

MINUTES OF THE SECOND MEETING

Central Officials' Training Institute  
Thursday, 16 September 1965 at 3.00 p.m.

CHAIRMAN: Dr Youn Keun Cha

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Second MeetingThursday, 16 September 1965 at 3.00 p.m.PRESENTI. Representatives of Member States

AUSTRALIA	Dr H.E. Downes Dr Ako Toua Mr N.C.K. Evers Dr C.J. Ross-Smith
CAMBODIA	Dr In Sokan Dr Keo Phann
CHINA	Dr C.K. Chang Dr T.C. Hsu
FRANCE	Médecin Général M. Orsini Médecin Colonel Thenoz
JAPAN	Dr N. Tatebayashi Mr S. Mitani Dr J. Urata
LAOS	Dr Koukeo Saycocie
MALAYSIA	Dr L.W. Jayesuria Dr R. Dickie
NEW ZEALAND	Dr C.N. Derek Taylor
PHILIPPINES	Dr C.S. Gatmaitan Dr T.A. Gomez Dr A.N. Acosta
PORTUGAL	Dr N.C. de Andrade Dr M.F. Matias
REPUBLIC OF KOREA	Dr Youn Keun Cha Dr Chang Dong Min Dr Hyang Jong Park
REPUBLIC OF VIET-NAM	Dr Duong Cam Chuong
UNITED KINGDOM	Dr C.H. Gurd



- 1 ELECTION OF THE REGIONAL DIRECTOR: Item 11 of the Agenda  
(Document WP/RC16/4)

The Committee went into private session at 3.00 p.m. and resumed  
in public session at 4.30 p.m.

The CHAIRMAN announced that at the private meeting, the Committee had adopted the following resolution:

"The Regional Committee,

Considering Article 52 of the Constitution,

In accordance with Rule 51 of its Rules of Procedure,

1. NOMINATES in the order of preference as indicated by the order of their election the names of the following persons for the post of Regional Director for the Western Pacific:

Dr Francisco J. Dy  
Dr R.W. Greville

2. DECIDES that these names shall be submitted to the Executive Board; and

3. REQUESTS the Director-General to propose to the Executive Board that it authorize him to issue a contract to the Regional Director for a period of five years from 1 July 1966."

- 2 REPORT OF THE REGIONAL DIRECTOR: Item 12 of the Agenda  
(Document WP/RC16/5)

The REGIONAL DIRECTOR, in introducing the Annual Report, informed the Committee that in this year's report an attempt had been made to summarize the situation when WHO established a temporary office in 1950, to mention some of the major developments in order to give a picture of today and - most important of all - to look to the future.

He considered that governments in the Region could be proud of what had been achieved. Despite unsettled conditions in a number of areas, there was not one country which could not show some tangible evidence of the efforts made to improve the health of its people. National departments of health had been strengthened; in some countries long-term planning had become a reality; the importance of preventive medicine had been recognized; services were being extended to areas where even curative medicine had not been available before; measures to combat the communicable diseases had been improved; immunization programmes were being expanded everywhere; regional training facilities had been developed; there were more trained staff available - although never enough - new ideas and methods were being introduced. However pleasant it would be to dwell only on achievements, the situation had to be reviewed objectively. The Report mentioned, therefore, problems as well as progress. He did not intend to give a detailed account of either but wished merely to mention a few selected points which he believed merited attention.

Possibly one of the greatest problems facing health workers, particularly in the developing countries, was how to obtain the necessary funds not only to raise the standard of health of the people but to maintain what had been achieved. So often progress had been slowed down because of insufficient funds to improve the buildings selected for centres or clinics, to purchase the necessary supplies, to give more adequate pay to the staff, to provide the transport required if services were to be expanded to the periphery,

to maintain the equipment. Services started had sometimes limped along and, in some cases, had ceased all together because the facilities necessary to maintain them had not been provided. It would be unwise to embark on new programmes unless there was adequate financial support to ensure good results and to maintain the results achieved.

The income of the health workers must be raised. This was so low in many developing countries that doctors and nurses often left government service to work in private practice, many even sought employment abroad. This meant a loss to the country and in a way a loss to WHO. If this trend continued, it would never be possible to provide the health workers required.

