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REPORT

OF THE

REGIONAL DIRECTOR

OF THE

EASTERN MEDITERRANEAN REGION

TO THE

REGIONAL COMMITTEE

August 1950 - August 1953

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INTRODUCTION

It gives me pleasure to be in a position to report to the Regional Committee for the Eastern Mediterranean once more. Circumstances beyond the control of the World Health Organization have deprived me as Regional Director of the benefit of the assistance and support of the Regional Committee in the planning of the regional programme, but through the courtesy and opportunities offered to me for consultation by national delegates to the World Health Assembly, and by frequent contacts in the countries in the region, it has been possible for progress to be maintained in planning and for the programme sactioned to be implemented as far as funds have permitted.

The same circumstances have imposed upon me the task of reviewing in this report the activities of the region since the meeting of the last Regional Committee in 1950. At that meeting the emphasis was on survey and investigation of the various needs of the countries of the region. The period under review has been mainly one of transition from the surveying and planning to the operational phase. Thus, whereas by the end of 1950 only six projects were in operation, there are now no less than 49 projects actually in operation in the field, besides 22 fully approved, of which it may reasonably be presumed that ten will be in operation before the end of the year. More than this may have been achieved were it not for the handicap imposed by the uncertainties of the technical assistance budget which manifested themselves at the beginning of the current year.

This briefly is the situation today, but before elaborating it any further, it will be of interest to look back to the report of the Third Regional Committee *, to note the main resolutions which were passed, and to report of the action which was taken on them. Thus : —

(i) Freer Flow of Medical Supplies (para. 5.4.)

Most of the regional countries have waived customs duties, in some cases totally, in others partially.

(ii) Advisability of Establishing National WHO Committees (para. 5.5.)

Recent developments, in particular the emergence of bilateral organizations, have made it necessary for this recommendation to be altered so that national committees representative of all international agencies interested in technical assistance should be included in order to ensure the maximum of cooperation and coordination.

(iii) Public Health Administration (para. 7.1.2.1.3.)

Member States have supplied the regional office with a great deal of very useful information on this subject.

It was felt, however, that this was not enough in itself to enable the Organization to make specific recommendations for the improvement of public health administrations. Accordingly, the World Health Organization has appointed a number of public health advisers to countries in the region (Ethiopia, Iran, Lebanon, Libya, Saudi Arabia and Turkey — then still in the EM Region) with a view to a more detailed study of local conditions and resources, both financial and educational, being carried out. Jordan and Syria have benefited from the presence of the WHO public health adviser in Lebanon who is shortly to assume the post of WHO Area Representative to all three countries.

(iv) Standards of Public Health (para. 7.1.2.3.)

It was not found possible to arrive at any sound conclusions on the information available. Accordingly it was decided that this survey should depend on the findings of the public health advisers appointed to Member States.

(v) Limitation of the Appointment of Short-Term Consultants for Special Purposes (para. 7.1.2.4.)

Short-term consultants have been mainly engaged to undertake surveys which normally precede the planning of a project or which form an initial phase of a project. As examples of the former, the survey carried out by the late Dr. Abdel Azim on bilharzia in North Eastern Syria, by Dr. W. H. Clark on the incidence of cerebro-spinal meningitis in the Sudan, or by Dr. F. C. Farnsworth on the *Calioub health demonstration area* or Dr. Dalgamouni on leprosy in Ethiopia, may be quoted among several others. On the other hand the preliminary survey of cholera epidemiology carried out by Professor Gohar in East Pakistan and Miss Connor's study of nursing conditions in Israel, may be cited as examples of the use of short-term consultants *within the framework of a project.*

Other examples which may be quoted are the surveys of Drs. Abd El Azim, M.M. Helmy and Naguib Ayyad on the incidence of bilharzia in the Sudan, Syria, Saudi Arabia, Somalia, Iraq, Iran, Yemen, Jordan and Lebanon ; mental health in Jordan by *Dr. Milne ; Dr. J. C. Thomson on nutrition in Iran, Professor Darby on pellagra in Egypt,* Dr. Corkill on nutrition in Iraq, Syria and Jordan, Drs. Aykroyd and Clements on nutrition in Egypt ; Dr. Holmes on rural health areas in Iraq and Dr. Westphal on the same subject in Lebanon ; Dr. Underwood on handicapped children in Lebanon ; Drs. Leon Lewis and Bruusgaard on industrial health and occupational *disease in Iran and Egypt respectively* ; Dr. Postic on trachoma in Iran ; Drs. Wilson and Felix on public health bacteriology in Israel; and Dr. Bridgman on hospital services and organization in Egypt.

These special consultants' surveys and reports supplement the work carried out on frequent visits to regional countries by regional advisers, it being *ensured that the duration of their visits always* enables them to accomplish their respective tasks.

(vi) Environmental Sanitation (para. 7.1.2.4.)

On the urgent recommendation of the Regional Committee, Mr. J. Buxell was appointed Regional Adviser in Environmental Sanitation as from *5 October 1951.*

(vii) Health Education of the Public (para. 7.1.2.6.3.)

Budgetary provision was made for a health education project in Libya (now in operation) ; for the appointment of WHO advisory staff consisting *of a public health adviser and a health educator to the joint WHO/UNESCO Arab States Fundamental* Education project at Sirs-el-Layan (now in operation) ; and for the appointment of health educators to the VD control project in Karachi and to the

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cholera control project in East Pakistan. Unfortunately public health educators are rare to find and difficult to recruit at the moment.

(viii) **Malaria** (para. 7.1.2.7.)

A regional adviser in malaria (Dr. H. Morin) was appointed in 1951. He has since been transferred to the African Region at the request of headquarters. The question of Dr. Morin's replacement is under consideration.

(ix) **Continuation of BCG Campaigns** (para. 7.1.2.8.)

After the initial stimulus provided by the ITC, BCG campaigns have been conducted with UNICEF assistance in many countries in the region. In Egypt the campaign initiated in 1949 was taken over by WHO/UNICEF in 1951 and finally handed over to the Government at the end of 1952, by which time over four million persons had been tested and over a million and a quarter vaccinated.

Campaigns continue at present in Iran, Iraq, Ethiopia, Libya and Pakistan (initiated in 1949) and others are due to commence this autumn in Jordan and in the Sudan. A successful campaign was concluded in Aden in 1952 and BCG vaccination now continues as part of the Government health services with UNICEF assistance, which is also the case in Syria. A BCG survey has been recently carried out in Saudi Arabia where it is hoped to plan a campaign in the near future.

(x) **Rehabilitation of Tuberculosis Patients** (para. 7.1.2.8.)

This is a feature of all WHO assisted tuberculosis control projects now in operation in Pakistan (Dacca and Karachi), Egypt and Syria and will be emphasised in projects which are to come into operation in due course in Ethiopia, Iran, Iraq and Israel.

(xi) **Venereal Diseases and Treponematoses** (para. 7.1.2.9.)

A VD Demonstration and Training Centre was established in Tanta, Egypt, in January 1951. The project was intended to cover representative groups of the population — urban, rural, industrial and from a port area (Port Said). This project provided facilities for intra-regional training for fellows from Egypt, Pakistan, Lebanon and Syria included among whom were physicians, serologists, nurses, laboratory technicians and social workers.

Other VD control demonstration and training centres have been established in Ethiopia, Iran, Iraq, (especially in relation to the bejel campaign), Pakistan and Saudi Arabia, while a tripartite agreement has been concluded with the Government of Syria and UNICEF to initiate a bejel control campaign in the Deir-el-Zor area which adjoins Iraq.

Specifically, research in treponematosis as applied to bejel, was undertaken in the Iraq mass campaign project which was a joint WHO/UNICEF project, but WHO workers in the Egypt project were also engaged in research work at the University of Cairo and in an experiment in the evaluation of a new penicillin product.

(xii) **Schistosomiasis** (para. 7.1.2.11.)

The surveys envisaged at the time of the Regional Committee have been carried out in Lebanon, Saudi Arabia, Iraq, Jordan and Syria as well as in the Sudan, Somalia, Iraq, Iran and Yemen but not in Turkey.

(xiii) **Trachoma** (para. 7.1.2.13.)

The regional seminar proposed took the form of a three-month course at the Giza Ophthalmic Memorial Institute, Egypt. Twelve fellowships were awarded to trainees from the countries of the region and also to trainees from Spain, Yugoslavia and Turkey. It is hoped that further opportunities for study will be provided after the proposed pilot control project which is to be carried out in Egypt.

(xiv) **Leishmaniasis** (para. 7.1.2.14.)

Interest in research in this subject was found to be confined to Egypt, Israel, Iran, Syria — the home of the Aleppo "bouton" and of course in Iraq, the home of the Bagdad boil. In East Pakisan, where kala-azar prevails, a treatment and prevention scheme was included in the malaria control project in accordance with the terms of the resolution. The results obtained revealed that DDT spraying checked the transmission of kala-azar as shown by a marked decrease in incidence in the sprayed area compared with a control area, and also by the complete disappearance of the phlebotomus after one spraying.

(xv) **Improvement of Smallpox Vaccination Services.**

Of the countries addressed only one replied that dry vaccine was being used with good results (French Somaliland). The other countries adhered to

the use of glycerinated lymph, which was considered to be satisfactory, but many were interested in dry vaccine.

(xvi) **Rabies (para. 7.1.2.16.)**

Data obtained as a result of experiments with hyperimmune serum in man and with improved vaccine for dogs carried out in Iran by Dr. Baltazard, and in Israel by Dr. Kumarov, are to be presented to the WHO Expert Committee on Rabies due to meet in Rome in September 1953.

An evaluation of the rabies control project carried out in Israel in 1950 has been made by Dr. Tierkel, one of the WHO consultants on zoonoses. This, together with further information, is to be presented to the forthcoming Expert Committee meeting.

An Inter-Regional Rabies Seminar was held in Coonoor, India, in July 1952. Fifteen fellowships were awarded in the Eastern Mediterranean Region. The main object of the seminar was to teach standard procedures in laboratory technique. The results obtained are reported to be likely to ensure an easier assessment and comparison of work carried out in different countries in future.

(xvii) **Leprosy**

A survey of the incidence of leprosy in Ethiopia was carried out in December 1950. This was followed by a control project which commenced in January 1952 for one year.

(xviii) **Whooping Cough**

Studies of the value of mass-vaccination against whooping cough have been made by the regional office. Experience in the regional countries, as elicited by enquiries, was limited to Lebanon and Turkey but no conclusive results were obtained except that whooping cough has been made a notifiable disease in most countries.

The results of important studies carried out by the Medical Research Council of Great Britain were published in 1951 and these reveal that, over a period of observation extending over two to three years, the attack rates per 1,000 child-months observation were 1.45 for vaccinated, and 6.72 for unvaccinated children, giving a reduction of 78% in the incidence of the disease. The attacks which occured in the vaccinated group were less severe and of shorter duration. Vaccines prepared in accordance with the method used by the Michigan Department of Health were found to give the best results.

The World Health Organization has published a " Report of a Conference of Heads of Laboratories Producing Diphtheria and Pertussis Vaccine " * which contains the latest information on the value of pertussis vaccine alone or combined with diphtheria immunisation.

