

WORLD HEALTH
ORGANIZATION

REGIONAL OFFICE FOR THE
EASTERN MEDITERRANEAN

ORGANISATION MONDIALE
DE LA SANTÉ

BUREAU RÉGIONAL DE LA
MÉDITERRANÉE ORIENTALE

REGIONAL COMMITTEE FOR THE
EASTERN MEDITERRANEAN

RC44/EM/Min/7
4 October 1954

ORIGINAL: ENGLISH

Fourth Session

Sub-Committee A

PROVISIONAL MINUTES OF THE SEVENTH MEETING

EMRO, ALEXANDRIA

Thursday, 30 September 1954, at 3.30 p.m.

CHAIRMAN: Dr. A.T. DIBA (Iran) Second
Vice-Chairman

later

Dr. Mohamed H. ABU EL-ELA (Egypt)

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1. Technical discussion: "The Use and Training of Auxiliary Health Workers"
2. Resolutions of the Seventh World Health Assembly and Fourteenth Executive Board of particular regional interest
3. International quarantine matters
4. Other business
5. Time and place of next meeting
6. Closure of session

A provisional list of representatives, advisers and observers attending the session has been circulated under document RC44/EM/18.

Note: Corrections to these provisional minutes should be submitted in writing to ~~the~~ Regional Director within 20 days of receipt.

1. TECHNICAL DISCUSSION: "THE USE AND TRAINING OF AUXILIARY HEALTH WORKERS": Item 15 of the agenda (document RC4/EM/13).

The REGIONAL DIRECTOR, introducing the topic, said that the use and training of auxiliary health workers was a question of particular importance to a region in which there were a number of underdeveloped countries. A great deal of experience had been gained in many places but little had been done to collate it. The item had therefore been placed on the agenda and it was hoped that a profitable round-table discussion would ensue and that there might even emerge some basis for a formulation of policy by the regional office.

He drew the Sub-Committee's attention to the document prepared on the subject (RC4/EM/13).

Speaking at the invitation of the Chairman, Dr. ZAKI (Observer from the Sudan) said that the training of auxiliary health personnel had started in the Sudan in the early 1930's. Over subsequent years, such experience had been gained that the present establishment of auxiliary workers was sufficient to meet demands, both qualitatively and quantitatively, as well as to cope with the future development programme.

At present the following categories existed: medical assistants, nursing assistants, laboratory assistants, literate and illiterate midwives, health visitors, dispensers, public health officers and sanitary overseers. Dispensers and public health officers had to have secondary education. The remainder had elementary education and were English-speaking.

Prospective auxiliary workers were first taken into Government hospitals as student nurses and had a 3-years course in nursing, and elementary medicine and public health. They then spent some years acquiring experience in hospitals or rural centres before being finally selected for training as auxiliary workers.

Throughout the country there were well-organized schools and facilities for practical training, on which much emphasis was placed, for all the categories of auxiliary workers.

Except in the case of public health officers, whose course of study lasted three years and who sat for the diploma of the Royal Sanitary Institute, the length of the courses varied from eight months to two years. Health visitors had to have certificates in nursing, midwifery and health visiting.

At the provincial level they were more or less directly under the supervision of the medical officer of health who also ensured the liaison between the central and local government authorities and the hospital services of the province on the one hand and the Ministry of Health on the other hand. Prospects of promotion were good.

Dr. AMOUZEGAR (Iran) said that the Government of Iran had always displayed keen interest in programmes and facilities for training auxiliary health personnel, and it continued to do so on a long-term basis. Indeed, his Government had pioneered in the field, achieving results that were now bearing fruit.

The training programme was being expanded to cover a wide range of activities, but at present priority was given to training assistant health educators, assistant doctors, engineers, nurses, midwives, laboratory technicians and those engaged in specific activities such as BCG and smallpox vaccination and anti-malaria work.

The Sub-Committee would have noted in the document the statement that the use of auxiliaries performing some of the tasks of registered doctors had been particularly fully developed in Iran. That category of personnel received four years of formal training and plans were under way for them to receive comprehensive basic training in public health.

A plan had been developed for combining the categories of assistant nurses and midwives into one, a combination particularly necessary in rural areas. In the absence of enough trained assistant public health nurses, the nursing education department of the Ministry of Health had decided to give basic public health nursing education to local midwives in villages. Assistant public health nurses were also trained in techniques of environmental sanitation. Combining

assistant nurses and midwives into a single category had the added advantage of making it possible to tap local resources for the payment of salaries.

