS FIFTY-SEVENTH AND FIFTY-EIGHTH SESSIONS (Agenda item 8(a), Document EM/RC26/5, Resolution EM/RC26A/R.3)

The Sub-Committee having considered the Resolutions included in document EM/RC26/5, submitted for information, approved Resolution EM/RC26A/R.3.

2. JACQUES PARISOT FOUNDATION FELLOWSHIP FOR RESEARCH IN SOCIAL MEDICINE OR PUBLIC HEALTH - SELECTION OF A CANDIDATE FROM THE EASTERN MEDITERRANEAN REGION (Agenda item 8(b), Document EM/RC26/9 and Add.1, Resolution EM/RC26A/R.4 and Document EM/RC26A/W.P.1)

The Sub-Committee appointed a Working Group composed of the two Vice-Chairmen, the Chairman of the Sub-Division on Programme and the Chairman of the Technical Discussions, to consider the qualifications of candidates submitted by Afghanistan, Egypt, Iraq, Jordan, Somalia and Sudan.

Under the Chairmanship of H.E. Dr Abdul Rahman Al Awadi, Kuwait, the Working Group, having examined the terms of reference, agreed on the following criteria for the selection of three candidates from the list of six names submitted:

1. The candidate should have submitted evidence of experience and capacity in research work;

2. the candidate should have submitted a well-thought out research proposal for the use of the funds if awarded;

3. the subject of the candidate's proposed research work should be of social relevance to the Region.

Following a detailed review of the submissions made by the six candidates, it was recommended to the Sub-Committee that the names of the following individuals be submitted to the Advisory Committee on Medical Research for final selection of the Fellow by the Jacques Parisot Foundation Committee, in the following order of priority:

- Dr Mohamed Helmi Wahdan - Egypt
- Dr Saadoun Khalifa Al-Tikriti - Iraq
- Dr Mohammad Omar Mohabat - Afghanistan

The Sub-Committee adopted a Resolution to this effect.

3. ADOPTION OF THE REPORT (Agenda item 13, Resolution EM/RC26A/R.14)

The Report was adopted by the Sub-Committee as presented.

4. CLOSURE OF THE SESSION (Agenda item 13, Resolution EM/RC26A/R.13)

Appreciation was expressed to the Regional Director for the excellent organization of the Session. A resolution was adopted thanking the Prime Minister of Pakistan for his inspiring message and a telegram was sent to this effect. The Government and people of Pakistan were thanked for the generous hospitality and facilities afforded to the meeting.

PART VI

RESOLUTIONS

The resolutions adopted by the Sub-Committee in the course of the session (EM/RC26A/R.1 to R.14) were as follows:

EM/RC26A/R.1 ADOPTION OF THE AGENDA

The Sub-Committee,

ADOPTS its Agenda[1] as presented.

[1] Document EM/RC26/1 Rev.1

EM/RC26A/R.2 ANNUAL REPORT OF THE REGIONAL DIRECTOR

The Sub-Committee,

Having reviewed the Annual Report of the Regional Director for the period 1 July 1975 to 30 June 1976[1];

Recognizing the need and desire for a more rational and just economic order based on mutual co-operation;

Welcoming the continued mutually supportive relationships between Member States of the Region and the generous attitude of the more fortunate countries;

Bearing in mind that a sizeable proportion of the population in the Region still remain unserved by adequate health services,

1. THANKS the Regional Director for his efforts to devote the maximum resources to direct assistance to the most needy countries and the minimum effective portion to the administration of resources;

2. ENCOURAGES the economically more fortunate countries in their understanding attitude of mutual co-operation and generous donations to the improvement of health in the Region;

3. URGES all countries of the Region to give utmost consideration to the development of peripheral health services and the Regional Director to continue to provide the necessary technical support;

4. SUPPORTS the high priority accorded to health manpower development and biomedical research in the regional collaborative programme;

5. ENDORSES the trend to utilize as far as possible, the technical knowledge and skills of nationals in their own countries;

6. COMMENDS the Regional Director for his excellent report on the work accomplished in the Region.

EM/RC26A/R.3 RESOLUTIONS OF REGIONAL INTEREST ADOPTED BY THE TWENTY-NINTH WORLD HEALTH ASSEMBLY AND BY THE EXECUTIVE BOARD AT ITS FIFTY-SEVENTH AND FIFTY-EIGHTH SESSIONS

The Sub-Committee,

Having reviewed the document submitted by the Regional Director drawing attention to resolutions of regional and general interest adopted by the Twenty-ninth World

[1] Document EM/RC26/2

Health Assembly and by the Executive Board at its Fifty-seventh and Fifty-eighth Sessions[1].