(xix) **Nutrition (para. 7.1.2.18.2.)**

The joint WHO/FAO National Nutrition Training Centre project was held in Cairo from October to December 1950 under the general direction of Dr. Mohammed Abdo Abbassy. The centre was an unqualified success thanks to the cooperation of the host Government and FAO, to whon the appreciation of the Regional Committee was conveyed as requested. Thirty-six trainees attended the course. Of these eleven were medical graduates. The trainees were drawn from Egypt, the Sudan, Iran, Iraq, Lebanon, Syria, Cyprus, Cyrenaica, Turkey and Thailand. The course covered every aspect of nutrition and included both a series of lectures by eminent nutritionists and practical work.

(xx) **Mental Health (para. 7.1.2.18.3.)**

Professor Kraus has been appointed a regional adviser in this subject on a part-time basis. This means that he pays periodical visits to the region at regular intervals to conduct surveys and to undertake any other duties relative to mental health. Professor Kraus has completed mental health surveys in Egypt, Iraq, Lebanon, Syria and the Sudan.

A short-term consultant was appointed in 1952 to carry out a special preliminary mental health survey in Jordan.

(xxi) **School Health Services (para. 7.1.2.20.)**

The regional countries were addressed in accordance with the terms of the Committee resolution calling upon them to develop school health services and to make adequate budgetary provision for this purpose. Replies were received from Iraq, Egypt, Lebanon and Turkey which indicated that steps were being taken to provide or to improve existing services.

Meanwhile the regional office in association with UNICEF has planned a pilot scheme for the treatment of favus among school children in Syria which, if successful, should provide valuable information for the extension of the project to other areas. WHO also has given technical approval to a

* WHO Technical Report Series No. 61

UNICEF aided school feeding programmes in Iraq and Libya.

In addition, WHO provided seven fellowships for a study group on school health services to visit Denmark and the Netherlands. The trainees were selected from Egypt, Iran, Iraq, Israel, Jordan, Lebanon and Syria.

(xxii) **Health Demonstration Areas (para. 7.1.2.21.)**

The special arrangement covering the establishment of the health demonstration area in Calioub was signed formally in February 1953. The arrangement demanded the passing of special legislation to establish an autonomous area administered by a Joint Health Board representative of all the Ministries concerned in the project and the International Agencies who are interested. Recruitment of the WHO staff is proceeding and the project is expected to be fully in operation by the autumn of this year. Meanwhile the administrative office of the project has been opened in Calioub and the national director and staff have moved out to Calioub. Surveys on other possible health demonstration areas have been carried out in Iran (Dr. Crichton Jones) in Iraq (Dr. Holmes) in Lebanon (Dr. Westphal) and for the training area at Pattoki for the Punjab Institute of Health (Dr. Troupin). The implementation of these projects is at present in abeyance owing either to lack of funds or to other reasons.

(xxiii) **Professional and Technical Education (para. 7.1.2.22.)**

The Regional Committee urged that budgetary provision for fellowships should be maintained at the highest level. The following statement shows that this recommendation was scrupulously followed, thus : —

	No. of fellowships awarded	Source of funds WHO	UNICEF	TA
1951	86	80	-	6
1952	113	53	8	52
1953 (to end June)	70	42	1	27

A detailed statement of fellowships is shown in Appendix I.

It would not be out of place to mention that frequent disappointment has been experienced not only with the quality of some of the candidates selected but also because the services of enthusiastic trainees on completion of their course of study abroad are not utilised to the best advantage. They are either given appointments in which they could not make any use whatever of what they have learned, or no encouragement is given to them to exploit their knowledge for the benefit of their country. This attitude on the part of the Government not unnaturally discourages initiative on the part of trainees and defeats the main object of the fellowship.

Another feature of fellowships which is found disconcerting is that governments offer the services of trainees to WHO because they themselves cannot provide them with a suitable appointment. This is of course a complete negation of the principle underlying the award of fellowships.

The regional programme of professional and educational training included a number of special teaching or advisory missions and a statistical training centre which arose out of the recommendation made by the First Regional Conference on Health Statistics held in Istambul in September 1950.

The special missions comprised the following :-

a) The Medical Teaching Mission to Israel and Iran ;
b) The Thoracic Surgery Mission to Israel and Turkey ;
c) The Public Health Group to Egypt (1953) ;
d) The Regional Eye Diseases Seminar in Cairo (1953) ;
e) The Nurse Training Mission to Israel (1953).

Except for the Eye Diseases Seminar which was of regional character and to which ten fellowships were granted to nine countries in the region, the missions were all of national character.

The Training Centre in Vital and Health Statistics in Cairo was held from October to December 1951 and was attended by twenty-one fellows, of whom thirteen were from Egypt, two from Syria and one each from Ethiopia, Iran, Jordan, Lebanon, Sudan and Turkey.

WHO has appointed visiting professors in physiology and pathology to the Dow Medical College in Karachi.

(xxiv) **Technical Assistance for Economic Development (para. 7.1.2.25.)**

The Regional Committee entrusted to the Regional Director the duty of acting on behalf of the Regional Committee in any matter pertaining to the technical assistance programme, and to take steps for the implementation of the programme. This duty has been discharged faithfully within the limits of the funds which have been made available.

With the violent oscillations to which the technical assistance budget has been subjected since the beginning of 1953, it may be hazardous to venture on any figures which might be out of date before this report reaches the Committee. The many financial instructions which have been issued by headquarters have necessitated frequent changes

in amounts allocated and in the sources of funds. However at time of submitting my report, the situation was as follows regarding technical assistance projects : —

	TA	*Joint Projects (mainly with UNICEF)*
In Operation	19	11
Planning	25	3
Approved	6	6
Completed	4	
	54	20 = 74

The rapid development of the technical assistance programme may be gauged by the following statement of annual expenditure on technical assistance projects since 1950, thus :

1951	$ 222,130
1952	$ 970,347
1953 (to date)	$ 1,041,026

The very serious handicap imposed on the World Health Organization by the uncertainties and fluctuations of the technical assistance programme for economic development could of course be avoided if all Member Countries paid their contributions regularly. This, it will be recalled, was one of the resolutions of regional interest adopted by the Third World Health Assembly and Sixth Executive Board. The assistance of the Regional Committee in this matter would be greatly appreciated.

(xxv) Coordination with UN and Specialized Agencies in the Implementation of Approved Programmes and Cooperation with Non-Governmental Organizations (para. 8.)

This recommendation of the Regional Committee has been very faithfully carried out. Indeed the growing cooperation of WHO with other international agencies now coming into the field may be said to be a notable feature of the period under review.

So far our greatest and closest collaborating agency has undoubtedly been UNICEF. With this generous Organization the happiest relationship has been established. Indeed it may be described as a harmonious symbiosis were it not for the fact that this phrase indicates only the interdependency of the two Organizations without any reference to the benefits accruing to the regional nations from this excellent working relationship. Grateful acknowledgment must here be made of the prompt and welcome assistance tendered by UNICEF to WHO recently in the technical assistance budgetary crisis. Were it not for the help given by UNICEF serious disappointment would have been caused to many countries and their people would have been deprived of such benefits as the combined resources of WHO and UNICEF can offer them at least for another year. I refer particularly to the MCH projects in Iran, Iraq, Libya and Pakistan,the BCG project in Jordan and to the bejel project in Syria, all of which were to be financed from technical assistence funds and for which UNICEF promptly offered cover when the need was most urgent.

At the present time WHO is associated with UNICEF in thirty projects throughout the region as follows :

7 BCG campaigns — Ethiopia, Iran, Iraq, Jordan*, Libya, Pakistan, Sudan*.

10 MCH Demonstration & Training Projects — Iran*, Iraq*, Jordan*, Lebanon, Libya*, Peshawar, Karachi*, Dacca, Lahore**, Syria.

2 Bejel/Syphilis Control Projects — Iraq, Syria

2 Malaria control extension projects — Iraq, Syria

2 Rehabilitation of handicapped children projects — Lebanon and Israel

2 TB control demonstration and training projects — Karachi, Dacca

1 Child hospital project — Karachi

2 School health projects — Syria and Libya

1 Nurse training projects — Dacca

1 Regional BCG statistician.

There is a possibility that UNICEF may extend its aid further in eleven other projects, namely in the extension phase of the VD campaign in Ethiopia; in the pilot trachoma control project in Egypt ; in an MCH project in Eritrea ; in an MCH continuation programme in Israel ; in the continuation of malaria in Lebanon ; in a midwifery training fellowship scheme for Saudi Arabia and in the extension of VD control in the same country ; in the development of a malaria control project in Somalia ; in the control of cerebro-spinal meningitis in the Sudan ; in the School of Nursing in Aleppo ; and in the production of training handbooks in Arabic at ASFEC in Sirs-el-Layan . WHO and UNICEF may thus be associated in forty-one projects in the region in the immediate future.

Another Organization with which WHO is rapidly developing a useful working relationship is the Technical Cooperation Administration, better known perhaps as "Point IV". There may have been a time when the tendency was for the two Organizations to work in separate watertight compartments in

* to be shortly put into operation

** completed recently

the same countries, a policy which led to overlapping and duplication of effort. That policy was denounced at the joint meeting of WHO and TCA which was held at EMRO in 1952 and at another fully representative meeting held at Geneva in February 1953, when it was declared that WHO and TCA must indeed work together in the best interests of the countries they serve. It was recognized that WHO and TCA had much to give to these countries, the former mainly in technical guidance and experience in the international field, the latter in trained personnel and material. It was also established as a major principle that coordination of effort can only be achieved through representative national coordination committees and it was recognized that WHO has a constitutional function "to direct and coodinate international health work" in the field.

At the present moment WHO and TCA are associated in the development of five projects, namely the malaria control project in Iran; the auxiliary training scheme in Ethiopia; the community midwife and nurse training project in Jordan; the public health laboratory in Lebanon; and the bilharzia control project in Egypt. There is every prospect that this relationship will prosper in future.

As regards other UN agencies, WHO is associated with UNTAA in the DDT production plant projects in Egypt and Pakistan and with ILO in the industrial health and occupational disease projects in Iran and Egypt; with UNESCO in the Arab States Fundamental Education Project at Sirs-el-Layan. Close contact is maintained with all UN agencies in Cairo through regular administrative monthly meetings.

Other organizations with which there is now a growing relationship with WHO are NAMRU (Cairo); the Commonwealth Colombo Plan as regards Pakistan; with the Ford Foundation and the British Middle East Office. The CARE Organization has also offered assistance and requests for iron lungs and hospital equipment have been submitted and some already delivered. There can be no doubt whatever that the future of useful technical assistance to countries which need it lies in close and effective coordinated action by the Agencies who are in a position to offer the assistance required. There is every indication that this integration is being achieved through national committees and cooperatives and through the regular exchange of information.