Sufficient funds must be made available at the national level to support the health programme. The economic planners must be convinced that without good health, social and economic development would be a very slow process indeed. They must realize that investment in health was one of the most successful investments a government could make.

The next point to which the Regional Director referred was the need to strengthen and expand regional training facilities so that staff might study and learn in environments similar to their own. The shortage of well-qualified and trained medical and health personnel would remain a deterrent to the development and improvement of health services for some years to come. Every possible effort must also be exerted to improve and expand national training programmes so that governments could produce as rapidly as possible their own supply of well-trained health personnel. The staff trained abroad should

be used in the best way possible to the mutual benefit of themselves and their countries and, most important of all, they should be given the facilities so that they could perform their work competently.

Further efforts would be required to combat malaria, tuberculosis and El Tor cholera. Although there had been no recent outbreaks of smallpox, every effort must be made to maintain the status quo and make sure that it did not again invade the Region. One of the items on the agenda was world-wide smallpox eradication, which could be achieved if there was a co-operative effort on the part of all governments. He suggested that this was one of the priorities to which full attention should be given in the next few years.

Finally, there was the question of environmental sanitation. This was a field where the financial requirements were so tremendous that it sometimes appeared as though little progress had been made. In some countries there were still no proper sewerage systems, garbage disposal was still primitive, water supplies inadequate and unsafe. If environmental sanitation services were improved, many of the gastro-intestinal diseases would disappear. Work in this field cost money but there were a number of international organizations which were willing to invest funds to assist governments to deal with this problem. This was another field to which priority should be given in the future.

The Regional Director then stated that he was fully aware that there were many achievements in many countries which were not recorded in the Report. It had, however, only been possible to refer to the activities which had been carried out with WHO assistance. He emphasized, however, that no progress would have been possible without the

understanding, sympathy, interest and goodwill of the governments in the Region.

On the suggestion of the CHAIRMAN, the Report was discussed section by section.

Part II, Section 2.4: Radiation Health and Radiation Medicine  
(pages 49-50)

Dr TAYLOR (New Zealand) recalled that during the discussion of this subject at the fifteenth session of the Regional Committee the New Zealand Representative had not been present as he had been engaged in a committee dealing with the proposed alterations to the Rules of Procedure. He had thus been unable to contribute to this item. He therefore wanted it to be recorded that over the twenty years since the enactment of the Electrical Wiring (X-Ray) Regulations in 1944, New Zealand had maintained a complete record of all X-ray installations, and for at least sixteen years since the enactment of the Radio-Active Substances Act of 1949 this radiation protection service had covered all aspects of radiation hazard. A copy of the annual report of the National Radiation Laboratory and a copy of a booklet giving a short history of the Laboratory and its activities would be handed over to the Secretariat. His Director-General of Health would be glad to send copies to the representatives who might be interested.

Part II, Section 6.1: Bacterial and Diarrhoeal Diseases  
(pages 76-78)

Dr HSU (China) referred to the table on page 78 giving the number of El Tor cholera cases and deaths reported from the Region from 1961



to 31 May 1965 and drew attention to the fact that the carrier reported was in fact imported. He hoped that the table could be corrected. Since 1963 to date not a single indigenous case of cholera had occurred in Taiwan.

Section 6.3.1: Yaws (pages 85-88)

Dr ANDRADE (Portugal) referred to the section on yaws and stated that at the last session of the Regional Committee there had been a note in the Regional Director's Report concerning the lack of information on the situation in Portuguese Timor. He had informed the Committee at that time that a control programme was in operation. He wished now to add that only 7 per cent. of the population (about 35 000) were in hyper-endemic areas and less than 5 per cent. (about 25 000) in meso-endemic or hypo-endemic areas. Mass treatment had been started in the hyper-endemic areas and this would be followed by the treatment of early cases in the hypo- and meso-endemic areas.

Section 5: Malaria (pages 69-75)

Dr HSU (China) reported that, as mentioned in the Regional Director's Report, the malaria eradication project had been completed last year in the Province of Taiwan, China. He understood that the Province was now registered as a malaria-free area. On behalf of his Government, he expressed deep appreciation to the World Health Organization and to the staff of the Regional Office for the extensive assistance given to the project. He also took the opportunity to thank the Government of the United States of America, for the assistance given by the Agency for International Development.

