ESTABLISHMENT OF AN ASIAN MEDICAL COOPÈRATION ORGANIZATION

Medical cooperation enterprises sponsored by the Japanese government have now reached an annual expenditure of one billion yen. These projects are now operated under bilateral agreements, but because medicine knows no frontiers, joint action by the countries concerned is imperative in order to combat viruses, bacteria and other menaces to health. As a fundamental prerequisite to such action surveys must be taken to gather statistics on health and hygiene, using a common standard for all the countries concerned. We intend to cooperate with the regional WHO office and base our plans on their recommendations.

The Asian Medical Cooperation Organization is to be supported by the governments of the member countries as well as private organizations within those countries. Thus, if cooperation between two or more countries is attained, it will be well-balanced, and this cooperation can be expected to be adequately adopted to the peculiarities of the region involved. The greatest problem now facing medicine in Asia is that of solving the grave shortage of physicians, surgeons, nurses, attendants and other paramedical technicians.

To solve this problem, it will be necessary for us to provide a medical training school, to be established by the Asian Medical Cooperation Organization and to be staffed by instructors from advanced countries in Europe and America. Such a step would, it is believed, solve the problem of medical licenses and their recognition because they would be issued by an institution of international reputation.

Draft proposal received by the Regional Director from the Overseas Technical Cooperation Agency, Japan.

THE ESTABLISHMENT OF THE ASIAN MEDICAL COOPERATION ORGANIZATION (AMCO)

In accordance with the methods of the Asian Productivity Organization (APO), the establishment of AMCO shall be promoted as shown below, in order to stabilize civil welfare in Asia, to strengthen solidarity, to develop regional cooperation along with the active promotion of the medical cooperation campaign against diseases and for population projects in Asia:

1. Participating Countries and Inauguration.
   AMCO shall be inaugurated with the participation of those countries which support the objects of AMCO, and upon the conclusion of agreements among them.

2. Organization.

   Governments of participating countries ----- Medical cooperation agencies of participating countries (governmental and private)

   Board of general ----- Board of directors (directors appointed by each government) ----- Board of deliberation

   Committees -------- Secretary general ----- Assigned expert countries

   Secretariat

   a) There shall be six (6) committees at the outset for administration, approval of seminars, regional prevention and elimination of epidemics, family plannings, surveys and statistical research, and the establishment and operation of international medical school.
   b) The Board of Directors shall determine plans or projects, revenue and expenditure in the budget and other important matters.
   c) The Overseas Technical Cooperation Agency, an organization of the Government of Japan, and the International Medical Foundation of Japan, a private organization, shall be the medical cooperation agency

on the part of Japan, and the latter shall build and operate a hospital, and shall maintain close contact with the International Medical School. And a family planning training center shall be established. All its operation shall be taken care of by the IPPF.

3. Financial Resourses.

   a) Each participating country shall contribute an annual share calculated as a certain percentage of the national income.

   b) Special donation by the Government of Japan.
   The Government of Japan shall make a special donation every year.

   c) Requests shall be made for annual donation from countries and sources other than AID, the Ford Foundation and participating countries.

   d) Share for International Medical College.
   Requests shall be made to countries and sources other than the government of Japan, AID, and the Ford Foundation for assistance in its construction and operation fund. The International Financial Corporation (IFC) shall, if possible, take care of requests of donations.

4. Establishment of Asian Medical Cooperation Fund.
   The Asian Medical Cooperation Fund, as capital for comprehensive projected construction of medical training facilities and other facilities connected with medical matters in Asia for the future shall be established, and this fund shall be affiliated with AMCO.

NECESSITY FOR THE ESTABLISHMENT OF AMCO

(1) In Asia, comprehensive cooperation throughout the region is now becoming difficult when still dependent only on the current system of bilateral agreements between countries. Particularly as the promotion of regional solidarity, tendancy toward rapid increase in population, shortage of food, and so forth are major issues today, the necessity for the establishment of AMCO is recognized to a greater extent.

(2) Pathological bacteria infiltrates all frontiers. For instance, the prevention of cholera necessitates joint regional cooperation. The virus for vaccine which has been discovered at the Thai Virus Center should be utilized jointly as a regional extermination policy measure. The planned implementation of this measure will demand the establishment of AMCO. The prevention and medical treatment of such diseases under tropical conditions as veneral diseases, malaria, filaria, TB, leprosy, infantile paralysis, parasites, skin diseases, etc. are similar.

(3) Since its establishment of seven years ago, APO has made great contributions toward economic advancement, the campaign to promote productivity in Asian countries being strengthened along with the cooperation of participating countries. But medical cooperation in the region demands more concreteness and realism. Therefore, a direct policy for the establishment of the International Medical School and medical cooperation fund should be worked out. This makes us believe that it is urgent and inevitable for the Asian region to establish AMCO.