(xxvi) **Cooperation with UNRWAPNE (para. 8.1.2.)**

The regional office continues to maintain close relationship with UNRWAPNE in its task of looking after the Palestine refugees and in various auxiliary training programmes. For example the public health laboratory set up in Jerusalem by UNRWA has been taken over with its personnel by WHO in order to ensure not only that its services (vaccine preparation, public health diagnostic services etc.) to the people of Jordan are maintained but also to ensure the continuation of the training of laboratory technicians among the Palestine refugees. Facilities are offered by the WHO assisted projects in Damascus (TB and MCH) for the training of auxiliaries and batches of Palestine refugees have been included in the WHO assisted auxiliary training project at the American University in Beirut which also makes use of the malaria and MCH projects in Lebanon and Syria for practical training of auxiliaries.

(xxvii) **Overall Agreements between Governments and WHO (para. 9.1.)**

Overall or basic agreements have been signed by every country in the region. This fact has simplified procedure considerably as project agreements can now be drawn up as annexes of the basic agreements thereby omitting reference to many of the basic conditions common to all international agreements and, in many cases, avoiding the necessity of reference to the Council of Ministers for sanction of each individual project agreement.

A list of the project agreements signed since 1952, is attached as Appendix II.

(xxviii) **Intra-Regional Agreements (para. 9.2.)**

The recommendation was made by the Regional Committee that Member States be advised to enter into bilateral or multilateral sanitary agreements with neighbouring countries on diseases, other than those covered by Sanitary Conventions, which are of common concern. This recommendation was circulated to all the countries of the region.

(xxix) **Epidemiological Intelligence Service (para. 10, 10.1 and 10.2.)**

The report on the activities of the Epidemiological Intelligence Service is attached as Appendix III to this report.

On the recommendation made that Member States be advised to adopt the *Epidemiological Week* for notification, there is a general concensus of the adoption of this method. The same remarks

apply to the recommendation that the A.A. Cable Code be adopted though this has now been superceded by a new epidemiological code (CODEPID) which is more comprehensive and which is being distributed to all A.A. Code holders. The CODEPID was devised by WHO on the five letter symbol system.

The recommendation made that Iran and Turkey should adhere to the epidemiological intelligence system of this region has been accepted.

This concludes the account of the stewardship of the regional office on the resolutions of the last Regional Committee. It is my sincere hope that there will be in future regular meetings of the Regional Committee and that my next and subsequent reports will be annual reports rather than triennial.

Operational Activities

1. *General* — The following table shows the status of projects at half year 1953 *.

	Regular	Technical Assistance	Joint Projects	Totals
Planning	8	23	11	42
In operation	12	17	20	49
Approved	7	6	8	21
Completed	4	4	2	10
	31	50	41	122

The tendency during the first part of the current year has been for a reduction in the commitments from technical assistance budget and a corresponding increase in regular budget and joint (chiefly UNICEF) projects.

2. *Agreements* : — As already indicated in the introduction to this report, the signing of basic agreements with Member States has very greatly facilitated the procedure in the planning of projects as project agreements are now treated as annexes of the basic agreement.

Within the regional office the procedure for the building up of a project has also been simplified, from the receipt of a request to the reporting, planning, drawing up and negotiation of agreements, (bipartite or tripartite where other organizations are concerned) the listing and procurement of supplies, the budgeting of allocations of funds, the selection, recruitment and briefing of personnel and the final launching of the project. All this has involved a very considerable increase in the burden or work devolving on the staff of EMRO.

3. *Major difficulties* — It would not be inappropriate to mention at this stage the major difficulties which have been encountered in the implementation of projects. These may be summarised as follows :-

(i) Delays on the part of governments in :—

a) agreement to plans of operation ;

b) release of supplies from customs ;

c) the provision of suitable accommodation for project staff or in the payment of allowances in lieu ;

d) the appointment of matching personnel :

e) the appointment of clerical staff and in the provision of office equipment ;

f) the provision of local currency funds for day-to-day expenses, repairs, petrol etc ;

(ii) On the part of WHO it must be acknowledged that there have been difficulties in finding suitable personnel for field projects.

The difficulties concerning government commitments in respect of international staff (vide para 3 (i) (c) above) have been solved, at least temporarily, by special dispensations in the form of "waivers" of the allowances normally paid by governments. No solution however has yet been found in several cases for the lack of matching personnel. The fact that the function of the international staff is purely advisory and never executive, and that their main purpose is to demonstrate and to leave behind them a trained staff to continue and to expand the national services, does not appear to be always appreciated.

It is unnecessary to elaborate on the loss of time involved in making international staff conform with lengthy administrative procedure concerned with the availability of ready cash for day-to-day purposes. It is hoped that all Member States will appreciate these difficulties and make suitable arrangements to prevent this unnecessary waste of time.

On the part of WHO the difficulties encountered in the finding of suitably qualified and experienced staff for the field has often been serious. It must be understood that WHO standards demand the best in each case. To combine this with appropriate language qualifications, nationality and other qualities required, such as adaptability, is by no means easy.

In this connection tribute must be paid to governments who are prepared to release their best men (or women) to serve in WHO. The Government of Egypt have been particularly generous in this respect and have lent the services on secondment of nineteen of their best men to WHO since 1952. This is a form of national contribution to WHO which is as useful and as welcome as any monetary contribution, provided of course that the Government concerned can afford to spare the services of the individuals without detriment to their own national interest.

* See "Project Activities by Countries" for a detailed statement.

4. *The Technical Assistance Budget*

These preliminary remarks on the operational activities of the region would not be complete without some reference, however brief, to the serious cuts which have been made in the technical assistance budget during the current year. A separate report on the subject has been prepared for circulation. Suffice it to state that the sanctioned buget for the project programme in 1953 has been reduced unexpectedly from $ 2,172,699 to $ 1,046,789, a difference of $ 1,125,910.

This reduction has had important repercussions on the projects in planning and in operation both in 1953 and for their continuation in 1954, and, as already stated, had it not been for the timely assistance of UNICEF in taking over certain commitments, the effect might have been still more serious.

It is of interest to compare the expenditure incurred under Regular, Technical Assistance and UNICEF Programmes during the three years since 1950 and the proposed expenditure for 1954, thus :—

	Regular	Technical Assistance	Unicef
1951	$ 340,250	$ 222,130	$ 175,745
1952	521,559	970,347	173,533
1953	439,030	1,041,026	362,288
1954	469,829	1,106,558	1,743,791
1955	774,794	1,108,832	733,082

It will noted how far reliance is being placed next year on the assistance from UNICEF for the implementation of the project programme.

5. *The Regional Office.*

Since the last meeting of the Regional Committee the regional office has been augmented by a number of advisers and administrative officers and by a WHO liaison officer with UNICEF. Locally employed staff has been increased by sis secretary-typists in the same period. Considering the very appreciable increase in the volume of work connected with the planning and implementation of projects, this is a very modest increase in the clerical staff.

6. *Field Personnel.*

6.1. There has of course been a considerable increase in the WHO field staff commensurate with the increase in the number of projects in operation. At the end of 1951 there were 49 personnel in the field, whereas now there are 121. The majority are engaged on BCG projects (29) and on TB projects (21) the remainder on MCH (16), malaria (14), PH advisory functions (12), VD (11), nursing (8) and (10) other projects.

6.2. Field staff are selected by a Field Staff Selection Committee, appointed by the Regional Director, which meets at regular intervals for this purpose. After recruitment, field staff are briefed at headquarters and also receive a more detailed briefing at the regional office before proceeding to their assignments.

6.3. As already explained above there is frequently considerable difficulty in finding the right type of person for these appoinments. In particular public health engineers and health educators appear to be unusually hard to find.

7. *Operational activities by subject.*

7.1. *Public Health Administration.*

7.1.1. Technical assistance in public health administration has been rendered to countries in the region in several ways, namely : —

a) by the appointment of public health advisers (often acting as country representatives) to countries e.g. Iran, Lebanon, Libya, Ethiopia and Saudi Arabia — Jordan and Syria are covered by the area representative stationed in Beirut ;

b) by the visits of public health regional administrators or advisers to countries ;

c) by the award of fellowships to doctors, nurses and other auxiliaries in public health administration ;

d) by the development of health demonstration and training areas, such as the Calioub project and of specialised centres of demonstration and training in TB, MCH, VD, malaria etc.

7.1.2. Mention must also be made of the appointment of a public health lecturer to the French University at Beirut, of the public health advisory mission to Egypt in 1953 and of the teaching mission to Israel in 1951.

7.1.3. Twenty-four fellowships in public health administration have been awarded by WHO in the three years 1951-53 (to date).

7.2. *Environmental Sanitation.*

7.2.1. The appointment of the regional adviser in environmental sanitation has made it possible to give this subject the importance it deserves. The regional adviser has travelled extensively and has now covered most of the countries of the region surveying the special conditions and needs of each country. Environmental Sanitation has been made a feature of several important projects in the field, in particular the health demonstration area in Egypt, the cholera control project in Pakistan, the bilharzia control project in Egypt, the bilharzia/malaria

control project in Syria (Jezireh), the industrial health and occupational diseases project in Egypt, the malaria projects in Lebanon, Iraq, Syria and Arabia, the pilot trachoma control project in Egypt, the insect-control project in Iran. A public health engineer is to be appointed shortly to the public health advisory team in Iran.

7.2.2. There is, in fact, a growing realisation of the importance of environmental sanitation in all health projects and the sanitarian is becoming an indispensable component of almost every kind of project. The greatest need however lies in the organisation and development of training facilities in the region for public health engineers and sanitarians and sanitary auxiliaries. The American University of Beirut training scheme for sanitarians has undoubtedly been a great success but there is still greater need for the development of training projects within each country and particularly of making environmental sanitation a career for young men of the right type. At the present moment the inducements offered in most countries are too poor to attract the best type of person and to ensure continuity.

7.2.3. Immense scope also exists in the region in the allied field of food hygiene. A regional adviser in this important subject is at present engaged in surveys in Lebanon, Syria, Iraq and Egypt.

7.2.4. Twenty-seven fellowships in environmental sanitation have been awarded by WHO during the last three years.

7.3. *Health Education of the Public.*

7.3.1. Health education of the public is considered to be one of most urgent and most important needs in this region. It is impossible to hope for any improvement in the mode of life of the people without their active interest and intelligent cooperation and it is useless to expect this unless the people understand the risks they are exposed to and the methods advocated for their circumvention or avoidance. On the other hand it is by no means easy to impart and impress the lessons of hygiene on the people of the region and still more difficult to ensure any sustained effort in the application of these teachings.

7.3.2. The generally accepted view is that to be effective, health education in this region must be combined with practical projects designed to demonstrate the benefits of improved sanitation and better living and to train personnel. The subject must be presented as a live example through schools which should themselves be models of personal and environmental hygiene and through representative village committees by means of which alone can sustained effort in the application of the lessons learnt be reasonably hoped for.

7.3.3. WHO accordingly is participating with UNESCO in the Arab States Fundamental Education Centre which provides through fellowships granted to Member States one of the most hopeful opportunities for the inculcation of practical ideas for an improved way of life and which, it is hoped, will create a public demand for health education and a commensurate improvement in the inducement offered to the right type of person to make health education a permanent career. WHO has appointed a public health adviser and a health educator to the project and will provide practical facilities of training in the adjoining Calioub Health Demonstration area. Fellowships awarded by WHO to this project will also have the benefit of integration with the project at Sirs-el-Layan. UNICEF have displayed interest in the section designed to produce suitable training materials and manuals for nurses and midwives.