TAKES NOTE of the content of these resolutions[2]

EM/RC26A/R.4 JACQUES PARISOT FOUNDATION FELLOWSHIP FOR RESEARCH IN SOCIAL MEDICINE ON PUBLIC HEALTH - SELECTION OF A CANDIDATE FROM THE EASTERN MEDITERRANEAN REGION

The Sub-Committee,

Having considered the report* of the Special Committee formed by Sub-Committee A to select three candidates for submission to the Jacques Parisot Foundation Committee;

ACCEPTS the Special Committee's recommendations to propose the following three names in this same order of priority;

1) Dr Mohamed Helmi Wahdan - Egypt
2) Dr Saadoun Khalifa Al-Tikriti - Iraq
3) Dr Mohammad Omar Mohabat - Afghanistan

*Document EM/RC26A/W.P.1

Under the Chairmanship of H.E. Dr Abdul Rahman Al Awadi, Kuwait

The Working Group,

Having examined the terms of reference, agreed on the following criteria for the selection of three candidates from the list of six names submitted:

1. The candidate should have submitted evidence of experience and capacity in research work;

2. The candidate should have submitted a well-thought out research proposal for the use of the funds if awarded;

3. The subject of the candidate's proposed research work should be of social relevance to the Region.

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[1] Document EM/RC26/6

[2]
WHA29.18
WHA29.20
WHA29.30
WHA29.39
WHA29.40
WHA29.42
WHA29.44
WHA29.47
WHA29.48
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WHA29.43
WHA29.45
WHA29.46
WHA29.49
WHA29.54
WHA29.55
WHA29.57
WHA29.58
WHA29.67
WHA29.68
WHA29.74
EB57.R26
EB58.R11

Following a detailed review of the submissions made by the six candidates it was agreed to recommend to the Sub-Committee that the names of the following individuals be submitted to the Advisory Committee on Medical Research for final selection of the Fellow, in the following order of priority:

1) Dr Mohamed Helmi Wahdan - Egypt
2) Dr Saadoun Khalifa Al-Tikriti - Iraq
3) Dr Mohammad Omar Mohabat - Afghanistan

(In the case of Dr Al-Tikriti, Iraq, he was to be asked to submit a more expanded description of the research which he would carry out should he be successful before his materials are submitted to ACMR).

EM/RC26A/R.5 NOMINATION OF THE REGIONAL DIRECTOR

The Sub-Committee,

Considering Article 52 of the Constitution,

1. NOMINATES Dr A.H. Taba as Regional Director for the Eastern Mediterranean; and

2. REQUESTS the Director-General to propose to the Executive Board the appointment of Dr A.H. Taba for a further period of five years from 1 September 1977.

EM/RC26A/R.6 PLACE OF FUTURE SESSIONS OF THE REGIONAL COMMITTEE (Sub-Committee A - 1977, 1978, 1979)

The Sub-Committee,

While reiterating its thanks to the Governments of Kuwait, Bahrain and Qatar for their kind invitations[1],

CONFIRMS its acceptance to hold its 1977 meeting in Kuwait, and its 1978 and 1979 meetings in Bahrain and Qatar respectively.

EM/RC26A/R.7 PROPOSED PROGRAMME BUDGET FOR 1978/79 FOR THE EASTERN MEDITERRANEAN REGION

The Sub-Committee,

Having considered the Proposed Programme Budget submitted by the Regional Director for the years 1978/79[2],

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[1] Resolution EM/RC25A/R.8

[2] Document EM/RC26/3

1. NOTES with satisfaction that the programme is planned in accordance with the needs and priorities of individual Member Countries and based on the established policies of the Organization;

2. FURTHER NOTES the tentative projection of the budget estimates for 1980 and 1981;

3. APPRECIATES the efforts made to increase technical co-operation and provision of services to Member States, particularly to the economically less fortunate countries, through reduction of establishment and administrative expenses;

4. THANKS those governments which have made generous voluntary contributions to supplement the regional programme, particularly for the more needy countries and EXPRESSES hope that additional voluntary contributions may be forthcoming from the economically more fortunate countries of the Region;

5. REITERATES its deep concern over the financial problems which the United Nations Development Programme is facing and URGES that full consultation continue at all levels between the governments concerned, UNDP and WHO to ensure that essential projects and components in the programme of health and related fields are not allowed to suffer;

6. EXPRESSES gratitude to UNICEF, UNFPA and other United Nations Agencies for their continued valuable support to the health sector in the countries of the Region;

7. ENDORSES the Proposed Programme Budget for 1978/79 under the Regular Budget and other sources of funds;

8. REQUESTS the Regional Director to transmit these proposals to the Director-General for consideration and inclusion in his Proposed Programme Budget for 1978/79.

