



REGIONAL OFFICE FOR THE WESTERN PACIFIC
BUREAU RÉGIONAL DU PACIFIQUE OCCIDENTAL

REGIONAL COMMITTEE

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THE ESTABLISHMENT OF A WHO MEDICAL SCHOOL
IN THE WESTERN PACIFIC REGION

Report by the Regional Director

INTRODUCTION

In compliance with resolution WPR/RC18.R7 adopted by the Regional Committee at its eighteenth session, the Regional Director has the honour to submit a report on medical education in the Region and the type of assistance being provided by WHO.

The report is composed as follows:

1. Data concerning medical educational facilities in countries of the Region.
2. Outline of the form of WHO assistance being given in the field of medical education.
3. Comments of governments on the proposal of the Malaysian Government to establish a WHO medical school in the Western Pacific Region.

Annex 1 - Statistical data concerning countries in the Region with medical schools.

Annex 2 - Statistical data concerning countries in the Region without medical schools.

Annex 3 - Comments of governments on the proposal of the Malaysian Government to establish a WHO medical school in the Western Pacific Region.

1 MEDICAL EDUCATIONAL FACILITIES IN COUNTRIES OF THE REGION

1.1 The World Directory of Medical Schools, third edition, 1963, is the most comprehensive source of information available on medical educational facilities in the Region. However, as a number of new schools have been established and important developments have taken place in existing schools since the 1963 Directory was published, questionnaires were distributed to all countries and territories in the Region in March 1968, for the purpose of collecting up-to-date information on the subject.

The response to the questionnaire was good and a great deal of valuable information was received. Relevant narrative sections of the 1963 Directory covering administration of medical schools, conditions of admission, curricula, examinations, etc. were brought up-to-date and although it has not been possible to incorporate the revised narrative sections in this report, amendments provided by governments have been noted for record purposes.

Of greater import are up-to-date statistical data which are included in this report (Annex 1), together with brief relevant comments submitted by Member countries and territories.

1.2 In 1951, when the WHO Regional Office for the Western Pacific came into existence, there were sixty-eight medical schools in the Region. Two of these, the Fiji School of Medicine and the Health Officers School in Cambodia, were for the training of assistant medical officers. At that time the population/physician ratio varied from 725 in New Zealand to 95 000 in Cambodia.

At the present time there are in the Region 98 medical schools of which:

85 are graduating students

13 are not yet graduating students

Three of the schools graduating students, namely those in Fiji, Laos, Papua and the Trust Territory of New Guinea, do not offer degree courses.

/The population ...

The population/physician ratio in the Region based on the most recent statistics available now ranges from 632 in New Zealand to 26 213 in Laos.

The population/physician ratio can be a useful index used by health administrations and health planners in referring to standards and availability of health services. Comparison of the ratios quoted in the 1963 World Directory with those currently quoted in Annexes 1 and 2 indicate that over the last few years there has been some improvement in most countries as far as the physician supply situation is concerned. Using the population/physician ratios of Annexes 1 and 2 it is convenient to place countries and territories in the Region in three main groups -

Group I - Population/physician ratio below 2000

This includes Australia, China (Taiwan), Japan, New Zealand, the Philippines and Singapore. Islands and territories in this group include: American Samoa, Gilbert and Ellice Islands, New Caledonia, Tokelau Islands and Trust Territory of the Pacific Islands.

Group II - Population/physician ratio between 2000 and 5000

This intermediate group includes Fiji, Hong Kong, the Republic of Korea and West Malaysia. Islands and territories include: Brunei, Guam, Ryukyus and Tonga.

Group III - Population/physician ratio above 5000

Included in this group are Cambodia, Laos, East Malaysia (Sarawak) and Viet-Nam. Islands and territories include the British Solomon Islands, Cook Islands, Niue, Papua and the Trust Territory of New Guinea.

1.3 Although different countries and territories will have their own particular views on the adequacy or otherwise of their supply of physicians, it would seem reasonable to state that in countries in Group I, the supply of physicians appears relatively satisfactory. However, it is recognized that with rising living standards and increasing populations, medical manpower needs are also increasing and no doubt further medical educational facilities will be required

/in these countries ...

in these countries in the near future. On a comparative basis, this group has a similar ratio to European (around 1000) and North American countries.