Classes were in operation for training auxiliary workers in anti-malaria work and smallpox vaccination, and outstanding results had been achieved. Assistant laboratory technicians were being trained under the auspices of the Ministry of Health in cooperation with the medical school of the University of Teheran.

As the Sub-Committee well knew, the need for auxiliary health workers differed from country to country. For that reason the Iranian Government believed that auxiliary workers should so far as possible be trained within the country; experience in his own country had proved the value of that. However, auxiliary workers who showed exceptional aptitude and interest should be given the opportunity for further training both within and without the country.

There was also the question of who should pay the salary of the trained auxiliary worker and of where he should be employed. A plan had been put into operation in parts of Iran by which the village council contributed towards the payment of salaries; it was still too early to judge the workability of that scheme on a national scale. However, unless the local community participated in a project there was very little chance of that project's having lasting effect or receiving general acceptance.

In conclusion, he wished to express the gratitude of the Iranian Government to the Rockefeller Foundation for the valuable services it had rendered in laying down the foundations for the development of a basic training programme for auxiliary workers.

Dr. SIDKY (Egypt) said that in 1929 the Egyptian Ministry of Health had felt it necessary to create a special category of young assistants to medical officers of health in rural areas. It had therefore established in that year, a special school accredited to the Ministry of Health where young men holding a secondary education certificate received one year's training before being sent

out as sanitary assistants. This scheme had proved very successful and in 1950 the Ministry had set up the Sanitary Institute, affiliated with the Faculty of Medicine at Cairo, where a larger number of students could be trained. The certificate issued by the Sanitary Institute had the status of a State diploma and the curriculum was continually brought up to date. The Government also run a one-year course for training assistant laboratory technicians.

These technicians and the assistant health workers were proving very helpful. In addition to sanitary work, the sanitary assistants helped with food control, the inspection of factories and shops, and communicable diseases control.

In reply to a question put by the Chairmen, he stated that the courses were given in the Arabic language but the regulations provided that they might also be given in such other languages as necessity dictated.

Dr. CACCIAPUOTI (Italy) said that a special four-year course for training auxiliary health workers had been started in Somalia in 1950. Students spent their first two years working in hospitals and the second two years in study. They then received a State diploma. The first students had finished their course in 1954 and had been sent to various parts of Somalia where they have so far proved very useful.

A new course had also been started for training auxiliary nurses in hospital work, and a three-year course existed for midwives, leading to a State diploma. A limited number of laboratory technicians would be finishing a three-year course in October, after which they would be sent to hospitals. There were no such training facilities for auxiliary dental workers or dispensary assistants. There was, however, special training for what were known as assistants in social diseases control; these persons would assist in such work as smallpox vaccination and malaria control. A course had also been set up for tuberculosis dispensary assistants who were all Somalis and who had proved very satisfactory. Finally, a group of students would shortly be sent to Italy to complete their studies at Rome University.

Mr. EHRENSTRÄLE (UNICEF) said that the discussion had shown that the impression which had gained ground in UNICEF that countries were hesitant about the training of auxiliary health workers was unfounded. The useful working paper prepared by EMRO was both informative and business-like.

UNICEF had been authorized to assist governments in training schemes which formed part of an integrated plan for maternal and child welfare and was prepared to grant stipends and cover local cost of trainees. The Executive Board had also sanctioned assistance towards the cost of educating supervisors and towards other expenditure entailed in the exercise of their functions.

He welcomed the emphasis placed by the Iranian representative on the need to draw trainees from communities and villages of a similar character to those in which they would be destined to work. The advantages of that policy had been demonstrated in the case of primary school teachers.

Dr. GENIS (France) stated that a decree promulgated in January 1953 had given official standing to a nursing school which had been in existence since 1951 and to the diplomas issued by it. The school provided theoretical and practical courses and the nurses which had so far completed the course had given every satisfaction. True they were not numerous, but the Territory of French Somaliland was small. It was hoped to gradually create a core of local nurses to work with those from France and other overseas territories.