EM/RC26A/R.8 DEVELOPMENT OF PROGRAMME BUDGETING AND MANAGEMENT OF WHO'S RESOURCES AT COUNTRY LEVEL

The Sub-Committee,

Having considered the report of the Regional Director on the development of programme budgeting and management of WHO's resources at country level[1], and

Stressing the importance of a programme-oriented approach to the collaborative planning and implementation of WHO technical co-operation at country level,

1. ENDORSES the programme budgeting procedures and the form of budget presentation outlined in the report

2. RECOMMENDS to the Executive Board that the proposed programme budgeting procedures be adopted with effect from the forthcoming programme budget cycle and that the proposed form of budget presentation be introduced in the proposed programme budget for 1980-1981.

[1] Document EM/RC26/8

EM/RC26A/R.9 EMERGENCY MEDICAL SERVICES

The Sub-Committee,

Having discussed the technical paper on Emergency Medical Services presented by the Regional Director[1];

Recognizing the steady increase in the number of emergency medical conditions in the countries of the Region and the high death rate in these conditions;

Considering the importance of preventive measures in reducing the incidence of emergency medical conditions, and of developing the emergency medical services in saving lives and in limiting disabilities.

1. THANKS the Regional Director for his attention to this important problem and REQUESTS him to consider establishing a regional advisory committee on emergency medical services;

2. URGES the continuation of WHO collaboration in developing emergency medical services in the countries of the Region;

3. RECOMMENDS that countries of the Region:

(a) make further epidemiological studies of the medical emergency conditions to assess the size of the problem in each country;

(b) evaluate the efficiency of the emergency medical service in each country and its capability to cope with the problem;

(c) put emphasis on preventive measures;

(d) promote the use of modern concepts and principles in developing these services;

(e) give more emphasis to training in emergency medical care in medical and nursing schools and establish the necessary post-graduate training;

(f) organize training programmes for emergency medical care personnel at all levels and give special attention to the education of the public particularly by including first aid training at all levels of education.

EM/RC26A/R.10 VIRAL HEPATITIS

The Sub-Committee,

Having studied with interest the technical paper on Viral Hepatitis presented by the Regional Director[2],

[1] Document EM/RC26/4
[2] Document EM/RC26/5

Considering that the public health importance of this disease is increasing and becoming a serious concern to many of the Health authorities of the Region;

Noting with satisfaction that some countries of the Region are giving priority to the studies on viral hepatitis,

1. URGES the Governments of the Region:

(a) to introduce up-to-date techniques for the detection of viral hepatitis B by using a sensitive method, e.g. radioimmunoassay or preferably passive haemaglutination reaction;

(b) to utilize disposable syringes to the extent possible, in order to reduce the occurrence of viral hepatitis B;

2. RECOMMENDS that more studies be undertaken on the epidemiology of viral hepatitis A, especially as far as its transmission through food is concerned, as well as the elimination of the virus from water and domestic waste-waters;

3. REQUESTS the Regional Director to continue to disseminate information on the recent advances in viral hepatitis studies and to promote facilities for the training at various levels of specialists required to operate, manage and maintain tests for the detection of HB_sAg in blood banks.

EM/RC26A/R.11 HEALTH SERVICES POLICIES

The Sub-Committee,

Recognizing the tendency in certain countries to create an imbalanced type of health service through giving too much emphasis to expensive and over-sophisticated technologies;

Recognizing that within the Eastern Mediterranean Region, a substantial number of private companies of a profit making nature are presently offering their services to Member Countries;

Alarmed at the constant escalation in prices of pharmaceutical preparations and medical equipment which absorbs a sizeable proportion of national health budgets, thus restricting the ability of most governments to meet the health needs of the large masses of their population,

REQUESTS the Regional Director:

(a) To study the range and nature of such companies and the services which they offer;

(b) To study the financial and other implications of their activities;

(c) To carry out a study on possible criteria for appropriate technologies that Ministries of Health might wish to apply for the economic procurement of safe and

effective pharmaceutical preparations as well as the medical equipment appropriate for the provision of health care on a wider scale than hitherto possible; and

(d) to report on the subject to a future session of the Regional Committee.