As far as territories and islands in Group I are concerned, the relatively favourable ratios can be misleading. Important factors such as distances, isolation and population distribution need to be taken into consideration in each case.

In countries in Group II, there may be a relative shortage of physicians. However, over the period 1954 to 1968, a good degree of improvement has occurred in countries in this group - Hong Kong, Republic of Korea. Countries in this group are now more or less in line with South American and several Middle East countries.

In Group III countries, the position of medical manpower is acute and most serious. This group has rates comparable to many of the new African States.

1.4 In the context of medical manpower, the much publicized "brain drain" warrants brief consideration. In the present day and age, this is a universal phenomenon. The affluent countries suffer less - in fact many benefit therefrom, while the most serious effects are felt in the developing countries. The Philippines, China (Taiwan), Hong-Kong and Republic of Korea are countries particularly affected by the "brain drain" - a sizable percentage of their medical graduates leave to take up more or less permanent residence abroad. The "brain drain" affects other health workers as well as doctors, and in the countries mentioned nurses, for example, also emigrate at a high rate. The "internal brain drain" in many countries is also a real problem with the flocking of the professionals to the cities leaving the rural areas sadly neglected as far as health services are concerned.

2 OUTLINE OF THE FORM OF WHO ASSISTANCE BEING GIVEN IN THE FIELD OF MEDICAL EDUCATION

2.1 In rendering assistance to countries in the field of medical education, as in other fields, the Organization places emphasis on the
/establishment ...

establishment and strengthening of the countries' own institutions and resources, and in particular the training of teachers. The present world-wide trend to orient medical education more towards the actual needs of the community is strongly supported.

Direct assistance by WHO to medical education, at the request of governments, may consist of:

- (a) the granting of fellowships for:
 - (i) graduate and post-graduate specialized studies abroad and - in special circumstances - undergraduate professional studies;
 - (ii) attendance at training courses and seminars;
 - (iii) special training in teaching;
- (b) the assigning of visiting professors and teaching staff to medical teaching institutions in connexion with:
 - (i) planning and organizing of new departments;
 - (ii) planning curricula; introducing new teaching methods;
 - (iii) strengthening research programmes;
- (c) assistance to governments in surveying the need for and planning of new medical schools and developing existing institutions;
- (d) the provision of teaching equipment and books. A book allowance is included in fellowship awards.

Indirect assistance and other activities may consist of:

- (a) the organizing of meetings on medical educational topics, such as:
 - (i) inter-regional and regional conferences, expert committees, study groups; support given to national conferences and to international conferences convened by other bodies;
 - (ii) international and inter-regional training courses, symposia and seminars, including travelling seminars;

/(b) the collection ...

- (b) the collection, collation and dissemination of information, publications and comments bearing on:
 - (i) reports of meetings under (a) above;
 - (ii) surveys of health legislation on education and training of medical, paramedical and health auxiliary personnel;
 - (iii) bibliographies on medical education;
 - (iv) world directories of schools of medicine, schools of public health;
- (c) studies on education and training problems, including those referring to teaching methods, examinations, educational standards, etc.

2.2 WHO collaborates closely with the United Nations (including UNICEF) and several of its specialized agencies (UNESCO, ILO, FAO). Such collaboration is based upon agreements between WHO and the other agencies and consists of representation at meetings of mutual interest and the convening of joint meetings, exchange of information and, generally, co-operation and consultation in all fields of common concern. For instance, while scientific education is a concern of UNESCO, medical and public health education and training (i.e., preparation of all professions engaged in the health field) are of primary interest to and the responsibility of WHO.

2.3 Assistance in the Western Pacific Region

Assistance in medical education in the Region actually commenced in 1953 with the awarding of fellowships to faculty members of medical schools for the purpose of their studying abroad. In this way, it was aimed to raise the standard of teaching in the schools. Fellowships of this nature are still being awarded to staff members of medical schools with an average of around twelve awards per year.