Dr. HAMMALI (Libya) said that a training scheme was being started in Libya which was counting on help from WHO and UNICEF. He would be interested to learn the views of other representatives as to what category of workers should be trained first when there was a general shortage of all medical personnel, particularly in rural areas. In Libya they intended to start on training medical assistants.

The REGIONAL DIRECTOR said that the very detailed discussion had been most useful and indicated that training of different categories of workers was proceeding on a considerable scale. He wondered whether it might be possible to arrive at some provisional classification of auxiliary health workers.

Dr. AMOUZEGAR (Iran) said that the Iranian public health authorities had accepted the classification suggested in the introduction to the working paper with some slight modifications. Categories 2 and 3 had been combined and category 8 come under the general heading of sanitary aides. Although all public health workers were health educators, Iran also had an additional category for assistant health educators which it regarded as important because of the paramount need to educate public opinion. Audio-visual techniques had been found most effective for that purpose.

The meeting was suspended at 4.55 p.m. and was resumed at 5.15 p.m.

Dr. HAYEK (Lebanon) thanking the Secretariat for its working paper and representatives for their interesting comments, said he would be particularly interested to learn about the principles which had guided the Rockefeller Foundation in its work.

The CHAIRMAN said that training programmes started some years ago by the Rockefeller Foundation had now been taken over by the public health authorities.

Dr. MACKINTOSH, Rockefeller Foundation, speaking at the invitation of the Chairman explained that in 1950 and 1951 the Foundation had run a field staff training station which had later been taken over by the Iranian authorities. He would particularly like to stress the advantages in a country like Iran of combining nursing and midwifery services. Dr. Zaki might have laid greater emphasis on the programme in the Sudan of recruiting trainees from areas with similar conditions as the training centre.

The CHAIRMAN then moved the following draft resolution:

"The Sub-Committee,

Having examined the paper RCA/EM/13 on auxiliary health health personnel presented by the Regional Director;

1. CONSIDERS that this matter is of primary importance to this region;
2. SUGGESTS this subject as a proper and most important topic for the Health Assembly in 1957;

3. ADOPTS the content of the paper in principle especially in so far as it refers to the training and use of auxiliaries as being a major priority;
4. REQUESTS the governments of the region seriously to consider the classification given on page 2 of the document;
5. REQUESTS the Regional Director in consultation with the countries to study this question of a standard terminology and to report on it;
6. NOTES with interest the provisions available from UNICEF in this important field."

Decision: The draft resolution was adopted.

2. RESOLUTIONS OF THE SEVENTH WORLD HEALTH ASSEMBLY AND FOURTEENTH EXECUTIVE BOARD OF PARTICULAR REGIONAL INTEREST: item 11 of the agenda (Document RCA/EM/4) (resumed).

The REGIONAL DIRECTOR suggested that the Sub-Committee having disposed of item 15 could now take up again consideration of the draft resolution on technical discussions at future Health Assemblies which had been submitted at the previous meeting.

In the light of the decision taken on item 15 he would suggest that the last two paragraphs of the text had now become unnecessary.

It was so agreed.

Decision: The draft resolution as amended was adopted.

The CHAIRMAN then introduced a draft resolution designed to cover the points raised by the Pakistan representative at the previous meeting on the subject of research. The text read as follows:

"The Sub-Committee,

Taking note of resolution WHA7.52 of the Seventh World Health Assembly;

RESOLVES, and in considering its programme for 1956, confirms the consideranda contained in that resolution and urges the Member States of the region with considerable research resources to cooperate with the regional office in research programmes applicable to the health problems of the region, and in so far as may be relevant, of the world, and

REQUESTS the Regional Director to develop as many programmes of this description as he finds feasible in the near future and to report to a future Regional Committee on this subject;

REQUESTS the World Health Assembly to reconsider its present attitude towards assistance to national research institutions carrying on work of international significance, so as to permit a more liberal interpretation and also permit budgetary provisions for this purpose."

Dr. JAFARI (Pakistan) declared himself satisfied with the text.

Decision: The draft resolution was adopted.

3. INTERNATIONAL QUARANTINE MATTERS: item 16 of the agenda (Document RC/4/EM/14) (resumed)

The REGIONAL DIRECTOR referring to paragraph 2 of the draft resolution moved by the Egyptian representative at the previous meeting said that it was not within the competence of the Regional Director to modify Article 95 of WHO Regulation No. 2.