EM/RC26A/R.12 HEALTH SERVICES AND MANPOWER DEVELOPMENT

The Sub-Committee,

Having examined and discussed the paper entitled "Health Services and Manpower Development with Particular Reference to the Eastern Mediterranean Region"[1] presented by the Regional Director to the Technical Discussions Session;

Welcoming the priority emphasis being given by the Organization to health services and manpower development as an approach which takes into account the component of planning, development (or "production") of health manpower, and its utilization within health services in order to ensure maximum effectiveness and efficiency therein;

Commending the steps being taken to promote this approach in Member Countries,

1. ENDORSES the philosophy of an integrated approach to health services and manpower development;

2. INVITES Member States to continue to give increasing attention to the implications of applying this philosophy and to ensuring its effective implementation;

3. FURTHER INVITES Member States to examine the existing arrangements for the planning and training of health manpower and the relationships between these arrangements and the planning and implementation of health services, including an examination of the recommendations, not yet implemented in many countries of past WHO meetings and seminars on the subject of medical education and its relationship to health services development;

4. REQUESTS the Regional Director to convene, within the next two years, a high level Consultation on the relationships between educational institutions responsible for training health personnel and Ministries of Health and other agencies in the public and private sector responsible for health services development, with a view to achieving closer co-ordination between all concerned.

EM/RC26A/R.13 VOTE OF THANKS

The Sub-Committee,

1. EXTENDS to H.E. the Prime Minister of the Government of Pakistan, Mr Zulficar Ali Bhutto, its most profound gratitude and warmest thanks for his inspiring message;

[1] Document EM/RC26/Tech.Dis.1

2. FURTHER EXTENDS its sincere thanks to the Government and the people of Pakistan for the generous hospitality and facilities afforded to the delegations participating in this Session, which greatly contributed to its success.

EM/RC26A/R.14 ADOPTION OF THE REPORT OF SUB-COMMITTEE A

The Sub-Committee,

1. ADOPTS the report of Sub-Committee A of the Twenty-sixth Session of the Regional Committee as presented[1], and

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

PART VII

NOMINATION OF THE REGIONAL DIRECTOR

The Chairman announced that the Sub-Committee had taken up item 7 of the Agenda in private meeting. The Sub-Committee had considered Rules 26, 28 and 29 of its Rules of Procedure. In view of the fact that there was to be no meeting of Sub-Committee B in 1976, the Sub-Committee had concluded that the postal vote provided for in Rule 28 was not required. It decided that the foregoing statement should be included in its final report.

The Sub-Committee then proceeded to vote in accordance with Rule 26 and 29 of its Rules of Procedure. The result of that vote was the nomination of Dr A.H. Taba and the adoption of the resolution which appears as resolution EM/RC26A/R.5 in Part VI.

[1] Document EM/RC26A/3

ANNEX I

A G E N D A

SUB-COMMITTEE A OF THE REGIONAL COMMITTEE FOR THE EASTERN MEDITERRANEAN, 26TH SESSION

1.	Opening of the Session	
2.	Election of the Officers	
3.	Adoption of the Agenda	(EM/RC26/1 Rev.1)
4.	Appointment of the Sub-Division on Programme	
5.	Annual Report of the Regional Director to the Twenty-sixth Session of the Regional Committee	(EM/RC26/2)
	Statements and reports by representatives of Member States	
6.	Cooperation with Other Organizations and Agencies	
	Statements and reports by Representatives and Observers of Organizations and Agencies	
7.	Nomination of the Regional Director	(EM/RC26/7)
8.	(a) Resolutions of regional interest adopted by the Twenty-ninth World Health Assembly and by the Executive Board at its Fifty-seventh and Fifty-eighth Sessions	(EM/RC26/6)
	(b) Jacques Parisot Foundation Fellowship for Research in Social Medicine or Public Health - Selection of a candidate from the EM Region	(EM/RC26/9 and Add.1)
9.	(a) Proposed Programme Budget Estimates for the Eastern Mediterranean Region for 1978/1979	(EM/RC26/3 and Corr.1)
	(b) Development of Programme Budgeting and Management of WHO's resources at country level	(EM/RC26/8)
10.	Technical Matters:	
	(a) Emergency Services	(EM/RC26/4)
	(b) Viral Hepatitis	(EM/RC26/5)
11.	Technical Discussions: "Health Services and Manpower Development"	(EM/RC26/Tech.Disc.1)
12.	Other Business	
13.	Adoption of the Report and Closure of the Session	