The first major programme of assistance in medical education was given to Cambodia, commencing in 1953. Through this project, which provided consultant lecturers and fellowships for teacher training, the teaching standards were sufficiently raised in the school to

/enable it to ...

enable it to be upgraded and to produce fully-qualified medical graduates. The first group of fully-qualified physicians graduated from the Royal School of Medicine in 1963. Equipment and supplies were also made available to the School. The teaching programme of the School has been further assisted through the giving of lectures to students by WHO staff stationed in Cambodia. For the 1970 programme and budget a recommendation has been made to assist the School in the form of consultant lecturers, fellowships, supplies and equipment.

Assistance to the Fiji School of Medicine began in 1955. Visiting lecturers in basic medical sciences were provided as well as fellowships to train faculty members. Teaching equipment and supplies were made available. The standard of the School has continuously risen and for many years now it has served as a major training centre for health personnel in the South Pacific. Indirect support is also given by WHO through the awarding of fellowships to students from surrounding territories to study medicine in the School. An average of ten WHO fellowships are enrolled for studies in any one year at the Fiji School.

A major programme of assistance was commenced in 1964 to the Faculty of Medicine, University of Malaya, Kuala Lumpur, with the offering of a number of fellowships for staff training abroad. Hospital administration, hospital records, biostatistics, internal medicine, public health nursing and nursing administration are fields covered by WHO advisory assistance. A tutor in laboratory technology was also provided to assist in the setting up of a training course for technicians to work in the Faculty and the teaching hospital. As the school becomes fully established with a permanent faculty it is envisaged that the nature of WHO assistance will change and in the place of long-term advisers, consultants in selected fields will be made available. It is intended that fellowships for staff training will be continued. The first group of graduates from the school will be in 1969.

WHO assistance has been given to the University of Singapore in the form of fellowships for the training of faculty members as well as advisory services in several fields, including nutrition, physiology,

/medical statistics ...

medical statistics, health education, the setting-up of a school of radiography and the establishment and operation of a cardiovascular laboratory. The services of a visiting lecturer in social and preventive medicine are being made available in 1968.

The University of Hué in Viet-Nam was scheduled to receive WHO advisory services in the teaching of preventive medicine during 1968 but because of prevailing conditions in Viet-Nam it has unfortunately not been possible to date to implement this project.

The WHO Regional Office for the Western Pacific has made an important contribution to the development of medical education through the holding of a number of educational meetings. In 1957, a study group was convened to consider the teaching of preventive and social medicine. In 1963, a conference of deans of medical schools was held in Manila. This latter meeting is now being followed-up with a traveling seminar on medical education scheduled to be organized in 1969. In 1967, a multiple seminar on paediatric education was held, with seminars being held in five countries in the Region. Through fellowship awards, many opportunities are also given to medical educators to attend WHO educational meetings held in other regions.

In recent years, WHO has fostered the development of national associations of medical colleges, following a trend which has emerged in many countries in other regions. The Organization participated in discussions which led to the formation of the Association of Philippine Medical Colleges in 1967. WHO advisers during field visits have discussed the possibility of national associations being established in other countries. As an extension of this idea, during the traveling seminar on medical education to be held in 1969, the feasibility of creating a regional association of medical schools will be examined.

WHO assistance to medical education has not been confined to the undergraduate field. Schools of public health and institutes of public health have been given considerable assistance enabling them to develop or strengthen graduate public health programmes.

Special consideration is also being given by WHO to the matter of teaching methods in medical schools. The first of a series of national workshops on this subject in the Region is expected to be held in Papua and the Trust Territory of New Guinea in 1969, to be followed by a further workshop in the Philippines in 1970. It is anticipated that similar workshops will follow later in other countries.

3 COMMENTS OF GOVERNMENTS ON THE PROPOSAL OF THE MALAYSIAN GOVERNMENT TO ESTABLISH A WHO MEDICAL SCHOOL IN THE WESTERN PACIFIC REGION

On 12 March 1968, a letter was sent to governments in the Region requesting their comments on the proposal to establish a WHO medical school in the Western Pacific Region. Specific replies were received from eight Member governments and six territories. Additional information was included in the questionnaires returned by four governments and seven territories. Copies of the replies or extracts from the questionnaires received from countries and territories are given in Annex 3.