Dr. HAYEK (Lebanon) said that he understood that the Egyptian draft resolution had been prompted by the difficulties arising from delayed notifications of quarantine diseases. If the Egyptian Government wished to take action it should request the Regional Director to take steps to ensure that the articles concerning notification were properly observed. If that brought no success, then it would become necessary to put the necessary machinery in motion for the revision of Article 95 by the International Quarantine Committee of WHO and later by WHO itself. He could not support the draft resolution as it stood but would be prepared to consider an Egyptian proposal in some other form.

Dr. EL FAR (Egypt) pointed out that he was not calling for the immediate revision of Article 95. His purpose was to request the Regional Director to take steps to improve the system of notification which at the moment was paralyzing the application of the International Sanitary Regulations.

Dr. JAFAR (Pakistan) said that no new developments had occurred since the lengthy discussions on the International Sanitary Regulations to justify reconsideration of Article 95, which at that time had aroused strong opposition owing to the delays it would cause.

In addition, the procedure proposed in the Egyptian draft resolution was out of order. If the Egyptian Government wished to bring a complaint it should communicate direct with the Director-General of WHO who would bring the matter up before the International Quarantine Committee. If necessary, the latter would then refer it to the World Health Assembly.

Dr. EL FAR (Egypt) said that in the light of the foregoing discussion he would be prepared to withdraw paragraph 2 of his draft resolution.

The REGIONAL DIRECTOR observed that it was also outside his competence to comply with the request made in paragraph 1.

Dr. EL FAR (Egypt) then withdrew the whole draft resolution. He asked whether the Lebanese authorities had encountered similar difficulties with regard to the notification of quarantine diseases.

Dr. HAYEK (Lebanon) said that he was unable to understand why the Egyptian draft resolution, in an amended form, should not be put forward. The Regional Director represented WHO in every field of its activity and therefore had general responsibility for ensuring that the International Sanitary Regulations were effectively applied.

The REGIONAL DIRECTOR said that though it was perfectly true that he was a representative of the Director-General he was not vested with the necessary authority to comply with the request made in the Egyptian draft resolution. On such matters governments should address themselves to the Director-General. He was perfectly prepared however, to act as intermediary for the transmission of such communications.

The CHAIRMAN suggested to the Egyptian representative that he should approach the Regional Director on the matter.

Dr. DILL-RUSSELL (United Kingdom) said that the Sub-Committee would remember that he had at the previous meeting expressed the intention of submitting a draft resolution concerning the section on typhus in future epidemiological intelligence reports. He had since then discussed the matter with Dr. Omar who had agreed to make the necessary modification so that no formal resolution was now necessary.

4. OTHER BUSINESS: item 18 of the agenda

The CHAIRMAN drawing the attention of the Sub-Committee to paragraph 1, sub-paragraph (8) of resolution WHL7.33 said that a person must be designated by Sub-Committees A and B to meet together with the Regional Director to harmonize as far as was necessary the decision of the Sub-Committees.

Dr. AL-WAHBI (Iraq) nominated Colonel Jafar.

Dr. DIBA (Iran) seconded the nomination.

Dr. JAFAR (Pakistan) said that he could only undertake to act in such a capacity if he were going to Geneva on other business.

In answer to a question by the Chairman, Dr. DIBA (Iran) said that owing to pressure of work he would be unable to serve.

Dr. HLYEK (Lebanon) nominated the Ethiopian representative.

Ato MARCOS HANNA (Ethiopia) said that he could not absent himself from his duties in Cairo.

Dr. HAYEK (Lebanon) asked whether, under the rules of procedure, the Sub-Committee could nominate the Regional Director himself.

The REGIONAL DIRECTOR pointed out that that would be impossible as he would be chairman of the committee.

Dr. GENIS (France) nominated the Italian representative.

Dr. CACCIAPOUTI (Italy) said he was unable to accept the honour and proposed the Iraqi representative.

Dr. AL-WAHBI (Iraq) said he would unfortunately not be free to undertake such duties and suggested that Dr. Dill-Russell might be invited to do so.

Dr. DILL-RUSSELL (United Kingdom) asked whether he could delegate his functions if he were not free himself to attend.

Dr. ZARB, Legal Adviser, said that according to the provisions of paragraph 1 sub-paragraph (8) of the resolution that would not be possible. It was a principle of common law that "delegatus non potest delegare". The Regional Director said that in view of Dr. Jafar's conditional acceptance he would very much appreciate it if the Sub-Committee could find an alternate.