7.3.4. Furthermore a WHO health education project has been initiated in Libya. This is staffed by two Arabic-speaking lady health educators. They will work in the homes of the people, in the schools, in association with MCH Centres and in the villages, one working in Tripoli, the other in Cyrenaica.

7.3.5. Apart from these specific projects, the principle is maintained that all WHO personnel in the field are health educators of the public each in his or her own subject and each contributes therefore to the lesson which must be conveyed to the people that disease can be prevented and that health is indeed wealth.

7.4. *Education and Training.*

7.4.1. In the Eastern Mediterranean regional countries where training and educational facilities vary widely from country to country, it is necessary for assistance to be rendered for training at four different levels namely :—

a) in the training of instructors and administrators ;
b) in the training of qualified doctors, nurses, public health engineers and sanitarians ;
c) in undergraduate training through " long-range " fellowships ; and
d) in the training of health auxiliaries, i.e. those persons who, for reasons of expediency or of urgent necessity, receive less than the normally prescribed period of training.

7.4.2. In the field of undergraduate training,

during the last two years and a half WHO has provided the services of lecturers in basic medical sciences at the Dow Medical College, Karachi, a lecturer in public health at the French University, Beirut, a lecturer in parasitology and tropical diseases at the Royal Medical College, Bagdad and medical teaching missions in Iran and Israel, besides 14 long-range fellowships to medical students from Libya, Ethiopia and Saudi Arabia. A request has been received for assistance to the University of Alexandria in establishing an undergraduate and postgraduate course of training in sanitary engineering which is to be implemented in 1954.

7.4.3. Postgraduate instruction has taken the form of an interesting public health advisory mission to Egypt, the appointment of a lecturer in virology with special reference to trachoma at the Giza Ophthalmic Memorial Laboratory and a fellowship programme in a great variety of subjects of which the details are shown in Appendix I. Another request for assistance in public health engineering in Egypt in conjunction with a proposed public health institute has been received. A further request has been received for the strengthening of engineering training in subjects of sanitation at the Technion in Israel. It is hoped to arrange to hold a seminar for sanitary engineers in environmental sanitation.

7.4.4. Nursing training is now proceeding under the nurse training mission in Israel to which the nurse training project in Israel is affiliated. There are also nurse training projects in operation at the Ashraf School of Nursing in Tehran and at the University Nurse Training School in Damascus and at the Medical College in Dacca, Pakistan. A regional nursing college for the training of instructors and administrators is to be initiated this year with Egypt as the host country. A project which included advice on the training of nurses with special reference to the preventive aspect was completed in Lebanon in 1952.

7.4.5. Community health visitor training forms part of the existing MCH projects in Peshawar and Dacca and will form part of the training at the MCH centres to be established this year at Karachi, Iraq, Jordan and Libya. A most successful project of this type was concluded in Lahore during the current year. The auxiliary training project which is being developed in Ethiopia in conjuction with TCA and UNICEF includes the training of nurses, community health visitors, sanitarians and sanitary auxiliaries.

7.4.6. Education and training enters into every project assisted by WHO. Indeed it is an essential part of every type of project because the whole essence of technical assistance is to provide the countries with the trained technical personnel they need. It is for this reason, among others, that failure on the part of countries to appoint matching personnel and trainees to projects is regarded so seriously.

7.5. *The Fellowship Programme.*

Appendix I shows the number, character and distribution of the fellowships awarded in the years 1951 to 1953.

7.6. *Malaria.*

7.6.1. There is evidence of continually growing interest in the control of malaria in regional countries. Both Egypt and Pakistan are building, with UNICEF and UNTAA assistance, DDT production plants, WHO responsibility being confined to advice on the utilisation of the products. Malaria control demonstration and training projects are in operation in Lebanon, Iraq, Syria and Saudi Arabia. UNICEF interest has been displayed in the extension of the projects in Iraq, Lebanon, Saudi Arabia and Syria as well as in the continuation programmes in Pakistan which followed the successful conclusion of the WHO assisted project in East Bengal.

7.6.2. In Iran the malaria control project continues with the technical advice of WHO and the valuable material assistance of TCA, which provides a good example of useful cooperation between the two organizations.

7.6.3. It is hoped that UNICEF participation may be secured for the proposed malaria campaign in Italian Somaliland.

7.7. *Tuberculosis and BCG.*

7.7.1. The BCG programmes have already been referred to in the first part of report. They are now being linked as far as possible with TB projects and the trend is to make them a permanent routine service of each country, preferably through their TB centres, dispensaries or MCH centres.

7.7.2. Since the meeting of the last Regional Committee, the tuberculosis demonstration and training project in Istanbul has been completed with the greatest possible measure of success. So great has been the enthusiasm stimulated by the project that even now, long after its termination in 1952, and long after Turkey's transfer to the European region, progress reports continue to be submitted to the regional office which show that the work is being satisfactorily continued.

7.7.3. There has also been the initiation of the centres in Damascus, in Cairo and in Dacca. Other centres are due to be initiated this year in Teheran,

Bagdad and in Tel Aviv. The centre at Karachi, one of the oldest projects in the region, is now well established but local difficulties have prevented its training facilities being fully utilised as yet.

7.7.4. Budgetary restrictions may have important repercussions on the number of experts and on the duration of assistance to this type of project and may delay the initiation of proposed projects in Jordan, Lebanon, Saudi Arabia and in Ethiopia.

7.8. *Venereal Diseases.*

7.8.1. Reference has already been made to the WHO activities in this field in the first of this report (para xi).

7.8.2. The work of the VD centre established with WHO assistance in Egypt is being vigorously continued by the Government as is that of the WHO/UNICEF assisted bejel/syphilis project in Iraq which now only requires consultant advisory service on the part of WHO, and penicillin supplies from UNICEF.

During 1951 and 1952 a mass anti-bejel campaign was carried out in the areas of highest prevalence of bejel. A Pakistan physician studied with the team on a WHO intra-regional fellowship.

7.8.3. In Ethiopia a VD control project was established in 1952 at Addis Ababa and is making good progress with surveys among schools and other groups of the population in Addis Ababa and its neighbourhood. Secondary centres are being established by the Government to expand the services provided. UNICEF have displayed an interest in the expansion of the VD services.

7.8.4. In Iran a VD control demonstration and training centre was established in Teheran in July of this year and the team is now engaged in introducing modern methods of serological diagnosis, social welfare activities and in surveys among different groups of the population in Teheran. An Iranian physician, a serologist and a public health nurse who were awarded WHO fellowships have completed their studies and are now back in Teheran working with the team.

7.8.5. A VD control centre was established in Karachi during the present year and is now in full operation except in respect of its training programme which has not yet been fully developed.

7.8.6. In November 1952, a VD control centre was established in Mecca in Saudi Arabia and is now in active operation carrying out treatment surveys in different parts of the country.

7.8.7. A tripartite plan of operations has been agreed to by the Syrian Government, UNICEF and WHO for a bejel/syphilis campaign to be inaugurated in Deir el Zor on the confines of Iraq in November of this year.

7.9. *Maternal and Child Health*

7.9.1. WHO/UNICEF assisted MCH projects are now in operation in Lebanon and Syria and in Peshawar and Dacca in Pakistan. Other centres are due to be initiated this year in Teheran, in Baghdad in Karachi, in Jordan and in Libya. The pattern of these projects is essentially similar, namely the demonstration of modern methods of maternal and child care, including domestic midwifery and minor paediatrics, and the training of auxiliary personnel of whom the most useful type has been found to be the so-called "Community Midwife" or "Community Health Visitor". In this composite type of auxiliary are combined the essentials of preventive health education, midwifery, child and maternal care and minor nursing, taught to them through training courses extending over a period of 27 months. Experience has shown that this type of auxiliary is the most useful that can be produced at the present time to fill the urgent need of skilled assistance in the many countries of this region.

7.9.2. A very successful project of this type has just been concluded in Lahore in Pakistan and a number of qualified community midwives have been employed by governments in their established centres. Others however are still seeking employment.

7.9.3. The MCH Adviser reports after extensive surveys throughout the region that the MCH problem in the region is characterised by pregnancies without an undue incidence of complications other than those resulting from the malnutrition of the mother and general lack of antenatal care, and by high infant mortality, particularly in the 1-3 age group, which is largely ascribed to malnutrition and ignorance of infant feeding, especially during the weaning period. The solution of the problem lies essentially in preventive work, in the application of practical methods of improved sanitation and dietary habits. The MCH programme of WHO with UNICEF assistance is designed to meet this need.

7.9.4. In addition to the projects listed by WHO, EMRO has given technical approval to UNICEF drug and diet supplement and equipment programmes in Pakistan, Iran, Jordan, Syria and Lebanon.

7.10. *Nursing*

7.10. WHO has provided nursing advisers to five countries in the region viz - Syria, Lebanon, Libya, Iran, Pakistan. In Libya the nursing adviser who has since resigned has submitted a report on the possibilities of establishing training facilities for

nurses. These will be additional to those to be instituted for community midwives in connection with the MCH centre to be established at Suk el Juma. In Lebanon the nursing adviser to the Government is now doubling her function as adviser with that of public health nurse attached to the MCH project in Beirut. In Iran, the nursing adviser forms part of the WHO public health advisory staff appointed to the Government and in Pakistan the the nursing adviser has only recently taken up her duties.

7.10.2. There is a growing realisation of the need of good nursing services in most of the regional countries and a sincere appreciation of the services of the advisers appointed. Egypt has requested WHO for a nursing adviser.

7.10.3. WHO has also assisted in providing teams of instructors for nursing schools in Syria, Iran and Israel, and Egypt has consented to act as host country to the WHO assisted regional nursing college which is intended to serve the purpose of training higher grade nurses, administrators and instructors.

7.10.4. The senior adviser for the nursing school at Dacca is already in the field and the two remaining instructors are due in the early autumn of this year. The team will assist in the strengthening and expansion of the Nursing School attached to the Medical College.

7.10.5. In Syria the nursing adviser has acted both as adviser to the Government and as adviser to the School of Nursing, Damascus, in all matters relating to the development of nursing services and nursing education. Assistance has also been given in the compilation of nursing legislation. A survey of nursing resources is being carried out. The project has been expanded during the current year by the addition of two nurse instructors, teaching equipment and fellowships. Assistance in the development of the School of Nursing in Aleppo has regrettably had to be denied owing to shortage of funds but it is hoped to enlist the interest of other Agencies, possibly UNICEF, in this important project.

7.11. *Leprosy.*

7.11.1. A leprosy project assisted by WHO was carried out in Ethiopia in 1952 and completed in 1953. The project comprised a number of surveys among representative groups of the population, the demonstration of modern methods of diagnosis and treatment, and the training of auxiliary personnel. The work is now being continued by the Government.

7.11.2. Leprosy control projects are also planned for Iraq (1953) and Iran (1954).

7.12. *School Health.*

7.12.1. WHO in association with UNICEF have planned a school health programme in Syria designed especially to deal with the problem of mycosis of the scalp among school children. The project is due to commence in 1954.