ANNEX II

LIST OF REPRESENTATIVES, ALTERNATES, ADVISERS AND OBSERVERS TO SUB-COMMITTEE A

REPRESENTATIVES OF MEMBER STATES OF THE WHO EASTERN MEDITERRANEAN REGION

AFGHANISTAN

Representative - Professor Mohammed Ibrahim Azeem
Deputy Minister of Public Health
Ministry of Public Health
Kabul

Alternate - Dr Rauf Roashan
President, Foreign Relations Department
Ministry of Public Health
Kabul

BAHRAIN

Representative - Dr Ebrahim Yacoub
Assistant Under-Secretary for
Technical Affairs
Ministry of Health
Manama

Adviser - Miss A. Simaan
Administration -
Superintendent Training
Ministry of Health
Manama

CYPRUS

Representative - Mr Cleanthis Vakis
Director-General
Ministry of Health
Nicosia

DEMOCRATIC YEMEN

Representative - Dr Abdulla Omayer
Deputy Permanent Secretary for
People's Health
Ministry of Health
Aden

Alternate - Mr Mohssen Madaal
Deputy Port Health Officer
Ministry of Health
Aden

EGYPT

Representative - Dr Fawzi El Sayed
Vice Minister
Ministry of Public Health
Cairo

Alternate - Dr Mokhtar Abdel Meguid
Director of International Health
Ministry of Public Health
Cairo

ETHIOPIA

Representative - Mr Wogayehu Sahlu
Head, Administration Services
Ministry of Health
Addis Ababa

IRAN

Representative - H.E. Dr S. Sheikholeslamzadeh
Minister of Health and Welfare
Ministry of Health and Welfare
Teheran

Alternate - Dr Youssef Shakib Fahimi
Director of Iran Emergency Medical Service
Ministry of Health and Welfare
Teheran

Advisers - Dr Attaollah Amini
General Director for Planning and Programming
Ministry of Health and Welfare
Teheran

Mr A.N. Amir-Ahmadi
Director-General
International Relations Department
Ministry of Health and Welfare
Teheran

Dr Amir Siamack Adjoudani
Director of General Department
for Physicians Affairs
Ministry of Health and Welfare
Teheran

Dr Darioush Naseeri
Consultant
Shafa Rehabilitation Hospital
Teheran

Dr Faramarz Adibzadeh
Health Attaché, Imperial Embassy of Iran
Pakistan

IRAQ

Representative - H.E. Dr Riad Ibrahim Husain
Minister of Health
Ministry of Health
Baghdad

Alternate - Dr Ibrahim Al-Nouri
Director-General of Technical
and Scientific Affairs
Ministry of Health
Baghdad

Advisers - Dr Sadoon K. Al-Tikriti
Director-General of Preventive Medicine
Ministry of Health
Baghdad

Dr Alim Hassoun
Deputy Director-General of Technical
and Scientific Affairs
Ministry of Health
Baghdad

JORDAN

Representative - Dr Khalid Shami
Under-Secretary
Ministry of Health
Amman

Alternate - Dr Ahed Z. Shaker
Head, Medical Department
P.O. Box 8502
Amman

KUWAIT

Representative - H.E. Dr Abdul Rahman Al Awadi
Minister of Public Health
Ministry of Public Health
Kuwait

Alternate - Dr Khalid Hussein
Director of Social Health Services
Ministry of Public Health
Kuwait

Adviser - Mr Mohammed Al Anbaei
Head, International Health Relations Office
Ministry of Public Health
Kuwait

LIBYAN ARAB REPUBLIC

Representative - Dr Farouk El Gerbi
Director
Ibn Sina Health Training Institute
Benghazi

Alternate - Mr Mohammed Abdallah Shuffir
Chief, Health Manpower Development Unit
Ministry of Health
Tripoli

Adviser - Mr Mohammed Khalaf Allah
Department of International Health
Ministry of Health
Tripoli

OMAN

Representative - H.E. Dr Mubarak Al Khaduri
Minister of Health
Ministry of Health
Muscat

Alternate - Dr A.R. Mohamed Fergany
Director of Public Health
Ministry of Health
Muscat

Adviser - Mr Khamis Al Hosni
Director of Public Relations
Ministry of Health
Muscat

PAKISTAN

Representative - H.E. Mir Taj Mohammad Khan Jamali
Minister of Labour, Manpower
Health and Population Planning
Ministry of Labour, Manpower, Health
and Population Planning
Islamabad