Dr. DILL-RUSSELL (United Kingdom) said that pending authorization from his Government he could state that he would be prepared to act as an alternate for Dr. Jafar provided he could be released from his duties.

The CHAIRMAN then moved the following draft resolution:

"In accordance with the terms of resolution WHA7.33, the Sub-Committee appoints Dr. M. Jafar as its representative, with Dr. D.W. Dill-Russell as alternate".

Decision: The draft resolution was adopted.

5. TIME AND PLACE OF NEXT MEETING: item 19 of the agenda.

The REGIONAL DIRECTOR announced that under Rule 5 of the rules of procedure the Sub-Committee must at its present session determine the place of its next session.

Dr. BAUJI (Lebanon) invited the Sub-Committee to hold its next session in Lebanon. He also took the opportunity of thanking the Egyptian Government for its generous hospitality.

Dr. CACCIAPOUTI (Italy) said that he had been instructed by his Government to invite the Sub-Committee to hold its next session in Mogadiscio.

Dr. BAUJI (Lebanon) suggested that the Regional Director might decide as between the two invitations on the basis of the facilities which could be offered by each country.

The REGIONAL DIRECTOR said that the decision must be taken by the Sub-Committee itself.

Dr. DILL-RUSSELL (United Kingdom) urged the Sub-Committee to bear in mind the recommendation made in paragraph 1 sub-paragraph (6) of resolution WHA7.33, that though it was desirable that the two sub-committees should meet preferably at the same place and on the same dates but at different hours, that should not be made a condition for the holding of the sessions.

Dr. CACCIAPOUTI (Italy) said that his Government would willingly cede the privilege of being host country to Lebanon. He would accordingly withdraw his invitation.

The CHAIRMAN then moved the following draft resolution:

"The Sub-Committee,

1. **THANKS** the Government of Lebanon for its generous invitation;
2. **THANKS** the Government of Italy for its generous invitation;
3. **RESOLVES** to hold its next meeting in Lebanon."

Decision: The draft resolution was adopted.

6. CLOSURE OF SESSION: item 19 of the agenda.

Dr. HAYEK (Lebanon) speaking on behalf of all members thanked the Chairman for his impartial conduct of the discussions. He also thanked the two Vice-Chairmen and the Secretariat.

The CHAIRMAN thanked the Sub-Committee for its cooperation. The meetings had proceeded in a friendly and harmonious manner and he was grateful for the assistance and advice which he had received. He thanked representatives of specialized agencies, other organizations and observers for their constructive contributions. He also expressed his appreciation for the work of the Regional Director and his staff.

He then declared closed the session of Sub-Committee A.

The meeting rose at 6.35 p.m.

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RC4A/EM/Min/7 Rev.1
5 November 1954

Fourth Session

ORIGINAL : ENGLISH

Sub-Committee A

MINUTES OF THE SEVENTH MEETING

EMRO, Alexandria
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CHAIRMAN: Dr. A.T. DIBA (Iran)
(Second Vice-Chairman)

later

Dr. Mohamed H. ABU EL-ELA (Egypt)

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1. TECHNICAL DISCUSSION: "THE USE AND TRAINING OF AUXILIARY HEALTH WORKERS":
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He drew the Sub-Committee's attention to the document prepared on the subject (RC4/EM/13).

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Dr. NOGER (Libya) said that a training scheme was being started in Libya which was counting on help from WHO and UNICEF. He would be interested to learn the views of other representatives as to what category of workers should be trained first when there was a general shortage of all medical personnel, particularly in rural areas. In Libya they intended to start on training health officers.

The REGIONAL DIRECTOR said that the very detailed discussion had been most useful and indicated that training of different categories of workers was proceeding on a considerable scale. He wondered whether it might be possible to arrive at some provisional classification of auxiliary health workers.

Dr. AMOUZEGAR (Iran) said that the Iranian public health authorities had accepted the classification suggested in the introduction to the working paper with some slight modifications. Categories 2 and 3 had been combined and category 8 came under the general heading of "Sanitary Aides". Although all public health workers were health educators, Iran also had an additional category for assistant health educators which it regarded as important because of the paramount need to educate public opinion. Audio-visual techniques had been found most effective for that purpose.