Dr WATT (United States of America) stated that the Regional Director's fifteen years of practice had paid off quite well. This report was one of his best efforts and certainly a worthy tribute to his abilities and leadership over the last fifteen years. He had found the report readable and informative, one which had set a high standard for the Regional Director's successor. He hoped, however, that the Regional Director, before he left, would do one more service for the Region, something he had started really when giving his verbal introduction. Dr Watt stated that after reading the report, he had felt that the Regional Director had been rather modest, he had held back somewhat and only hinted at what might be done in the future. In his verbal introduction, however, the Regional Director had given an even better impression of his ability to see the future than could be obtained from the document. It would be quite important for the guidance of his successor and also for the representatives who met annually to review the progress in the Region, if he were willing to set out the goals which he could see achievable by collaborative work in the Region. For example, the Regional Director had mentioned much more forcibly and definitely in his speech his conviction that smallpox was something that did not have to exist. The combined efforts of all countries could assure that it would no longer affect the peoples of this region. This would also make Dr Candau's job easier when it came to seeing that the other regions of the world did as well as the Western Pacific.

Dr Watt then referred to the subject of cholera. History had shown that this was a disease mankind did not have to have. The areas that had been invaded by this micro-organism had freed themselves of

the disease many times, only to have it re-invade the territories once free. This was a tragedy but it showed with certainty that the Western Pacific did not have to have cholera. Ways must therefore be found, and could, to rid the Region of the disease. The Region was a long way from saying that it knew what those ways were, certainly this was true for the endemic home of this micro-organism. The fact that it knew how to fight back against those defenses man had raised had been shown in the last four years by the way the El Tor vibrio had left its ancestral home and involved many regions normally free of this organism. As a result of the fifteen years' work done, the base and experience were now available to do the job seriously and to find out where this organism was and where the disease was, so that an attack could be organized against it in such a way that the objective of not having cholera would be achieved. This was something at which the Regional Director had also hinted in his speech. Before Dr Fang left, Dr Watt hoped that he would sit down and leave his conservative, normal, deliberate self as the Regional Director, and put on the hat of the man who would really lay down the goals of the future. When he had done so, Dr Watt was sure that everybody would be glad to follow his suggestions.

Dr GURD (United Kingdom) also congratulated the Regional Director. The programme for the Region had been gradually built up over the years to the comprehensive level of today. The Regional Director had earned the gratitude and admiration of the medical administrators of the area because this widely-based programme had been built up on relatively lean financial resources. A solid structure now existed which would provide a sure basis for the incoming regional director to build upon.

Dr ORSINI (France) thanked Dr Fang for the Report he had submitted to the Committee. While reading it, he had been mainly struck by the fact that it provided very clear guidelines for public health administrators. By looking back, it was possible to measure the efforts made and the results obtained which it was hoped would be still more positive and numerous in the future. Referring to the introductory remarks of Dr Fang, Dr Orsini stated that he appreciated the philosophy of the past fifteen years. Doctors could recommend such and such operations to governments but it was very difficult to obtain the necessary funds. It was in the compromise between the desire and conviction on the one hand and the satisfaction of the needs on the other wherein the future of this region lay. The countries in the Region presented very different problems according to the sector concerned but as a whole the results obtained by Dr Fang had been very positive and were very encouraging for the future.

Dr IN SOKAN (Cambodia) extended his thanks to Dr Fang who had spared no effort to realize the objectives of the Organization. His Government greatly appreciated his qualifications and was impressed by the account given in the report of the progress made.

Dr GATMAITAN (Philippines) stated that the Report, which covered the dramatic transition in fifteen years of health conditions in the Western Pacific Region, was a written history singular in itself. The Philippine Government was specially pleased to have observed that the activities of WHO in this part of the globe had so judiciously spread to the basic health needs of a developing country, beginning from the most needed items such

as campaigns against communicable diseases, strengthening of the basic national health services, the improvement of the environment and training and education programmes. It wished to express its gratitude for the valuable technical assistance given by the Regional Office to its public health, tuberculosis, leprosy, malaria eradication and medical care programmes. One significant event in the country's programme of medical care was the recent adoption of the Hospital Licensure Law. The Philippine Department of Health could now supervise properly not only government hospitals but also privately operated ones. In the health education programme attention had recently been given to environmental health, maternal and child health and the prevention of El Tor cholera.