Alternates - H.E. Mr Jahangir Ali Chaudhry
Ministry of State for Health and Population
Planning
Islamabad

Lt. General A.N. Ansari
Secretary of Health
Government of Pakistan
Ministry of Labour, Manpower, Health
and Population Planning
Islamabad

Mr Badruddin Zahidi
Secretary to the Government of Pakistan
Population Planning
Islamabad

Professor Naseer Ahmed Shaikh
Director-General of Health and Additional
Secretary to Government of Pakistan (ex-officio)
Ministry of Labour, Manpower, Health and
Population Planning (Health Division)
Islamabad

Advisers - Lt. General C.K. Hasan
Director Medical Services (Army)
General Headquarters
Rawalpindi

Advisers -

Dr S.A. Mallick
Director-General (Technical Affairs)
Population Planning Council
Islamabad

Dr Faiz Ali Shah
Secretary, Department of Health
Government of Punjab
Lahore

Professor A.M. Ansari
Secretary, Health and Social Welfare
Sind
Karachi

Prof. Abdul Jamil Khan
Principal, Bolan Medical College
Baluchistan
Quetta

Brig. Musharraf Ali
Secretary, Department of Health,
Azad Kashmir, and Director Health Sciences,
Azad Kashmir and Northern Areas
c/o Medical Directorate General Headquarters
Rawalpindi

Observers -

Dr B.A. Qureishi
Deputy Director-General (Technical)
Population Planning Council
Islamabad

Dr (Mrs) Shamim Afzal
Deputy Director-General (Technical)
Population Planning Council
Islamabad

Professor M. Yunus Khan
Director, Jinnah Post-graduate Medical Centre
Karachi

Mr Islam Bahadur Khan
Joint Secretary
Incharge, Malaria Control Programme
Government of Pakistan
Rawalpindi

Professor Saleh Memon
Professor of Medicine
Dow Medical College
Karachi

Professor M. Akhtar Khan
Principal, King Edward Medical College
Lahore

Dr M. Hasan
Director, Tuberculosis Control
Government of Pakistan
Karachi

Dr (Miss) Sarwar Zuberi
Physician In-charge, Research Cell
Jinnah Post-graduate Medical Centre
Karachi

Professor Nazir Chaudhary
Principal
Sind Medical College
Karachi

Professor Khwaja Saadiq Husain
Professor of Medicine
King Edward Medical College
Lahore

Dr Sulaiman A. Khan
Assistant Professor, Orthopaedic Surgery
Jinnah Post-graduate Medical Centre
Karachi

Professor Asaf Ali Nur
Professor of Surgery
Dow Medical College
Karachi

Mrs Aisha Siddiqui
Principal, College of Nursing
Jinnah Post-graduate Medical Centre
Karachi

QATAR

Representative - H.E. Sayed Khaled Mohammad Al Mana
Minister of Public Health
Ministry of Public Health
Doha

Alternate - Dr Abdulla A. Al Baker
Head, Surgical Department
Ministry of Public Health
Doha

Advisers - Mr Mohammed Abu Al-Fain
Director, Minister of Health Office
Ministry of Public Health
Doha

Dr S.A. Tajeldin
Director of Preventive Health Services
Ministry of Public Health
Doha

SAUDI ARABIA

Representative - Dr Ahmed El Tabba'a
Director of International Health
Ministry of Public Health
Riyad

SOMALIA

Representative - Dr Khalif Bile Mohamoud
Senior Physician, General Hospital and
Directorate Community Health Adviser
Madin Hospital
Mogadishu

Alternate - Dr Salah Eidarus Nasir
Senior Physician, General Hospital
Mogadishu

SUDAN

Representative - H.E. Major-General Khalid Hasaan Abbas
Minister of Health
Ministry of Health
Khartoum

Alternates - Dr A.A. El Gaddal
Director-General
International Health Affairs
Ministry of Health
Khartoum

Mr Hasaan Mohamed Osman
Secretary of the Minister's Office
Ministry of Health
Khartoum

SYRIAN ARAB REPUBLIC

Representative - H.E. Dr Madani El-Khiyami
Minister of Health
Ministry of Health
Damascus

Alternate - Dr Moustafa Baath
Vice-Minister, Ministry of Health
Damascus

Advisers - Dr M.A. El Yafi
Director
International Health Affairs
Ministry of Health
Damascus

Mrs Raja Kurdy
Director of Administrative Affairs
Ministry of Health
Damascus

TUNISIA

Representative - Dr A.R. Farah
Médecin Inspecteur
Ministry of Public Health
Tunis