The meeting was suspended at 4.55 p.m. and was resumed at 5.15 p.m.

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Dr. McKINTOSH, Rockefeller Foundation, speaking at the invitation of the Chairman, explained that in 1950 and 1951 the Foundation had run a field staff training station which had later been taken over by the Iranian authorities. He would particularly like to stress the advantages in a country like Iran of combining nursing and midwifery services. Dr. Zaki might have laid greater emphasis on the programme in the Sudan of recruiting trainees from areas with similar conditions as the training centre.

The CHAIRMAN then moved the following draft resolution :

"The sub-Committee,

Having examined the paper RC4/EM/13 on auxiliary health personnel presented by the Regional Director;

1. CONSIDERS that this matter is of primary importance to this region;
2. SUGGESTS this subject as a proper and most important topic for the Health Assembly in 1957;
3. ADOPTS the content of the paper in principle especially in so far as it refers to the training and use of auxiliaries as being a major priority;
4. REQUESTS the governments of the region seriously to consider the classification given on page 2 of the document;
5. REQUESTS the Regional Director, in consultation with the countries to study this question of a standard terminology and to report on it;
6. NOTES with interest the provisions available from UNICEF in this important field."

Decision: The draft resolution was adopted. (See resolution RC4A/EM/R.16)

2. RESOLUTIONS OF THE SEVENTH WORLD HEALTH ASSEMBLY AND FOURTEENTH EXECUTIVE BOARD OF PARTICULAR REGIONAL INTEREST: Item 11 of the Agenda (Document RC4/EM/4) (continued).

Technical Discussions at future Health Assemblies (contd.) (Resolution EB14.R.19)

The REGIONAL DIRECTOR suggested that the sub-Committee, having disposed of Item 15, could now take up again consideration of the draft resolution on technical discussions at future Health Assemblies which had been submitted at the previous meeting. In the light of the decision taken on Item 15, he would suggest that the last two paragraphs of the text had now become unnecessary.

It was so agreed.

Decision: The draft resolution, as amended, was adopted.
(See resolution RC4A/EM/R.17)

Research (Continued) (Resolution WHA7.52)

The CHAIRMAN then introduced a draft resolution designed to cover the points raised by the Pakistan representative at the previous meeting on the subject of research. The text read as follows :

"The Sub-Committee,

Taking note of resolution WHA7.52 of the Seventh World Health Assembly,

RESOLVES, and in considering its programme for 1956, confirms the considerations contained in that resolution and urges the Member States of the region with considerable research resources to co-operate with the regional office in research programmes applicable to the health problems of the region, and in so far as may be relevant, of the world, and

REQUESTS the Regional Director to develop as many programmes of this description as he finds feasible in the near future and to report to a future Regional Committee on this subject;

REQUESTS the World Health Assembly to reconsider its present attitude towards assistance to national research institutions carrying on work of international significance, so as to permit a more liberal interpretation and also permit budgetary provisions for this purpose."

Dr. JAFAR (Pakistan) declared himself satisfied with the text.

Decision: The draft resolution was adopted. (See resolution RC4A/EM/R.18)

3. INTERNATIONAL QUARANTINE MATTERS: Item 16 of the Agenda (Document RC4/EM/14)
(resumed)

The REGIONAL DIRECTOR, referring to paragraph 2 of the draft resolution moved by the Egyptian representative at the previous meeting, said that it was not within the competence of the Regional Director to modify Article 95 of WHO Regulation No. 2.

Dr. HAYEK (Lebanon) said that he understood that the Egyptian draft resolution had been prompted by the difficulties arising from delayed notifications of quarantinable diseases. If the Egyptian Government wished to take action it should request the Regional Director to take steps to ensure that the Articles concerning notification were properly observed. If that brought no success, then it would become necessary to put the necessary machinery in motion for the revision of Article 95 by the International Quarantine Committee of WHO and later by WHO itself. He could not support the draft resolution as it stood but would be prepared to consider the Egyptian proposal in some other form.

Dr. EL FAR (Egypt) pointed out that he was not calling for the immediate revision of Article 95. His purpose was to request the Regional Director to take steps to improve the system of notification which at the moment was paralysing the application of the International Sanitary Regulations.

Dr. JAFAR (Pakistan) said that no new developments had occurred since the lengthy discussions on the International Sanitary Regulations to justify reconsideration of Article 95, which at that time had aroused strong opposition owing to the delays it would cause.