7.12.2. WHO has granted technical approval to UNICEF school feeding programmes in Iraq and in Libya and to a UNICEF assisted school health service project in Pakistan which is still under discussion.

7.13. *Trachoma.*

7.13.1. The serious problem of trachoma in the countries of the Eastern Mediterranean Region has been engaging the attention of the regional office for some considerable time. Since the advent of the sulphonamides and antibiotics, EMRO has had under consideration the planning of a campaign against trachoma on a regional basis. A great deal of information has been made available from various sources including that from an experiment conducted among Palestine refugees by UNRWA and from the deliberations of the Expert Committee which met in Geneva in 1952. The main difficulty remains that of devising some practical and effective method suitable for mass campaigns.

7.13.2. At the request of EMRO an expert consultant has assisted in the drawing up of a scheme for a pilot project to be carried out in the Calioub area in Egypt which will comprise environmental sanitation, treatment and health education in trachoma for pre-school children and school children. The project will demand the active cooperation of mothers and school teachers in its implementation whatever the method finally decided upon.

7.13.3. The development of the proposed regional trachoma project will depend on the results obtained by the pilot project which has had to be postponed to 1954.

7.13.4. A lecturer and research worker in virus diseases with special reference to trachoma, has been appointed for a period of one year, to the Memorial Ophthalmic Institute at Giza and a survey has been concluded in Iran.

7.14. *Bilharzia.*

7.14.1. WHO has five schemes dealing with this widespread and debilitating disease on its project register, namely :—

a) the bilharzia control project in Egypt which was initiated in November 1952 ;

b) the bilharzia/malaria joint project in the Jezireh, Syria, which is due to commence this autumn ;

c) the field trials of new molluscicides which have been conducted in Egypt and on which the final report has just been received ;

d) the regional bilharzia surveys which have been carried out by three short-term consultants in Syria, Iran and Iraq (Dr. Mahmoud Helmy) ; in Eritrea, Ethiopia, Somalia, the Sudan and Yemen (Dr. Naguib Ayad) ; and in Saudi Arabia, Syria and Jordan (Dr. Abdel Azim).

e) the bilharzia control project in Iraq which is now under consideration.

7.14.2. The project in Egypt is developing on the most interesting lines and may result in the evolution of a pattern of control combining mollusc destruction with treatment and with health education and environmental sanitation which will be of great value in future campaigns. The project has been seriously hampered by the lack of a public health engineer but it is hoped that the national matching member will be able to follow up on the lines established when the present team leader leaves in the autumn.

7.15. *Cerebro-spinal Meningitis.*

At the urgent request of the Sudan Government, EMRO despatched in 1952 the Director of Health Services and the Chief of the Epidemiological Intelligence Service to the Sudan to advise on the control of the recurring annual epidemic of cerebro-spinal meningitis which, during that year, was on an unprecedented scale. These studies, which were later augmented by a WHO short-term consultant proved the feasibility of combating CSM in rural areas through chemoprophylaxis either with sulpha drugs or penicillin. On the basis of these findings a plan of operations has been agreed upon is designed to reduce the "carrier" rate, suppress inapparent infection and treat CSM cases effectively. Unfortunately the sudden curtailment of funds has made it impossible to put this project into operation this year as planned and it is hoped that assistance from other sources may be made available to make it possible to implement it in the 1954-55 epidemic season.

7.16. *Industrial and Occupational Diseases.*

Two important surveys on industrial health and occupational diseases have been carried out in the region by short-term consultants — one in Iran, the other in Egypt. Both were undertaken in collaboration with ILO. The reports of the consultants are now under consideration by the authorities concerned.

7.17. *Nutrition.*

7.17.1. A WHO short-term consultant carried out a survey on the incidence of pellagra in Egypt in the late Spring of 1952. Arrangements have now been made for the second phase of the project to take place in the early Spring of 1954, during which it is planned to complete the survey and carry out intensive laboratory and clinical studies of pellagra cases in the Research Institute,Cairo. The WHO consultants will also advise the Goverment on diet enrichment studies and on the possibilities of changes in cultivation from maize to wheat.

7.17.2. In Iran, a WHO consultant carried out an important nutrition survey in 1952, the report of which is still under consideration by the Government.

7.17.3. Nutrition surveys, as already stated in the first part of this report, were also carried out in Iraq, Syria, Lebanon and Egypt in 1951.

7.18. *Mental Health.*

7.18.1. As already stated important surveys, on mental health have been carried out in Iraq, Lebanon Syria, Egypt and Sudan by the part-time regional adviser. It is impossible to summarize Professor Kraus' findings as they vary with the conditions prevailing in each country in their attitude to mental health. In general however it may be stated that there is great need for a reorientation of governmental and public attitudes to the whole subject and to a radical improvement in treatment facilities in most countries and particularly to the improvement of the training of mental health workers of all ranks. A seminar has been arranged to take place in Lebanon at the end of the current year.

As a result of a survey carried out by another short-term consultant in Jordan, WHO is providing the services of a mental health specialist who is to be appointed in 1953 for a period of one year.

7.19 *Zoonoses.*

Vide para. XVI page 4 of this report.

7.20. *Rehabilitation Projects.*

7.20.1. EMRO in conjunction with UNICEF has agreed to assist in two interesting rehabilitation

projects — one in Lebanon, the other in Israel — which have very definite educational and training features. Both are intended to deal with the rehabilitation of crippled children.

7.20.2. In Lebanon the request is for WHO assistance in the establishment of a physiotherapy centre for physically defective children needing after-care and special post-hospital educational facilities and a work-shop for the production of braces and other prosthatic equipment for the cases at the Cité des Apprentis Libanais which is an orphanage. The types of cases to be dealt with include poliomyelitis, paralytics, cerebral palsy, post-accident cases, orthopaedic cases and congenital defectives. The intention is that the centre should serve as a model for the treatment and education of physically defective children and as a centre of training for personnel working in similar units. Medical supervision and follow-up will be provided by the American University Hopital. Both UNICEF and TCA are participating in the project which is expected to begin in 1954.

7.20.3. In Israel, although rehabilitation services are reported to be well advanced, the demand for additional facilities is urgent because of a large back load of post-poliomyelitis cases and because of the unrestricted immigration of disabled refugees. Israel has planned to construct a rehabilitation centre in the Sarafand General Hospital which will include a training school for physiotherapists to meet the demand throughout the country. The project which is to begin this year is intended to provide two physiotherapists and special equipment.

7.20.4. In Egypt WHO is associated with UNTAA and ILO in a regional centre for rehabilitation of the blind.

7.21. *Microfilm Production Laboratory Project.*

It is a matter of regret that owing to difficulties in customs procedure the equipment sent to Lebanon has not yet been released and the region is therefore still denied the benefits of this project.

8. *PUBLIC INFORMATION*

8.1. The World Health Organization is becoming increasingly well-known in the Eastern Mediterranean region through press and radio but even more so through the many WHO teams now in the field. This is particularly important in a region where the press is able to reach only a small percentage of the population and where radio broadcasting stations are few.

8.2. A regular press release service in French, English and Arabic has been maintained. The number is shown in the following statement :

1952		
English	*French*	*Arabic*
49	156	239
1953 (to June)		
13	29	41

In addition, numerous articles were published which mentioned WHO and its work, many of them full-length feature stories illustrated with pictures provided by the Public Information Office.

8.3. *Special Publications.*

In early 1952 a booklet entitled "WHO in the Eastern Mediterranean" was prepared and widely distributed. The sucess of its reception has justified its translation into Arabic. Several thousands of both editions have been taken by schools, governments, offices and the general public and the demand continues to be substantial. In the same period, "WHO..... What it is....." was also translated into Arabic and 2,000 copies distributed. More recently, "Facts and Figures", a short compendium available in English and French, has been translated into Arabic and 2,000 copies were printed which have already been exhausted. Funds are being sought for a second edition.

It has become evident that an urgent need exists for a simple popular booklet, illustrating pictorially the various activities of WHO, which could be used in schools and by people whose reading ability is not high. Consideration will be given to its production as soon as funds permit.

8.4. *Visual Information.*

Evidence on the importance of the use of visual information in the EM region is increasing. A great many photographs of field activities have been taken and they have proved useful for newspapers, magazines, the WHO Newsletter and in the preparation of exhibitions and pamphlets.

Two posters produced by headquarters have been distributed in English and French in considerable quantities and blank copies have been printed with Arabic texts. A second poster, "Health is Wealth" which appeared in time for World Health Day 1953, was also issued in Urdu and it is planned to print more copies in this language. There is a need for locally designed and produced health posters. Governments would be well advised to encourage their production by every possible means.

A health exhibition displaying WHO activities was organized for the Medical Symposium of the American University of Beirut. The material for this display was sent to the Arab States Fundamental Education Centre at Sirs el Layyan, Egypt. The travelling exhibition produced at headquarters was

shown in approximately half the countries of the region.

The two films on the work of WHO "Somewhere in India" and "The Ancient Curse", have proved extremely useful and have been shown extensively by the field teams as well as the regional office. In addition many health films produced by other agencies have been lent to the Organization and widely shown, particularly on World Health Day.

8.5. *Other Activities.*

The visits of experts and officials of WHO and of the various WHO teaching and advisory missions to Israel, Iran and Egypt have brought WHO to the notice of the public. Field trips by the Public Information Officer have also been made independently of these missions. These are considered essential for making contacts with government officials and WHO field personnel and to take photographs for use in educational material.

8.6. *World Health Day.*

The response of the countries of the region to the appeal to celebrate World Health Day was gratifying both in 1952 and 1953. Nearly every government planned a programme built around the chosen theme and much newspaper space was given to the event, especially in Pakistan, Egypt, Iraq and Syria, and Saudi Arabia.

Governments have recognized the value of radio in celebrating World Health Day and an unsually large number of talks and announcements were made in many countries. In addition, in Iraq and Syria specially written radio plays on health topics were broadcast in Arabic.