UNITED ARAB EMIRATES

Representative - H.E. Shaikh Seif Ben Mohamed Al Nahyan
Minister of Health
Ministry of Health
Abu Dhabi

Alternate - Dr Abdul Rahim Jaffer
Director of Curative Medicine
Ministry of Health
Abu Dhabi

Adviser - Dr Tayšir Ibrahim Barakat
Adviser Ministry of Health and
Director of Planning and Research
Abu Dhabi

YEMEN

Representative - H.E. Dr Abdul-Malek Abdullah
Minister of Public Health
Ministry of Public Health
Sana'a

Alternate - Dr Abdulla Jhon
Director-General of Preventive Medicine
Ministry of Public Health
Sana'a

REPRESENTATIVES OF UNITED NATIONS ORGANIZATIONS

UNITED NATIONS — Dr Jean Puyet
Director of Health and WHO Representative
UNRWA
Amman

UNITED NATIONS CHILDREN'S FUND (UNICEF) — Mr Manoutcher Assadi
Area Representative
Islamabad

UNITED NATIONS RELIEF AND WORKS AGENCY FOR PALESTINE REFUGEES (UNRWA) — Dr Jean Puyet
Director of Health and WHO Representative
Amman
(UNRWA temporary address)

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

LEAGUE OF ARAB STATES — Dr Zaki Ahmed Hamdi
General Director, Health Department
League of Arab States
Cairo

ORGANIZATION OF AFRICAN UNITY (OAU) — Dr M.H. Rajabaally
Director
Health Division
Organization of African Unity
Addis Ababa

INTERNATIONAL COMMITTEE OF MILITARY MEDICINE AND PHARMACY (ICMMP)	Surgeon Captain Ataur Rahman Deputy Director Medical Services (Navy) Naval Headquarters Medical Directorate Rawalpindi
WORLD COUNCIL FOR THE WELFARE OF THE BLIND	Sheikh Abdullah Al-Ghanim WCWB Vice-President Chairman of WCWB Committee on Middle East Affairs Airport Street P.O. Box 3465 Riyad
INTERNATIONAL AGENCY FOR THE PREVENTION OF BLINDNESS	Professor T.H. Kirmani Hon. General Secretary National Society for the Prevention of Blindness of Pakistan 271 R.A. Lines Stretchen Road Karachi
INTERNATIONAL SOCIETY FOR BLOOD TRANSFUSION	Dr F.A. Ala National Director Iranian National Blood Transfusion Service 114, av. Villa Teheran
WORLD FEDERATION FOR MEDICAL EDUCATION	Professor Bilqis Fatima Principal Fatima Jinnah Medical College for Women and Member of the Board of the Association of Medical Schools in the Middle East Lahore
INTERNATIONAL FEDERATION OF FERTILITY SOCIETY INTERNATIONAL FEDERATION OF GYNAECOLOGY AND OBSTETRICS	Professor (Miss) Mahmuda Said Professor of Obstetrics and Gynaecology Jinnah Post-graduate Medical Centre Karachi
WORLD FEDERATION OF HEMOPHILIA	Dr Javid Hashmi Director Pakistan Medical Research Council 12-A Mohammad Ali Housing Society Main Drigh Road Karachi

INTERNATIONAL COMMITTEE ON LABORATORY ANIMALS (ICLA)	Dr Zahir-ud-Din Khan Director (Research) National Member ICLA for Pakistan Biological Research Pakistan Population Planning Council National Health Laboratories Islamabad
INTERNATIONAL COMMITTEE OF CATHOLIC NURSES	Sister Helen Marie McGrath District Supervisor Holy Family Hospital P.O. Box 7378 Soldier Bazar Road Karachi 3
INTERNATIONAL PLANNED PARENTHOOD FEDERATION	Dr I. Nazer Regional Director Middle East and North African Regional Office International Planned Parenthood Federation P.O. Box 18 Carthage
	Dr Abdel Salam Al Moghraby Vice President Sudan Family Planning Association Khartoum
INTERNATIONAL COUNCIL OF SOCIETIES OF PATHOLOGY	Professor N. Jafarey Department of Pathology Jinnah Post-graduate Medical Centre Karachi-35
INTERNATIONAL FEDERATION OF PHARMA-CEUTICAL MANUFACTURERS ASSOCIATION (IFPMA)	Mr Sleem Majidulla Chairman PPMA and Managing Director Sandoz (Pakistan) Ltd. P.O. Box 7247 Karachi
	Mr M.A. Sheikh Former Chairman Lahore Chemical and Pharmaceutical Works P.O. Box 706 Lahore
THE POPULATION COUNCIL	Dr A. Sadre Alam Medical Adviser MCH-FP Project Yozgat