In addition, the procedure proposed in the Egyptian draft resolution was out of order. If the Egyptian Government wished to bring a complaint it should communicate direct with the Director-General of WHO who would bring the matter up before the International Quarantine Committee. If necessary, the latter would then refer it to the World Health Assembly.

Dr. EL FAR (Egypt) said that in the light of the foregoing discussion he would be prepared to withdraw paragraph 2 of his draft resolution.

The REGIONAL DIRECTOR observed that it was also outside his competence to comply with the request made in paragraph 1.

Dr. EL FAR (Egypt) then withdrew the whole draft resolution. He asked whether the Lebanese authorities had encountered similar difficulties with regard to the notification of quarantine diseases.

Dr. HAYEK (Lebanon) said that he was unable to understand why the Egyptian draft resolution, in an amended form, should not be put forward. The Regional Director represented WHO in every field of its activity and therefore had general responsibility for ensuring that the International Sanitary Regulations were effectively applied.

The REGIONAL DIRECTOR said that though it was perfectly true that he was a representative of the Director-General he was not vested with the necessary authority to comply with the request made in the Egyptian draft resolution. On such matters governments should address themselves to the Director-General. He was perfectly prepared however, to act as intermediary for the transmission of such communications.

The CHAIRMAN suggested to the Egyptian representative that he should approach the Regional Director on the matter.

Dr. DILL-RUSSELL (United Kingdom) said that the Sub-Committee would remember that he had at the previous meeting expressed the intention of submitting a draft

resolution concerning the section on typhus in future Epidemiological Intelligence Reports. He had since then discussed the matter with Dr. Omar who had agreed to make the necessary modification so that no formal resolution was now necessary.

4. OTHER BUSINESS: Item 18 of the Agenda.

The CHAIRMAN, drawing the attention of the Sub-Committee to paragraph 2, sub-paragraph (8) of resolution WHA7.33, said that a person must be designated by Sub-Committees A and B to meet together with the Regional Director to harmonize as far as was necessary the decisions of the Sub-Committees.

Dr. AL-WAHBI (Iraq) nominated Dr. Jafar.

Dr. DIBA (Iran) seconded the nomination.

Dr. JAFAR (Pakistan) said that he could only undertake to act in such a capacity if he were going to Geneva on other business.

In answer to a question by the Chairman, Dr. DIBA (Iran) said that owing to pressure of work he would be unable to serve.

Dr. HAYEK (Lebanon) nominated the Ethiopian representative.

Ato MARCOS HANNA (Ethiopia) said that he could not absent himself from his duties at the Ethiopian Embassy in Cairo.

Dr. HAYEK (Lebanon) asked whether, under the Rules of Procedure, the Sub-Committee could nominate the Regional Director himself.

The REGIONAL DIRECTOR pointed out that that would be impossible as he would be Chairman of the Committee.

Dr. GENIS (France) nominated the Italian representative.

Dr. CACCIAPUOTI (Italy) said he was unable to accept the honour and proposed the Iraqi representative.

Dr. AL-WAHBI (Iraq) said he would unfortunately not be free to undertake such duties and suggested that Dr. Dill-Russell might be invited to do so.

Dr. DILL-RUSSELL (United Kingdom) asked whether he could delegate his functions if he were not free himself to attend.

Mr. ZARB, Legal Adviser, said that according to the provisions of paragraph 2 sub-paragraph (8) of the resolution that would not be possible. It was a principle of common law that "delegatus non potest delegare".

The REGIONAL DIRECTOR said that in view of Dr. Jafar's conditional acceptance he would very much appreciate it if the Sub-Committee could find an alternate.

Dr. DILL-RUSSELL (United Kingdom) said that pending authorization from his Government he could state that he would be prepared to act as an alternate for Dr. Jafar provided he could be released from his duties.

The CHAIRMAN then moved the following draft resolution :

"The Sub-Committee,

In accordance with the terms of resolution WHA7.33,

APPOINTS Dr. M. Jafar as its representative, with Dr. D.W.Dill-Russell as alternate."

Decision: The draft resolution was adopted. (See resolution RC4A/EM/R.19)

5. TIME AND PLACE OF NEXT MEETING: Item 19 of the Agenda.

The REGIONAL DIRECTOR announced that under Rule 5 of the Rules of Procedure the Sub-Committee must at its present session determine the place of its next session.