Field teams also helped in making World Health Day a success. In many of the centres, exhibitions were prepared, which included speeches and film displays were arranged. Team members also helped governments in preparing documentary material and in informing the press about national and WHO

Project Activities by Countries

The following statement shows the projects in planning, in operation and completed in each country in the region :—

Country	Project	Source of funds	Status
ADEN	MCH Dem. & Training Centre	Joint UNICEF	Planning
	BCG campaign	Reg/UNICEF	Completed
EGYPT	VD Control	Regular	Completed
	PH Advisory Group	TA	Completed
	Health Dem. Area, Calioub	TA	In operation
	Trachoma Research	TA	In operation
	BCG campaign	Reg/UNICEF	Completed
	Bilharzia Control	TA	In operation
	DDT plant	TA/UNICEF	Transferred to UNTAA
	Rehabilitation of the Blind	UNTAA	In operation
	Hospital Services & Organization	TA	First phase completed
	Antibiotics Plant	TA	Transferred to UNTAA
	Industrial & Occupational Diseases	TA	First phase completed
	TB Dem. & Training Centre	TA	In operation
	Pellagra Survey	TA	First phase completed
	Malaria Control Training	TA	Postponed to 1954
	Nurse Advisory Team	TA	Postponed to 1954
	Trachoma Pilot Project	Regular	Postponed to 1954
	PH Engineering Training	TA	Postponed to 1954
ETHIOPIA	Leprosy Control	TA	Completed
	PH Adviser	TA	In operation
	VD Control	TA	In operation
	Yellow Fever Survey	Regular	Planning
	TB Centre	TA	Planning
	BCG	UNICEF	In operation
	Training Auxiliary Personnel	Regular/TCA	Planning
IRAN	Malaria Advisory Team	Regular/TCA	In operation
	Insect-borne Diseases	TA	In operation
	Industrial Health Survey	TA	Completed
	VD Control	TA	In operation
	PH Advisory Team	TA	In operation
	Trachoma Survey	Regular	Completed
	Nutrition Survey	TA	Completed
	Nurse Training, Teheran	TA	In operation
	TB Control Centre	TA	To begin in 1953
	MCH Centre	TA/UNICEF	To begin in 1953
	BCG Campaign	Reg/UNICEF	In operation
	Rural Health Survey	TA	Completed

Country	Project	Source of funds	Status
IRAN	Assistance to Medical Schools	TA	Planning
	Assistance to Midwifery School, Teheran	TA	Planning
	Radiology — Firdausi Hospital	TA	Planning
	Central PH Laboratory	TA	Planning
IRAQ	Bejel/Syphilis Campaign	Reg/UNICEF	Completed
	Research Methodologist	Regular	In abeyance
	Rural Health Survey	TA	Completed
	Leprosy Control	TA	Approved
	Rural Health Centre	TA	In abeyance
	TB Centre, Baghdad	TA	To begin in 1953
	MCH Baghdad	TA/UNICEF	To begin in 1953
	MCH	Reg/UNICEF	In operation
	BCG Campaign	TA/UNICEF	In operation
	Lecturer, Parasitic Diseases	Regular	Completed
	Bilharzia Control	TA	Planning
	PH Advisory Group	TA	Approved
	Backward Children's School	Regular	In abeyance
	Ankylostomiasis Survey	Regular	To begin in 1953
	Midwifery Training	UNICEF	Merged with MCH
ISRAEL	Nurse Training	TA	In operation
	Rehabilitation Crippled Children	*Reg/UNICEF*	*To begin in 1953*
	TB Centre	TA	To begin in 1953
	Zoonoses	*Regular*	*In operation*
	PH Laboratory	TA	Planning
	PH Engineering Training, Haifa	TA	In abeyance
JORDAN	Rural Health Centre	TA	In abeyance
	MCH Dem. & Training Centre	Reg/UNICEF/TCA	Planning
	TB Centre	TA/UNICEF	Approved
	BCG Campaign	UNICEF	To begin in 1953
	PH Laboratory, Jerusalem	Regular	In operation
	Mental Health	Regular	To begin in 1953
LEBANON	Rural Health Centre	TA	Survey phase completed
	MCH Training & Demonstration Centre	TA/UNICEF	To begin in 1953
	Malaria Control	TA	In operation
	PH Adviser	TA	In operation
	Microfilm Production Centre	Regular	In abeyance
	PH Lecturer, French University	Regular	Completed
	PH Laboratory	Reg/TCA	Approved
	Rehabilitation Crippled Children	Reg/UNICEF/TCA	Planning
	Medico-Legal Consultant	Regular	Approved
LIBYA	PH Adviser	TA	In operation
	MCH Dem. & Training Centre	UNICEF	Approved
	Nurse Training	TA	Planning
	Health Education	Regular	In operation

Country	Project	Source of funds	Status
LIBYA	BCG Campaign	UNICEF	In operation
PAKISTAN	TB Control Centre	TA/UNICEF	In operation
	MCH Centre, Peshawar	TA/UNICEF	In operation
	Cholera Control	TA	In operation
	VD Control	TA	In operation
	Assist. Medical Schools. East Pak.	TA	In abeyance
	MCH Centre, Karachi	UNICEF	To begin in 1953
	MCH Centre, Dacca	TA/UNICEF	In operation
	Rural Training Centre, Pattoki	TA	First phase completed
	TB Centre, Dacca	TA/UNICEF	In operation
	BCG Campaign	UNICEF	In abeyance
	DDT Production Plant	UNICEF	Transferred to UNTAA
	VD, Chittagong	Regular	In abeyance
	MCH Centre, Lahore	TA/UNICEF	Completed
	Nurse Training, Dacca	TA/UNICEF	In operation
	Assistance Medical Schools, West Pak.	Regular	In operation
	Nurse Adviser	Regular	In operation
	Children's Hospital, Karachi	UNICEF	Planning
SAUDI ARABIA	Quarantine Station, Jeddah	TA	In operation
	VD Control, Mecca	TA	In operation
	Public Health Adviser	Regular	In operation
	Malaria Control	TA	In operation
	Training Course Sanitarians	TA	Planning
	BCG Campaign	?	Planning
SOMALIA	Malaria Control	?	Postponed 1955
SUDAN	Cerebro-Spinal Meningitis Control	TA/ ? UNICEF	Postponed 1954/1955
	BCG Campaign	UNICEF	To begin in 1953
SYRIA	Malaria Control, Homs	TA	In operation
	Bejel/Syphilis Control	TA/UNICEF	To begin in 1953
	Bilharzia/Malaria Control	TA	To begin in 1953
	MCH Centre, Damascus	TA/UNICEF	In operation
	Nursing Adviser	TA	In operation
	TB Centre	Regular	In operation
	School of Nursing, Aleppo	? UNICEF	In abeyance
	School Health	Reg/UNICEF	1954
	School of Nursing, Damascus	TA	In operation
YEMEN	Public Health Survey	TA	Completed
	Public Health Adviser	TA	Planning
	MCH	? UNICEF	1954-55
	INTER-COUNTRY PROGRAMMES		
	Radiology Training Centre	TA	Postponed 1955
	Regional Bilharzia Survey	TA	Completed
	Regional Trachoma	TA	In abeyance
	Regional Nursing Training College	TA	To begin in 1953
	Mental Health Seminar	Regular	1953
	Arab States Fundamental Education	Reg/UNESCO	In operation
	Food Hygiene Consultant	Regular	In operation
	BCG Statistician	UNICEF	In operation

APPENDIX I

FELLOWSHIPS AWARDED

a) By Country

COUNTRY OF ORIGIN	SOURCE OF FUNDS									TOTALS		
	WHO			UNICEF			TA					
	1951	1952	1953*	1951	1952	1953*	1951	1952	1953*	1951	1952	1953*
EGYPT	8	4	8	-	-	-	-	5	5	8	9	13
ETHIOPIA	8	4	-	-	-	-	-	-	-	8	4	-
IRAN	5	11	5	-	-	-	-	18	4	5	29	9
IRAQ	4	10	3	-	1	1	-	2	7	4	13	11
ISRAEL	11	8	3	-	-	-	-	7	1	11	15	4
JORDAN	4	2	1	-	-	-	-	-	1	4	2	2
LEBANON	3	4	5	-	-	-	4	3	2	7	7	7
LIBYA	1	2	4	-	-	-	-	3	-	1	5	4
PAKISTAN	9	-	3	-	7	-	1	5	1	12	12	4
SAUDI ARABIA	4	3	1	-	-	-	-	-	-	4	3	1
SUDAN	4	1	5	-	-	-	-	-	1	4	1	6
SYRIA	8	2	4	-	-	-	1	3	2	9	5	6
UK : CYPRUS	-	1	-	-	-	-	-	2	2	-	3	2
ADEN	-	-	-	-	-	-	-	-	1	-	-	1
TURKEY	11	1	-	-	-	-	-	4	-	11	5	-
	80	53	42	-	8	1	6	52	27	86(a)	113(b)	70(c)

* = to end of June 1953

(a) = 22 intra-regional

(b) = 11 intra-regional

(c) = 13 intra-regional

APPENDIX I

FELLOWSHIPS AWARDED

(b) By Subject

Subject	1951	1952	1953*
Administration, public health	14	6	4
» hospital	1	-	-
Anaesthetics	1	3	2
Bacteriology	1	-	2
BCG Vaccine Production	-	3	-
Bilharzia	-	-	1
Dentistry, public health	1	1	-
Drug Control	1	3	-
Education, health	3	2	-
Engineering PH & Env. San.	11	9	4
Epidemiology	2	3	2
Endocrinology	-	-	1
Histology	-	1	-
Hygiene, industrial	1	-	-
Internal medicine	-	1	-
Malaria	-	3	4
MCH	4	9	-
Mental Health	2	3	4
Medical Education	-	1	-
Medicine, undergraduate	8	6	1
Nursing	8	9	4
Nutrition	-	3	-
Obstetrics & Gynaecology	1	-	-
Occupational Health	-	-	1
Ophthalmology	1	1	10
Paediatrics	1	2	-
Pharmacology	1	2	1
Physiology	1	-	-
PH Laboratory Technique	-	1	1
Quarantine Technique	1	-	-
Rabies	-	12	-
Rural Health	-	-	1
Radiology	-	2	-
School Health	-	-	7
Statistics, Vital Health	9	1	-
Trachoma	2	2	8
Thoracic Surgery	-	1	1
Tropical Medicine	1	-	-
Tuberculosis	5	16	8
VD	5	6	3
Zoonoses	-	1	-
TOTAL :	86	113	70

* To end of June 1953.

APPENDIX II

PROJECT AGREEMENTS SIGNED DURING 1952 AND 1953

Country	*Title*
ADEN	BCG
EGYPT	Basic TA
	Health Demon. Area
	Bilharziasis
	DDT Production Plant
	Pellagra
	Ophthalmology
ETHIOPIA	BCG
IRAN	Leprosy
IRAQ	Basic TA
	Research Methodology
	Rural Health Survey
	Leprosy
	Rural Health Survey
	Tuberculosis
	MCH
	BCG
	Malaria
	Lecturer in Parasitic Diseases
	Ankylostomiasis Survey
	Nursing
ISRAEL	Tuberculosis
	Zoonoses
	Public Health Laboratory
JORDAN	Rural Health Survey
	Tuberculosis
	Public Health Laboratory
	Mental Health

Country	*Title*
LEBANON	Public Health Laboratory
	Rehabilitation of Crippled Children
	Medical Legal Services
LIBYA	Health Education
	BCG
PAKISTAN	MCH - Peshawar
	Cholera
	VD - Karachi
	Assistance to Medical Schools
	MCH - Karachi
	MCH - Dacca
	BCG
	DDT Production Plant
	TB - Dacca
	VD - Chittagong
	Nursing - Dacca
	Nurse Adviser to Central Government
SAUDI ARABIA	Public Health Admin.
SUDAN	Cerebro-spinal Meningitis
SYRIA	Basic TA
	Malaria
	Bilharzia/Malaria (Jezireh)
	MCH
	Nursing
	Tuberculosis
	Univ. School of Nursing (Damascus)
Inter-Country Programmes	WHO/UNESCO Joint Fundamental Education Centre
	Food Hygiene Specialist

APPENDIX III

Report on the activities of the Epidemiological Section during the period 1 January 1952 to 30 June 1953

FUNCTIONS

Area served by the Epidemiological Intelligence System of EMRO.