COUNTRIES AND TERRITORIES IN THE WESTERN PACIFIC REGION WITH MEDICAL SCHOOLS

Country or territory	POPULATION			MEDICAL FORCE					MEDICAL SCHOOLS						SPECIAL CONSIDERATION IN MEDICAL SCHOOLS				
	LATEST CENSUS		Estimated at mid-year 1968	No. of physicians registered	Population per physician	AVAILABILITY OF PHYSICIANS IS CONSIDERED			Plans to meet future needs of physicians' supply	TOTAL OPERATING		Inhabitants per medical school 1968	New or planning stage	Degrees conferred	Annual average of graduates	ENROLLMENT LIMITATIONS			
	Year	Inhabitants				Adequate	Inadequate for following types	Areas affected		Already graduating students	Not yet graduating students					1st Yr	2nd Yr	Foreigners accepted	Shortage of teachers
Australia	1966	11 550 444	12 040 000	13 750	876 (860)	Yes	None	Some remote country areas	Some medical schools have plans for expansion and a new school is under consideration at Flinders University.	8	1	1 338 000	1	M. B. B. S.	1 017	Yes	Yes	Yes	No
Cambodia	1967	6 463 955		376	17 191 (27 000)	Yes	Specialists	Remote areas	Developing medical training	1	None	6 463 955	None	M. D.	24	No	No	Yes	Yes
China	1967	12 716 252	13 069 914	9 166	1 387 (1 500)														
Fiji	1966	476 000	483 247 ^{1/}	208	2 323 (5 900)	No	General duty medical officers	Larger hospitals and out-patient departments	Increased output from Medical School.	1	None	483 247	None	D. S. M.	9	Yes	Yes	Yes	Yes
Hong Kong	1966	3 732 400	3 918 400	1 603 ^{2/}	2 444 (3 100)	No	General practice	Basically a small geographical area	Increased intake of medical school.	1	None	3 918 400	None	M. B. B. S.	120	Yes	Yes	Yes	No
Japan	1965	86 274 961	100 597 000	110 759	907 (880)	No	Public health and medical research	Remote areas	Increase quota of students in medical schools. Improve remuneration of physicians.	46	None	2 184 984	None	B. S. M.	3 225	Yes	Yes	Yes	No
Korea (Republic of)	1967	29 207 856	30 252 495	12 740	2 374 (3 500)	No	Physicians	Remote rural areas.	Implementation of manpower supply plan.	9	3	3 361 388	None	M. D.	875	Yes	Yes	Yes	No
Laos *	-	-	2 700 000	103	26 213 (45 000)	Yes	-	-	Training of MDs in Laos after establishment of the relevant section (basis of a future faculty).	1	None	2 700 000	None	Medical Assistants	10	Yes	Yes	Yes	Yes
Malaysia (West)	1967	6 278 763	8 300 837	1 915	4 334	No	General practice	Eastern region of West Malaysia.	Recruitment of doctors from overseas; obtaining more training places in medical schools overseas.		1	8 300 837	None	M. B. B. S.	None yet	-	-	-	-
New Zealand	1966	2 676 919	2 760 289	4 349	632 (700)	No	Specialists and general practice	Rural areas	Establishment of new Auckland medical school.	1	1	2 760 289	1	M. B. Ch. B.	100	Yes	Yes	Yes	Yes
Papua and the Trust Territory of New Guinea	1966	2 168 300	2 178 300	166	13 122	No	All types	All rural areas	Increased numbers trained in College.	1	None	2 178 300	None	Dip/Med.	-	-	-	-	-
Philippines	1960	27 067 685	35 883 000	23 995	1 495	Yes	-	-	-	7	None	5 126 143	None	M. D.	1 312	Yes	Yes	Yes	Yes
Singapore	1967	1 455 000	1 975 000	1 182 ^{3/}	1 862 (2 600)	Yes	-	-	From their Medical School.	1	None	1 975 000	None	M. B. B. S.	100-110	Yes	Yes	No	No
Viet-Nam	1967	16 067 136	-	1 107	14 514 ^{4/} (29 000)	No	General practice Specialists	-	-	2	None	8 053 568	None	M. D.	200	Yes	Yes	Yes	Yes

* No official census has been undertaken by the Government.

^{1/} Mid-year estimate, 1967.

^{2/} Excluding 114 provisionally registered practitioners as at 31 December 1967.

^{3/} Registered as at 31 December 1967.

^{4/} Based on 1967 population estimate.