(4) Delicate problems such as family planning are difficult for outside countries to understand because of such factors as religion, caste, etc. Therefore, it is imperative that planning should be put into practice, judging from the characteristics of those problems, by private organizations such as IPPF and the Family Planning Federation on the basis of voluntary decisions by the countries concerned and acting on observations of the circumstances in other regions.

CONCEPTION OF AN INTERNATIONAL MEDICAL COLLEGE

1. Purpose of Establishment.

   The purpose is to eliminate the serious shortage of physicians, surgeons, etc., to train personnel to be able to cooperate in matters of mutual medical interest and to realize an increase in cooperation by using medical licenses and degrees which will be recognized throughout the whole region.

2. Standards for acceptance of students.

   Students who have completed the Bachelor of Arts course will be given an entrance examination, and when they pass it, they will be trained in the specialized course.

3. Language of Lectures.

   All the lectures will be conducted in English.

4. Faculty.

   The faculty will consist of authorities from the advanced countries.

5. Treatment.

   The students will be treated on the same basis as those of other foreign students at Japanese government expense.

24 August 1967

SOCIAL ASPECTS OF EXTENSION OF HEALTH SERVICES

(A brief prepared by Social Development Division, Department of Economic and Social Affairs, New York, for representatives of the Economic Commissions for Africa, Asia and the Far East, Europe and Latin America, attending the 1967 session of the WHO Regional Committees)

Distributed to Representatives attending the eighteenth session of the WHO Regional Committee for the Western Pacific at the request of the Secretary of ECOSOC.

1. The social and economic value of good health is an established fact. What is not so clear is how to socially implement the scientific, medical advances which would make good health possible. The deliberations in both the Commission for Social Development's 18th session and the 42nd session of the Social Committee of the Economic and Social Council, on the World Health Organization report on the social questions relating to the extension of health services reflect this concern.

2. The report by the World Health Organization was significant not only because it represented the first of a series of annual reports to the Commission by the specialized agencies on main issues in the extension of health, education, employment and nutrition, but because the findings, conclusions and recommendations following the debate demonstrated that social diagnosis and the creation of a social framework for the practice of medicine is as important in terms of delivery and utilization of good medicine, as are the scientific achievements of medicine.

3. The problems of social diagnosis apply to all countries, the developed and the developing. They can be stated simply, but their solutions are enormously complex. For example, in one highly developed country (United States), more children are beaten to death by their parents than die of leukemia; it is known that in many parts of the world, malnutrition would largely disappear if tropical mothers would feed their children with foods readily available; medical educators agree that there are many elements in a physician's job that can be performed by non-physicians; and the importance and influence of social and environmental factors on disease and the available and innovative methods of care, are well known. The recrudescence and extension of certain infectious and communicable diseases, such as the

venereal diseases, trypanosomiasis, plague and yellow fever, cholera, bilbarziasis and infectious hepatitis all reflect problems in social diagnosis and control. Social diagnosis and control looms even larger in the chronic and degenerative diseases in society, especially the nutritional and deficiency diseases, and the mental disorders. And, of course, good housing which is rat free and vermin free, potable water, clean air and planned cities are all social aspects relating to the extension of health services.

4. An example of the need to integrate the medical armamentarium into overall social and economic planning of countries is found in the problem of malaria eradication in Africa. It is well known that malaria exacts a tremendous social and economic toll in death, ill-health, and absenteeism. Indeed, in Nigeria alone there are at least 50,000 deaths per year in children under five years of age. Nevertheless, as many as sixteen African countries are not participating in any malaria eradication programme at all. In order to get such programmes started, it may be necessary as a first step to abandon the sectoral approach to health planning and budgeting and instead attempt to integrate health plans into the overall economic and social development plans of countries.

5. An analysis of the nineteen findings, conclusions and recommendations made by the Commission for Social Development, reveal four major categories of social diagnostic and social therapeutic concern: (1) Planning which is concerned with basic assumptions of health planners as they determine targets and set priorities; (2) the relationship between socio-cultural factors and health; (3) the collection of socio-cultrual data bearing on health, illness and the utilization of services; and (4) the relationships between health services and other social services.

(1) <u>Planning</u>. The concern here is to take the next steps made possible by the achievements of the World Health Organization Expert Committee which reported on "National Health Planning in Developing Countries," (Wld. Hlth. Org. Techn. Rep. Ser., 1967, 350). Here one would want to examine the entire relationship between the exigencies and demands of socio-political structure and the basic assumptions of health planners as they determine targets and set priorities. What is required is not only more and better statistics, but an analysis of the entire developmental frame of reference which determines both the options and the directions in the health sector in relation to overall planning, and which may at times result paradoxically in overplanning in relationship to the social and economic capacity of a region to support a health programme.