In May 1952 Turkey elected to transfer temporarily to the European Region at the end of the year. The Turkish health authorities however have continued, at our request, to supply this office with information on the position of the quarantinable and other infectious diseases in their territory.

ACTIVITIES.

Epidemiological information and quarantine notifications.

I *Collection and distribution.*

1. Epidemiological information has been collected and disseminated in accordance with established procedure including the re-transmission, through our Friday broadcast, of headquarters radio-telegraphic bulletin of the same day.
telegraphic bulletin of the same day.

2. Since 1 October 1952, the date on which the International Sanitary Regulations were put into force, epidemiological information is being received and disseminated under Art. 3-8 and Art.11 of the Regulations. The system of reporting required under Art. 2 to 11 of of the I.S.R., with particular reference to Art. 9, was put into operation in June 1952.

3. In view of the fact that relapsing fever is included as the sixth quarantinable disease — under the I.S.R. — the health administrations of the countries in liaison with the Epidemiological Intelligence Section have been requested to supply the office with regular information on the occurrence of relapsing fever in their respective territories. The data thus collected are added to the office's bulletin and broadcast messages.

4. Uniform methods for the recording of the quarantinable diseases in the epidemiological publications was adopted by this office in conformity with the I.S.R.

II *Improvement of the system of reporting.*

1. Certain countries in the region, although bound by the I.S.R., referred to the difficulties they meet in fulfilling the requirements of Articles 3, 4, 5 and 9 of the I.S.R. These difficulties were mainly organizational, financial and due to lack of means of transport and communication from the remote areas of these countries. Advice was given to them by this office to help them solve their problems and several countries have followed the advice rendered.

2. Steps were also taken for the purpose of improving the reporting system of some countries in the Americas, in liaison with the Pan American Sanitary Bureau. The PASB have accepted a suggestion made by this office that the places of incidence of quarantinable diseases should be included in the Weekly Epidemiological Record so that quarantine action may be restricted to the areas affected instead of being applied to the whole country.

III *The twice-weekly broadcast.*

1. Arrangements were made for the transmission of the twice-weekly broadcast of this office on two different frequencies (i.e. 11910 kc and 13813 kc) to improve the reception in certain countries. Retransmission of the office's broadcast (in addition to that effected by Marconi) was also tried, on an experimental basis, by the Egyptian State Wireless Station, Alexandria, but the final results have not yet been notified to the office.

IV *The Weekly Epidemiological Bulletin.*

The circulation of the Weekly Epidemiological Bulletin has been increased by the addition of new paying subscribers, comprising both official and non-official bodies.

V *CODEPID*

A new epidemiological code (CODEPID), more comprehensive than the present AA Cable Code and based on the five-letter symbol system, has been compiled by WHO. It will be distributed to all AA Code holders during July 1953, to be used by them in the near future.

EPIDEMIOLOGICAL INFORMATION PERTAINING TO NON-QUARANTINABLE DISEASES

Regular information on cerebro-spinal meningitis, both in Egypt and the A.E. Sudan, has been collected and distributed by the office during the

past three years, and data on the incidence of influenza in countries within the region have been also regularly published in WEB, during the last epidemic of influenza.

CEREBRO-SPINAL MENINGITIS IN THE A.E. SUDAN

The Director of Health Services and the Epidemiologist visited the Sudan in March-April 1952 to investigate an outbreak of cerebro-spinal meningitis and to assist in planning its control. A field experiment on mass chemo-prophylaxis was carried out in a severely infected province (Kordofan).

IMPLEMENTATION OF THE RECOMMENDATIONS OF THE THIRD REGIONAL COMMITTEE

Consequent upon the recommendations of the third Regional Committee, Iran and Turkey adhered to the Epidemiological Information Service of this region, and adopted both the epidemiological week and the AA Cable Code.

Egypt, the French Coast of the Somalis, Ethiopia Cyprus, Cyrenaica, Saudi Arabia, the A.E. Sudan, Syria and Tripolitania were approached with regard to the adoption of the epidemiological week and/or the use of the AA Cable Code, with the following result :

Countries which have adopted the epidemiological week.	Countries which have *not* adopted the epidemiological week as yet.	Countries which have used the AA Code.	Countries which have *not* used the AA Code as yet.
EGYPT x	CYPRUS	CYPRUS	ETHIOPIA
ETHIOPIA		EGYPT	LIBYA (CYRENAICA)
THE FRENCH COAST OF THE SOMALIS		THE FRENCH COAST OF THE SOMALIS	SAUDI ARABIA
IRAN		IRAN	SYRIA
LIBYA (CYRENAICA)		LIBYA (TRIPOLITANIA)	
LIBYA (TRIPOLITANIA)		A.E. SUDAN	
SAUDI ARABIA		TURKEY	
TURKEY			

x Since January 1953 only, but the quarantine authorities in the Egyptian main air and sea ports are also supplying the Office with notifications (covering the epidemiological weeks) on the quarantinable diseases occuring in their areas.

INFECTED SHIPS

A system of notifications has been set up regarding infected ships, the object of which is to trace the probable source of contamination, and to enable the health authorities concerned to take such action as may be required to prevent the spread of disease.

The following table shows the infected ships which were directly reported to this office, during the period between 1 January and 30 June 1953.

Name of ship	*Coming from*	*Port of landing*	*Cases*	*Date of arrival*	*Destination*
Dunera	U.K.	Singapore	1 mild smallpox	19.1.52	Aden,
Empire Roach	Akaba	Suez	1 " "	3.4.52	Suez, U.K.
Derwendale	El-Ahmadi (1)	"	1 modif. "	9.4.52	.....
City of Lucknow		"	1 " "	15.4.52	Swansea
Affri	Aden (2)	Umm Said	1 mild smallpox	28.4.53	New York
Safina-Murad	Basra	(Qatar)	1 " "		.....
(pilgrimship)	Chittagong	Aden (3)	(recovering)	19.5.53	Jedda
Corfu	Hongkong	Bombay	1 susp. smallp.(4)	22.5.53	Aden, Port Said, U.K.

(1) The patient had left Bombay on 13 March to join the ship at El-Ahmadi.
(2) The ship originated her voyage at Madras and called successively at Calcutta, Colombo and Cochin before arriving at Aden.
(3) As the patient was recovering, he was not disembarked at Aden, but resumed his voyage to Jedda.
(4) It was later confirmed that the case proved to be chickenpox.

INTERNATIONAL SANITARY REGULATIONS (WHO REGULATIONS No. 2).

The Fourth World Health Assembly adopted the International Sanitary Regulations on 25 May 1951. These Regulations came into force on the first day of October 1952 and replaced, as between the States bound by these Regulations and between States and the Organization, the provisions of the former International Sanitary Conventions and agreements.

1. Position of the countries within the Region towards the I.S.R.

Eleven countries in the region are presently bound by the Regulations without reservations: Ethiopia, the French coast of the Somalis, Iran, Iraq, Israel, Italian Somaliland, Jordan, Cyprus, Lebanon, Libya, Syria.

Two countries are bound with reservations: 1) Pakistan, with reservations to Art. 42, 43, 70, 74, 100 and Appendix 3; 2) Saudi Arabia, with reservations to Art. 61, 63, 64, 69, A 1 and A 6.

Three countries are not bound yet by the Regulations: Egypt, the Anglo-Egyptian Sudan and the British Somaliland.

Egypt submitted certain reservations to the Regulations, which were approved, apart from the reservation to Art. 101, by the Fifth World Health Assembly. The Egyptian Ministry of Health, when approached later, accepted, in principle, to withdraw their reservations to Art. 101. The procedure for the formal acceptance of the Regulations by Egypt are well under way, and this acceptance is expected to be notified very soon to WHO.

2. Questions raised in connexion with the working of the Regulations:

a) *Pilgrimage.*

Pilgrims from Jordan:

The health authorities of Jordan sought the advice of this office on their quarantine obligations regarding pilgrims to Mecca which was given to them.

Provisions applicable during the pilgrimage of 1952 - Jedda and Kamaran quarantine station.

In accordance with the resolution adopted by the Fourth World Health Assembly, the Quarantine Station at Kamaran was closed as from the pilgrimage season of 1952, as its functions were to be taken over by the new Jedda Quarantine Station. However, this was not ready in time to deal with the pilgrim traffic during that season and was thus unable to replace Kamaran.

b) *Differentiation between sylvatic and ordinary rodent plague.*

In vew of the revival of a rodent plague focus in Kurdistan, reported to the office in February 1953, some countries enforced quarantine requirements, on account of plague, against arrivals from Kurdistan. It this connexion, a statement was received by this office from Iran, pointing out that such measures seemed to be unjustified, as the type of rodent plague reported was sylvatic and not ordinary, and suggesting that the question be brought before the Expert Advisory Panel on Plague.

This office expressed the opinion that no differentation between sylvatic and ordinary rodent plague existed under the present provisions of the International Sanitary Regulations, and that in the event of Iran's views being agreed to by the Panel, an amendment of the Regulations should ensue - such an amendment requiring a formal request from the Iranian Government to WHO to this effect.

The office, therefore, sent a statement to Iran on the subject, asking them, if so desired, to submit their formal request to have the question examined by the Committe on International Quarantine.

QUARANTINE REQUIREMENTS IN FORCE IN VARIOUS COUNTRIES

1. *Collection of data.*

In conformity with the provisions of Art. 8 (3) of the International Sanitary Regulations, information was collected from the countries within the region on their quarantine requirements, for compilation of annual lists of the requirements in force in various countries.

As some of these requirements appeared to be in excess of, or not in accordance with, the International Sanitary Regulations, suggestions were made to the countries concerned with a view to their bringing their provisions into line with those of Regulations. These suggestions were complied with and the necessary amendments were made accordingly.

2. *Publication of quarantine measures*

In accordance with the provisions of the I.S.R., no mention is now made in the Weekly Epidemiological Bulletin of any declaration issued by the Health Administration of any country regarding the quarantine measures taken against any other country.

This rule, however, does not apply to declarations issued by countries not yet bound by the I.S.R.

SETTLEMENT OF DISPUTES ON INTERNATIONAL QUARANTINE REGULATIONS.

REGULATIONS.

During the period of the review, a number of questions and disputes arose between Member States in the region and other regions because of non-observance or misinterpretation of the provisions of International Sanitary Conventions or the International Sanitary Regulations (WHO Regulations No. 2.).

The new Regulations came into force on 1 October 1952. During the period preceding this date both Member States and WHO had certain obligations under the existing International Conventions. WHO's obligations include, among other things, work on the settlement of international disputes on quarantine.

a) *Administration of the International Sanitary Conventions*

Among many minor questions, seven main disputes were dealt with and settled, by EMRO.

b) *Questions concerning the interpretation or application of the new International Sanitary Regulations*

Five questions and disputes concerning the application of the new Regulations were referred to this office during the period 1 October 1952 - 30 June 1953. They were all settled by the office either directly or through the cooperation of the Quarantine Units concerned in other regions.

TRANSLATION OF THE INTERNATIONAL SANITARY REGULATIONS INTO ARABIC

In view of the fact that the translation into Arabic of the International Sanitary Regulations was considered useful to the Arabic-speaking countries of the region and other regions in drawing up their national health legislation, this office undertook to carry out this translation, which is at present being printed.