(-) Figures represent population/physician ratio in World Medical Directory (-)

COUNTRIES AND TERRITORIES IN THE WESTERN PACIFIC REGION WITHOUT MEDICAL SCHOOLS

Country or territory	POPULATION			No. of physicians registered	Population per physician	MEDICAL FORCE				Plans to meet future needs of physicians' supply
	LATEST CENSUS		Estimated at mid-year 1968			Availability of physicians is		Areas affected	Where physicians are trained	
	Year	Inhabitants				Considered adequate	Inadequate for following types			
American Samoa	1965	25 000	26 000	21	1 238	No	Specialists	General	Suva and Hawaii	Training Samoan applicants in Suva and Hawaii.
British Solomon Islands Protectorate			145 630	25	5 825	No	General practitioners and specialists	All areas	Fiji	Increased number to train in Fiji School of Medicine.
Brunei	1961	84 249	150 853 *	36	4 190	Yes	-	-	-	Contractual employment outside state.
Cook Islands	1961	18 378	20 964	(N.Z.) 3	6 984	Yes	-	-	-	From Fiji School of Medicine and New Zealand medical school.
Gilbert and Ellice Islands	1963	48 780	56 550	30	1 885	No	General practitioners	All areas, particularly outer islands	Fiji	Training of local persons at Fiji school; retaining expatriate strength at present level.
Guam	1967	67 500	85 000	36	2 361	No	General practitioners, obstetricians, paediatricians	Entire island	U.S.A. and Philippines	By contract from the States and the Philippines.
Malaysia Sarawak, East Malaysia	1960	744 529	907 138	69	13 147	No	General medicine specialists	Rural areas and small towns	Singapore and Malaya	From Universities of Singapore and Malaya.
Niue	1966	5 194	5 260	(N.Z.) 1	5 260	Yes	-	-	-	From Fiji and New Zealand.
New Caledonia	1965	86 519	92 000	63	1 460	Yes	-	-	-	-
New Hebrides (U.K.)	1957	4 025	-	-	-	-	-	-	-	-
Ryukyu Islands	1967	962 000	965 000	408	2 365	No	All specialties	In rural areas and offshore islands	Japan	Develop and expand medical training and research programme to attract Ryukyuan medical graduates to return from Japan.
Tokelau Islands	1966	1 900	1 883	4	471	Yes	-	-	-	Ex Fiji Medical School.
Tonga	1966	77 429	80 000	25	3 200	No	University graduates Fiji School of Medicine graduates	Rural	Fiji, Papua/New Guinea and Australia	Training of nationals in overseas medical schools.
Trust Territory of the Pacific Islands	1967	91 448	95 100	48	1 981	No	General practitioners, specialists	District hospitals Outlying islands	Fiji and U.S.A.	Recruit foreign physicians while at the same time send as many students as are qualified for medical training abroad.
Western Samoa	1966	131 377	137 000	48	2 854	No	Specialists and general practitioners	Rural areas	Fiji	Advanced training for specialists and general practitioners in undergraduate schools under government and foreign assistance.

* Mid-year estimate, 1967.

1. LETTERS RECEIVED FROM GOVERNMENTS
ON THE PROPOSAL OF THE MALAYSIAN GOVERNMENT
TO ESTABLISH A WHO MEDICAL SCHOOL IN THE
WESTERN PACIFIC REGION

GOVERNMENT OF AMERICAN SAMOA
Office of the Governor
Pago Pago, American Samoa

Ref. GAS/11A-WHO
Serial: 705

27 March 1968

Dear Dr. Dy,

I would like to respond to your letter of 12 March 1968, regarding the establishment of a WHO Medical School in the Western Pacific Region.

The purpose of this letter is to let you know that at the present time we do not envision sending any students to such a school nor are we able to contribute any funds for the initial capital for the construction, equipping, and yearly operation of the school.

Our reasons for this action is simply that the University of Hawaii is planning on extending the growth of their medical school and we have already agreed to support them in their endeavour as much as we possibly can.

We do appreciate your bringing this request to our attention, however.