(2) <u>The relationship between socio-cultural factors and health</u>. The concern here in the broadest sense is between the cultural behaviour of peoples and how this relates to health behaviour and health innovations. Such an approach to the problems and programmes of social medicine would range all the way from consideration of the variable utilization of health services, acceptance and rejection of health programmes, to uses of indigenous folk healers.

(3) <u>Collection of socio-cultural data of use to social medicine</u>. The concern here is with an organized, systematic approach to the collection of socio-cultural data that bear on health,

illness, and the utilization of services. Such cultural information about dietary habits, child rearing practices, social values and attitudes bearing on fertility, sanitation and the like, could all make a contribution not only to epidemiology concerning the different incidences of diseases by ethnicity and class, but could also contribute to action programmes of health planners as they seek to focus on the needs of target populations.

(4) Relationships between health services and other social services. Here one is concerned with the entire spectrum of those health and social services which affect the levels of living of peoples. Health is not only affected by the availability and utilization of hospitals and clinics, but by the availability and utilization of all the social defence and welfare services. In that sense, the World Health Organization definition of health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" embraces all the welfare systems into the health system. The links between these various systems are important in order to understand and effectively deal with such problems as disability, mental illness and family planning.

WORLD HEALTH ORGANIZATION | ORGANISATION MONDIALE DE LA SANTE

WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR THE WESTERN PACIFIC

REGIONAL COMMITTEE

Eighteenth Session
Taipei
13-19 September 1967

3 July 1967

ORIGINAL: ENGLISH

NOTES FOR THE INFORMATION OF REPRESENTATIVES

Opening ceremony : Wednesday, 13 September 1967, 10.00 a.m. Place to be announced in due course.

Place of meeting (Regional Committee) : Centre for Public and Business Administration Education, National Chengchi University, 187-1, Chunhua Road, Taipei

BEFORE ARRIVAL

Quarantine requirements: Immunization against smallpox is compulsory. Representatives proceeding from or through areas infected with cholera should be in possession of a valid vaccination certificate.

A valid entry visa is required (see diplomatic).

Cable estimated time of arrival, including airline and flight number to the WHO Representative in Taipei (Cable address: UNISANTE TAIPEI) as soon as possible, giving details of membership of delegations, with full names and titles, and whether accompanied by dependents or not.

CLIMATE

The climate is subtropical, usually hot and humid and occasionally rainy in September. Temperature around 93-95° Fahrenheit. Evenings may be cool. Summer clothes and a raincoat are recommended. Ladies sensitive to cold may bring a cardigan. A dark suit is necessary for ceremonies and receptions. No formal evening dress is needed.

CURRENCY

40.00 NT$ = one US$. Change (US$ and/or travellers cheques) can be made in hotels, at the airport, and at the Bank of Taiwan. Importation of foreign currency must be declared upon arrival, so as to enable reconversion on departure.

ON ARRIVAL

You will be met at the Sung Shan International Airport by representatives of the host government. The routine procedure at the airport will be simplified as much as possible for you.

If it has not been possible for you to obtain a visa before your departure from your home country, arrangements have been made for it to be granted at the airport at the time of arrival. For this purpose, it will be necessary to cable in advance to "UNISANTE TAIPEI" the details of your passport, viz.: kind of passport, number, place of issue, date of issue, and validity.

DURING STAY

Rooms will be available for Representatives and possible dependents at the "President" and "Ambassador" hotels, located downtown. Prices are from US$10.00 to US$12.50 for single and twin-bed rooms.

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Prices of meals are as follows:

- Breakfast .... US$ 1.10 - 1.20
- Lunch .... US$ 1.75 - 1.80
- Dinner .... US$ 2.25 - 2.40

Buses will be put at the disposal of Representatives for transport from hotel to place of meeting and back.

OTHER INFORMATION

Upon arrival, representatives will receive various information booklets on Taiwan, and brochures showing tourist attractions, restaurants, postage and cable rates and miscellaneous information.

DIPLOMATIC

The following countries in the WHO Western Pacific Region have an embassy in Taipei: Australia, Japan, Korea, Philippines, USA and Viet-Nam. In addition, there is a British Consulate.