1952 MECCA PILGRIMAGE

Before the beginning of the 1952 pilgrimage season, i.e., on 10 July 1952, the Saudi Arabian health authorities cabled to this office that an unknown disease had been reported at the village of Bani Bashar, Assyr Area, in the South of Saudi Arabia, 80 kilometres from Abha, which is 854 kilometres distant from Mecca. After clinical and bacteriological examination, the disease was diagnosed as bubonic plague. One case and three deaths had occurred on 27 June in the village of Bani Bashar. All the necessary prophylactic measures were taken by the local authorities, and the Yemenite pilgrims were prohibited from passing through the infected area. The outbreak was confined to Bani Bashar.

This information was disseminated to all the health administrations concerned. Subsequent reports from Saudi Arabia, showing that the country was definitely free from infection, were received and circulated.

The 1952 pilgrimage, therefore, took place normally, and up to 30 June 1953, the following data had been collected from countries in the region (under Art. A. 15 of the International Sanitary Regulations) : ---

The number of pilgrims gathered at Arafat in 1952 Mecca Pilgrimage amounted to 350,000, of whom 110,919 came by sea, 25,862 by air and 3,436 by land. The rest were from Saudi Arabia.

At Arafat and during the 3 days' festivities at Mona (29 Aug. — 1 Sept.) 795 deaths were recorded, due to sunstroke, senility and general debility.

Summary of reports from countries in the region.

Egypt :

Outward journey :

All the Egyptian pilgrims were immunised before departure against cholera and smallpox.

A tota number of 29,157 pilgrims (including 25,753 Egyptians) embarked from Suez for Jedda.

2,769 pilgrims (including 1.650 Egyptians) proceeded to the Hedjaz by air.

Ten ships carrying 6,365 pilgrims, passed through the Suez Canal on their way to Jedda.

Homeward journey :

a) Pilgrims arriving by sea :
Between 7 September and 22 October 1952, 34 ships brought back to El-Tor Quarantine Station, from Jedda, 34,021 pilgrims, of whom 25,450 were Egyptians.

b) Pilgrims arriving by air :
From 5 September to 22 October 1952, 95 aircraft landed at El-Tor, bringing 2,821 pilgrims, of whom 1,946 were Egyptians.

Hospital admissions :

272 patients (236 pilgrims and 36 non-pilgrims) were admitted to hospital at El-Tor Quarantine Station, and 915 patients (including 236 pilgrims) were treated in the Station's out-patients clinic. Nine deaths occured. No cases of quarantinable diseases were recorded.

Laboratory — Stool examinations :

A total of 10,582 specimens were examined in the Station's laboratory for detection of cholera vibrios. Non-agglutinating vibros were found in two of these specimens. The pilgrims concerned were successfully treated with sulfaguanidine.

Health situation :

In view of the fact that no plague or cholera had been reported in the Hejaz and that stool examinations carried out at El-Tor Quarantine Station had given negative results, and that the clinical examination of all pilgrims proved satisfactory, the Egyptian health authorities decided on 11 September 1952 to apply the provisions of Art. 142 of the 1926/1938 International Sanitary Conventions.

Infringements :

Some of the pilgrim ships calling at Egyptian ports on their way to and from Hejaz, were found to have contravened the provisions of the International Sanitary Conventions and their captains were fined accordingly.

Iraq :

Outward Journey :

The number of Iraqi pilgrims amounted to 3,000. They followed the itinerary :- Baghdad-Damascus-Beirut-Suez-Jedda.

All Iraqi pilgrims were provided with special pilgrimage passes, and had to be in possession of medical certificates of freedom from infectious diseases, and certificates of vaccination against smallpox and cholera.

They were accompanied by a medical mission which established dispensaries at Jedda, Medina, Mecca, Mona and Arafat and treated more than 961 pilgrims, of whom 178 were Iraqis.

A special laboratory was established at Baghdad and Basra, during the pilgrimage. 'No cholera vibrios or germs of infectious diseases amongst the pilgrims were detected by these laboratories.

Jordan :

1,081 Jordanian pilgrims proceeded to the Hejaz, after being inoculated and vaccinated against typhoid, smallpox and cholera. Eight of them died during their stay in the Hejaz.

All returning pilgrims were subjected to medical surveillance and found healthy.

Lebanon :

As the pilgrimage had been delayed on account of rumours about an outbreak of bubonic plague, the pilgrims rushed into Beirut at the rate of 500 per day in the hope of leaving by air. Facilities placed at their disposal enabled the majority to get to Mecca in time, but about 2,000 had to be left behind.

The pilgrims arriving in Lebanon were subjected to the usual quarantine measures and provided with the appropriate sanitary booklet. 7,117 pilgrims from various countries passed through the Beirut quarantine camp.

The returning pilgrims (amounting to 6,270, of whom were 742 Lebanese) underwent the necessary examinations at the Beirut quarantine camp and their general sanitary conditions were found satisfactory.

Libya :

a) Cyrenaica : 406 pilgrims (from Cyrenaica, Tripolitania and Tunisia) sailed from Benghazi for Jedda. Out of this number, 221 embarked at Tripoli. All were vaccinated against cholera and smallpox. Moreover all the Cyrenaican pilgrims were protected by a TAB injection.
No case of serious illness was reported on board the pilgrimship which carried the returning pilgrims. Out of 185 Cyrenaican pilgrims, seven died.

b) Tripolitania : 243 pilgrims embarked from Tripoli for Jedda. 224 Tripolitanians returned from Jedda on board the same pilgrimship. One pilgrim died during the return journey from cardiac failure and six others died from unknown causes.

Pakistan :

Outward Journey :

All outgoing pilgrims were vaccinated against cholera and smallpox. 12,693 embarked from Karachi and 4,254 from Chittagong.

Homeward journey :

11,593 pilgrims disembarked at Karachi and 4,106 at Chittagong.

Among these, twelve cases of chickenpox and seven cases of modified smallpox occurred during the voyage.

Somaliland (French) :

55 soldiers from Indo-China left Jibuti by air for Jedda on 7 August 1952, and 56 other pilgrims left by sea for the same destination, on 16 August. All pilgrims were vaccinated against smallpox, yellow fever, cholera, plague, the enteric group of fevers, diphtheria and tetanus.

No deaths or epidemic diseases were reported among the Somali pilgrims on their return.

Sudan (A.E.) :

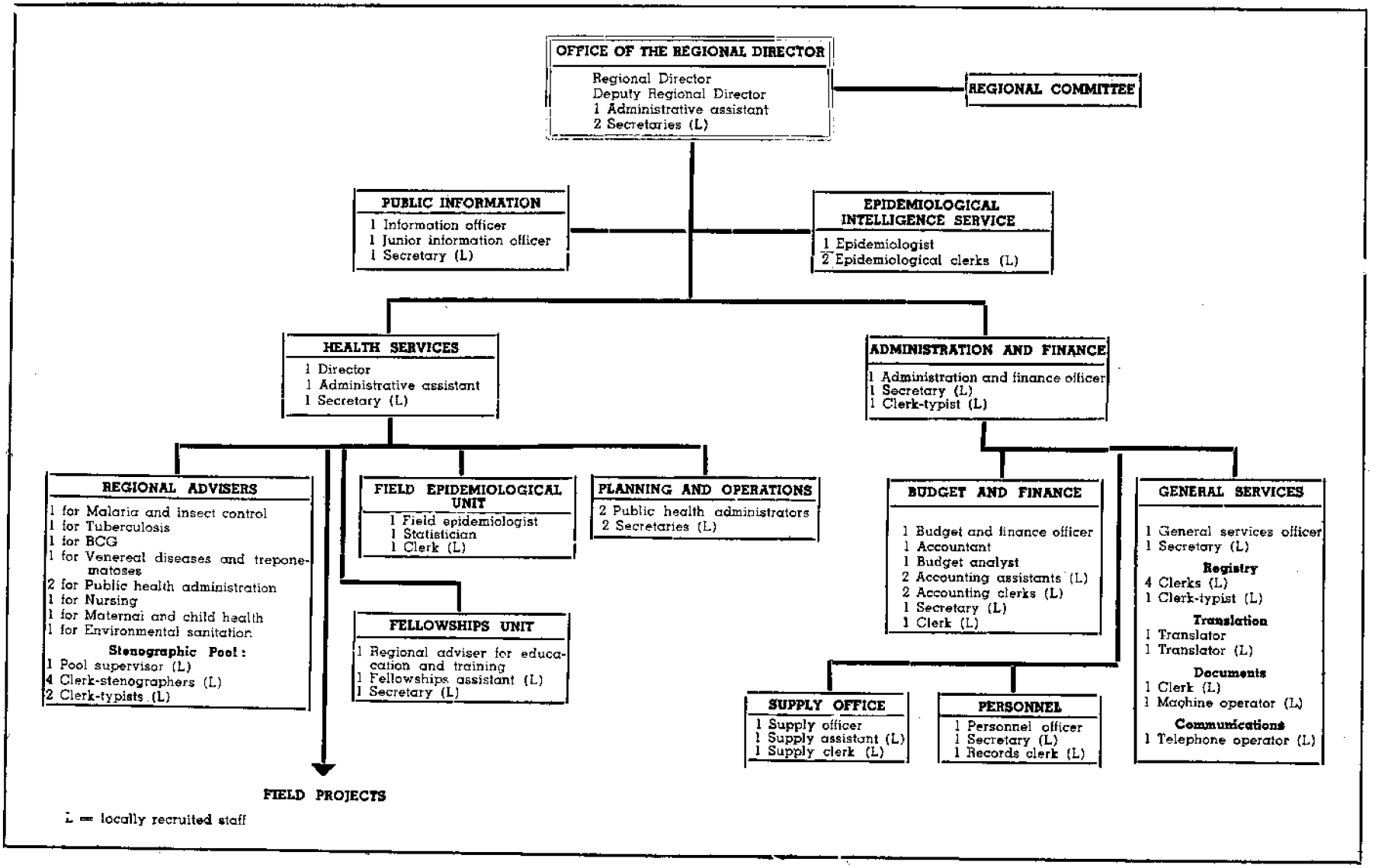
Control measures were carried out by the Sudanese authorities on outgoing pilgrims. All pilgrims not holding international vaccination certificates were vaccinated against smallpox, inoculated against cholera and kept for 14 days before leaving for Jedda. They were also given location certificates for yellow fever. All pilgrims were dusted with DDT on departure from, and on return to, Suakim. A total of 570 pilgrims left Port Sudan by air. 15,144 pilgrims sailed from Suakim. A medical mission accompanied the pilgrims and gave them the necessary medical assistance during their stay in the Hejaz.

Syria :

The number of Syrian pilgrims amounted to 5,807. A medical mission detailed by the Syrian Ministry of Health opened dispensaries at Mecca, Arafat, Mona, Medina, and also Jedda after the pilgrimage.

No epidemic diseases were reported among the Syrian pilgrims.

STRUCTURE OF THE REGIONAL ORGANIZATION OF THE EASTERN MEDITERRANEAN



L = locally recruited staff