Dr. BAUJI (Lebanon) invited the Sub-Committee to hold its next session in Lebanon. He also took the opportunity of thanking the Egyptian Government for its generous hospitality.

Dr. CACCIAPUOTI (Italy) said that he had been instructed by his Government to invite the Sub-Committee to hold its next session in Mogadiscio.

Dr. BAUJI (Lebanon) suggested that the Regional Director might decide as between the two invitations on the basis of the facilities which could be offered by each country.

The REGIONAL DIRECTOR said that the decision must be taken by the Sub-Committee itself.

Dr. DILL-RUSSELL (United Kingdom) urged the Sub-Committee to bear in mind the recommendation made in paragraph 2 sub-paragraph (6) of resolution WHA7.33, that it was desirable that the two Sub-Committees should meet preferably at the same place and on the same dates but at different hours, however that should not be made a condition for the holding of the session.

Dr. CACCIAPUOTI (Italy) said that his Government would willingly cede the privilege of being host country to Lebanon. He would accordingly withdraw his invitation.

The CHAIRMAN then moved the following draft resolution:

"The Sub-Committee,

1. THANKS the Government of Lebanon for its generous invitation;
2. THANKS the Government of Italy for its generous invitation;
3. RESOLVES to hold its next meeting in Lebanon".

Decision: The draft resolution was adopted. (See resolution RC4A/EM/R.20)

6. CLOSURE OF SESSION: Item 19 of the Agenda

Dr. HAYEK (Lebanon) on behalf of all members thanked the Chairman for his impartial conduct of the discussions. He also thanked the two Vice-Chairmen and the Secretariat.

The CHAIRMAN thanked the Sub-Committee for its cooperation. The meetings had proceeded in a friendly and harmonious manner and he was grateful for the assistance and advice which he had received. He thanked representatives of specialized agencies, other organizations and observers for their constructive contributions. He also expressed his appreciation for the work of the Regional Director and his staff.

He then declared closed the session of Sub-Committee A.

The meeting rose at 6.35 p.m.

Seventh Meeting

Thursday, 30 September 1954, at 3.30 p.m.

Present

EGYPT	Dr. M.H. Abu el-Ela, <u>Chairman</u> Dr. M.S. El Far Dr. M.M. Sidky Dr. Ahmed El Demerdache Dr. H.O. Shoib Dr. A. Fouad El-Bakary
ETHIOPIA	Ato Marcos Hanna Dr. F.B. Hylander
FRANCE	Médecin-Capitaine J. Genis
IRAQ	Dr. Sabih Al-Wahbi, <u>Vice-Chairman</u>
IRAN	Dr. A.T. Diba, <u>Vice-Chairman</u> Dr. J. Amouzegar
ITALY	Dr. R. Cacciapuoti
JORDAN	Dr. Subhi Amin
LEBANON	Dr. Y. Bauji Dr. S. Hayek
LIBYA	Mr. Wahbi el Bouri Dr. Nuri Hammali Ben Otman Dr. C. Noger
PAKISTAN	Dr. M. Jafar
SAUDI ARABIA	Dr. Akram Boetar Mr. Amin Nazmi Mr. Nizar Monkari
SYRIA	Dr. Dia E. El-Chatti
UNITED KINGDOM	Dr. P.W. Dill-Russell
YEMEN	Mr. Yehia Hassan Fayia

Observer

SUDAN	Dr. Ahmed Ali Zaki
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Representatives of United Nations and Specialized Agencies

Technical Assistance Board	Mr. M. Perez-Guerrero
UNICEF	Mr. H. Ehrenstrale Dr. D.K. Sinclair-Loutit Dr. Y.D. Pierret Mr. Z. Davidian
UNRWA	Dr. L. Findlay Dr. M.A. Farid
UNESCO	Mr. W.E. Purnell
ICAO	Mr. J.M.H. Langford

Representatives of Intergovernmental Organizations

League of Arab States
(Health Section)

Dr. N. Nabulsi

Observers

U.S. Foreign Operations Administration

Dr. T.I. Gandy

U.S. Naval Medical Research Unit No.3

Captain C.B. Galloway

Rockefeller Foundation

Dr. W.A. McIntosh