He wished also to take this opportunity to convey his Government's respects to the Government of Japan which, with WHO, had splendidly joined efforts in the pursuit of knowledge about El Tor cholera. The studies were going on very well and had already resulted in significant findings from which the Region would benefit greatly. His delegation agreed with Dr Fang's comments that in this part of the world communicable diseases would continue to place a heavy burden on health administrations for many years to come. It was, however, confident that all Member governments would respond with understanding and with their resources to meet this need.

The CHAIRMAN suggested that the Rapporteurs draft an appropriate resolution for presentation to the Committee. (For consideration of draft resolution, see minutes of the fifth meeting, section 2.)

### 3 STATEMENTS BY REPRESENTATIVES OF THE UNITED NATIONS AND SPECIALIZED AGENCIES

At the invitation of the Chairman, the following Representatives presented statements.

#### 3.1 Representative of the United Nations, Technical Assistance Board and United Nations Special Fund

Mr LUCAS conveyed to the Committee the very best wishes of the Secretary-General of the United Nations, the Executive Chairman of the Technical Assistance Board, Mr David Owen, and the Managing Director of the United Nations Special Fund, Mr Paul Hoffman. The Technical Assistance Board and the Special Fund were closely associated with WHO and other specialized agencies of the United Nations and so the decisions of this meeting would be of great interest to the Executive Chairman and the Managing Director. On the personal plane, he had had the greatest pleasure in his short but memorable association with Dr Fang and would like to wish him good health and prosperity in retirement.

#### 3.2 Representative of the United Nations Children's Fund

Mr McBAIN conveyed to the Committee the greetings of UNICEF and good wishes of Mr Brian Jones, his Regional Director. This was the first time that such a meeting had been held in the Republic of Korea and the event signified the increasing interest of the Government in the development programmes of the United Nations and its specialized agencies. Those present would have an opportunity of noting the significant evidence on all sides of a country in the progressive stages of national development. WHO and UNICEF had been playing an active part on an increasing scale in the health and social welfare aspects of this development.

From the first days of the Regional Office for the Western Pacific, WHO and UNICEF had been associated in friendly co-operation in a number of projects. He wished to express his own and his colleagues' warm appreciation of the effective assistance they had received from WHO. Although UNICEF was interested in a wide range of activities benefitting children and youth, health programmes continued to absorb the majority of its funds.

Mr McBain then referred to two significant trends in UNICEF philosophy. The first was the increasing effort to encourage and assist governments to include deliberate and carefully designed plans for children and youth in their general development planning. A separate sector for children per se was not proposed, but efforts to co-ordinate activities among the various ministries and government departments whose responsibilities included in one way or another the welfare of children and youth, so that this neglected sector of the population - numerically over 40 per cent. in most countries - might receive special thought, in the interest of assuring healthy, educated and productive future citizens who could play their part fully in national development. Related to this general subject was the problem of adequate national budgets for health, education and social welfare. In many countries of the Region, this matter could bear objective examination in the light of modern socio-economic knowledge, with a view to establishing whether it was really a fact that the human resources sector of the various economies was receiving all the attention countries could afford. UNICEF believed that if governments could be encouraged to regard expenditures on health, education and social welfare as investments,

it would be found possible to increase substantially the sum annually allocated to programmes in these fields, thus encouraging increased participation by the United Nations and the bilateral agencies. He referred to the theme of World Health Day some years back, "The Cost of Sickness and the Price of Health", and suggested that it was possibly the time when, with the assistance of the economists, the human resource factors in development might be studied further.

The second aspect to which UNICEF was now giving attention was how to reach the pre-school child aged one to six years. Studies had shown that insufficient attention appeared to have been given to preventive health measures, home and community care, nutrition, and early education for this group. They would, however, be given particular emphasis in future project planning for UNICEF assistance.

In closing, Mr McBain paid tribute to the retiring Regional Director. All those who had worked with him in both UNICEF and WHO had enjoyed the happiest and most constructive of relationships, had benefitted from his wise advice and guidance, and would always remember his warm and cheerful personality. Finally, Mr McBain pledged UNICEF's co-operation to the new Regional Director and stated that his organization looked forward to many years of effective joint activity in expanding health projects in the Region. (For further statements presented, see minutes of the third meeting, section 4, fourth and fifth meetings, section 1.)

The meeting rose at 5.15 p.m.