There are Chinese diplomatic missions abroad in the following countries and territories of the WHO Western Pacific Region:

Embassies in	:	Australia, Japan, Korea, New Zealand, Philippines, USA and Viet-Nam
Legation in	:	Portugal
Consulates General in	:	Honolulu, Hawaii Osaka and Yokohama, Japan Sydney, Australia
Consulates in	:	Cebu, Philippines Davao, Philippines Hué, Viet-Nam Kuala Lumpur, West Malaysia Melbourne, Australia Nagasaki, Japan Timor-Dili

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UN Addresses:

- UNDP, 39 Chi Nan Road, Section III; Tel: 73176-73177
  Resident Representative: Mr Knut H. Winter
- UNICEF, Liaison Office, 5 Chungshan Road South; Tel: 28187
  Chief: Mr Y.C. Chen
- WHO, 5 Chungshan Road South; Tel: 34657
  Representative: Dr P.L. Fazzi

OTHER ADDRESSES

There are catholic churches, protestant missions, a moslem mosque, a Taoist temple and several Buddhist temples in Taipei.

Addresses of these, as well as of airline companies, travel agencies, banks and clubs can be requested from the Public Information Officer, Mr G.M. Bovay.

GENERAL INFORMATION ON TAIWAN

GEOGRAPHICAL

An oblong island of some 14 000 square miles, with a population of about 12 700 000, Taiwan lies off the China coast with the Taiwan Strait to the west and the Pacific Ocean to the east. About 250 miles tip-to-tip and 90 miles in its widest girth, the island is subtropical with no winter, and no tingling cold. Snow can be found only on high mountains during the winter.

In literal translation, "Taiwan" means terraced bay, named more or less after the pattern of its topography. From coastal plains to mountainous hideouts rise layer after layer of foothills where rice paddy fields are terraced - the mainstay of the islands teeming millions.

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Although in popular parlance and colloquial jargon many foreigners call it "Formosa" (The Beautiful), the Chinese always prefer "Taiwan" to a foreign name.

POLITIC

The island was returned to the Republic of China at the end of World War II in 1945. Taipei was made the provisional capital of China in 1949. In the past 16 years, national affairs have been run by the National Government which is composed of five Yuan - Executive, Legislative, Control, Judicial and Examination. The five cardinal branches of government are responsible to the President who is elected every six years by a people's representatives body - the National Assembly. The Executive Yuan is analogous to cabinet and the Legislative Yuan to parliament.

Provincial administration has been within the bailiwick of the Taiwan Provincial Government which moved to the middle of the island near the city of Taichung in 1957. The governor is appointed by the National Government, although the state legislature - the Taiwan Provincial Assembly - is made up of people's representatives elected by universal suffrage every four years. A self-government programme was put into effect in 1950. Since then, all the magistrates and mayors, as well as members of the county and city councils are elected by secret ballot every four years.

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ECONOMIC

Predominantly agricultural, the island has vast economic potentials which are made doubly rich by congenial climate and fertilized soil. The lot of the farmers, which constitute 60% plus of the population, has been greatly improved with the successful completion of the land reform programme. In the past decade and a half, most of the erstwhile share-croppers have been made independent tillers.

The chief staple is rice. Its yearly crops, two in the north and three in the south, have spiraled up in the past years. In view of the comparatively limited arable acreage - about one-third of the total area - the rice productivity is high and surpluses are exported.

Sugar and tea are the two chief foreign exchange earners. Sweet potatoes, peanuts and vegetables are also produced in quantity. Animal husbandry has been enormously improved.

Forests contribute greatly to the lumber and logging industry.

INDUSTRIAL

Considerable efforts have been made to develop hydroelectric power stations. Sugar leads the industries with food products, followed by tea. Aluminum, cement, alkali, paper, metals and textiles are the other major industrial items.

Ores are also found in the island. Coal and oil take the lead with gold, copper and silver produced in some quantity. Fisheries are also in the upswing, as fish is, with rice, the major dietary item for the islanders.

The special feature in the past decade has been the fast development of the textile industry and of other consumer goods.

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The newest, however, is the plastic industry, which has become in a few years one of the biggest industries in Taiwan.

CULTURAL

The cultural characteristics in Taiwan may be best expressed as the amalgamation of the old chinese philosophy and modern thinking, eastern and western. Underlying every chinese thought, there are influences of Confucianism and Taoism. Both are proper ethics and religion in China. Buddhism also gave a strong influence to Chinese culture. Introduction of modern science and thought have caused some changes. This situation results in an evolution of human society patterns, from the old to the young generations, from the conservative to the progressive. It is changing from the large family life when the head of the family had absolute authority, to small families where husband and wife share authority and responsibilities. No more can hereditary social status claim high position; democracy and popular education have brought equal chance to all who has the will.

FOOD

Taipei, of course, is a world capital in Chinese food. Nearly all the regional styles and tastes of food found in the vast Chinese mainland have their replicas in Taipei. So you can have Chinese cooking the Peiping, Shanghai, Canton, Szechuan or Hunan style.

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