WORLD PSYCHIATRIC ASSOCIATION	Professor M.R. Chaudhry Professor of Psychiatry, King Edward Medical College and President Pakistan Psychiatric Society 83 Shah Jamal Colony Lahore
LEAGUE OF RED CROSS SOCIETIES	Brig/Air Commodore (Ret'd) Mir Rifat Mahmood Secretary General Pakistan Red Crescent Society 169, Sarwar Road Rawalpindi
PAKISTAN MEDICAL ASSOCIATION	Dr Mir Rehman Ali Hashmi Secretary General Pakistan Medical Association Karachi (Observer)
PAKISTAN PHARMACEUTICAL MANUFACTURERS ASSOCIATION	Mr Sleem Majidulla Chairman, Pakistan Pharmaceutical Manufacturers Association and Managing Director, Sandoz (Pakistan) Ltd. c/o Hotel Metropole, Karachi (Observer)
PAKISTAN MEDICAL RESEARCH COUNCIL	Dr Javid Hashmi Director, Pakistan Medical Research Council 12-A Mohammad Ali Housing Society Main Drigh Road Karachi-8 (Observer)
PAKISTAN COLLEGE OF PHYSICIANS AND SURGEONS	Professor Hamid Ali Khan Vice President Pakistan College of Physicians and Surgeons Defence Co-operation Housing Society Karachi (Observer)

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ANNEX III

SUMMARY TECHNICAL REPORT

The technical discussions took place on Wednesday 13 October under the Chairmanship of H.E. Dr S. Sheikholeslamzadeh, Ministry of Health and Welfare, Iran, based on a background paper "Health Services and Manpower Development"[1].

In the discussions which followed, some fifteen delegations took part and strong support was expressed for the approach outlined in the paper, all speakers stressing the great importance to their countries' health programmes of an effective approach to Health Manpower Development properly integrated into Health Services planning.

Concern was expressed at the extent to which the recommendations of previous WHO meetings, seminars, etc., in the Region, on the subject of effective integration between the two had so far been disregarded, and many references were made, in particular, to the inadequate co-ordination which existed between medical faculties and ministries of health. Particular reference was made to the failure of medical faculties to prepare the types of physicians required by the Ministries. In this connexion several references were made to the inadequacies of teaching of public health and community medicine and to the reluctance of certain medical graduates to accept the use of paramedical personnel and to accept their role in the health team.

More than one plea was made for a most effective balance between the private practice of curative medicine and public health practice to fulfil the needs of the health services.

A number of speakers drew attention to substantial efforts being made in their countries for the development of new types of health personnel, more closely geared to the needs of the deprived, especially the rural deprived, sectors of the population.

One speaker, drawing attention to the failure of the medical faculties to produce the physicians required by the ministries, particularly stressed the responsibilities of health ministries themselves through their planning units, to accept greater responsibility for the direction and influence of training patterns, and deplored the absence of effective planning in the "production sector" to match the needs of consumers.

It was felt that neither the medical faculties nor the health ministries should bear the blame for this situation alone, and that there was an urgent need for more effective communication between them, and for the development of new mechanisms for joint planning.

Attention was drawn to the dangers inherent in a physician-dominated health culture and that of physicians being trained exclusively in hospitals. As a corollary to the latter point, several speakers drew attention to the needs to utilize

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[1] EM/RC26/Tech.Disc.1

the total spectrum of health services institutions in the training of physicians and other health workers, and for physicians and their team colleagues to undergo at least part of their training together. A plea for better incentives to encourage the best graduates of the health professional schools to enter public health, and especially health services administration, was made. Allusion was made to the need for more effective design of career structures within the health services.

There was general endorsement that the illustrative figures and data provided in the paper gave a good picture of the shortages, maldistribution and imbalance existing in the health manpower stock of the Region, and several speakers referred to the brain drain phenomenon, as well as to the extent to which this was influenced by the inadequately designed service patterns in member countries.

At the conclusion of the session the Regional Director again drew attention to the central importance of this subject, expressed his appreciation of the high level of discussions which had taken place, and indicated the Organization's intention of giving maximum priority to activities in Health Services and Manpower Development as outlined in the programme and budget which had previously been adopted for the coming years.

A resolution was adopted unanimously at the close of the session.