Sincerely yours,

OWEN S. ASPINALL
Governor

Dr. Francisco J. Dy
Regional Director
World Health Organization
P.O. Box 2932
Manila

MINISTRY OF SOCIAL SERVICES
Government Buildings
Suva, Fiji

Ref. 48/3/92

10 April 1968

Dear Sir,

Thank you for your letters No. WPRO-79 of 5 March and (WP)E2/77/13 of 12 March about the proposed establishment of a WHO Medical School in the Western Pacific Region.

2. I return herewith, duly completed, the questionnaire sent to me under cover of your first-mentioned letter.

3. In reply to your letter of 12 March, I am to inform you that the Fiji Government considers that the Fiji School of Medicine is adequate for its requirements. It accordingly does not envisage sending students to the proposed WHO Medical School, nor is it at present willing to contribute to the capital or recurrent costs of the school.

Yours faithfully,

(R.W. Baker)
Acting Secretary for Social Services

The Regional Director
World Health Organization
Regional Office for the Western Pacific
United Nations Avenue
Manila

Territory of Guam
OFFICE OF THE GOVERNOR
Agana, Guam
U.S.A.

27 March 1968

Dear Dr. Dy,

I recognize the need for additional medical schools in the Western Pacific Region for the training of physicians of high quality. Since, however, excellent training facilities are already available to us in the United States of which we are a part, I cannot foresee the utilization of a WHO medical school by Guam students. Under the circumstances, therefore, I regret that I cannot commit this Government to any financial support for the proposed school.

Sincerely yours,

MANUEL F.L. GUERRERO
Governor

Dr. Francisco J. Dy
Regional Director
World Health Organization
United Nations Avenue
Manila

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Colonial Secretariat
Lower Albert Road
Hong Kong

Ref. GR 1/5686/68

27 June 1968

Sir,

I have the honour to refer to your letter (WP)E2/77/13 dated 12 March 1968, addressed to the Colonial Secretary and am directed to inform you that the Government of Hong Kong regrets being unable to either send students to the proposed medical school or contribute funds owing to the present programme of expansion for the local University Medical School.

I have the honour to be,

Sir,

Your obedient Servant,

(J.W. Goodair)
for Colonial Secretary

Dr. Francisco J. Dy
Regional Director
World Health Organization
Regional Office for the Western Pacific
P.O. Box 2932
United Nations Avenue
Manila

EMBASSY OF JAPAN
Manila

29 July 1968

Dear Dr. Dy,

With reference to your letter (WP)E2/77/13 of 12 March 1968, addressed to the Minister for Foreign Affairs of Japan, concerning your enquiry to my Government on the proposed medical school, I wish to inform you, under instructions of my Government, as follows:

- (1) Upon the establishment of the proposed medical school, it is possible that Japanese students are sent to the school.
- (2) The Government of Japan is inclined to co-operate in the establishment of the said school, provided that the rest of the countries in the Western Pacific Region will also co-operate in it. However, the Government of Japan is not in a position to commit itself at present to contribute to the funds for the capital expenditure concerning the establishment of the proposed medical school and its yearly operational expenses.

Yours sincerely,

NADYOSHI MAEKAWA
Second Secretary

Dr. Francisco J. Dy
Regional Director for
the Western Pacific
World Health Organization
United Nations Avenue
Manila

TRANSLATION

MINISTRY OF FOREIGN AFFAIRS
ROYAL GOVERNMENT OF LAOS

Ref. 737/AE/OIC

20 May 1968

S i r,

With reference to your letter (WP)E2/77/13 of 12 March 1968, I have the honour to inform you that the Royal Government of Laos, because of financial difficulties, will be unable at present to make a contribution to the Malaysian project for the establishment of a WHO medical school in the Western Pacific Region.

Yours very truly,

For the Minister
Director of International
Organizations and Co-operation

Say VONGSOUTH

The Regional Director
World Health Organization
P.O. Box 2932
United Nations Avenue
Manila

British Residency
Vila, New Hebrides

Ref. F.368/8

29 March 1968

Dear Dr. Dy,

I refer to your (WP)E2/77/13 of 12 March 1968.

In this part of the Pacific, we are adequately served by the Fiji School of Medicine which has been able to meet all our requirements in the past. With the establishment of the University of the South Pacific in Suva this year, we confidently expect that the Fiji School will develop still further in the years to come.

I am therefore unable to envisage that we shall send students to the proposed school in Malaysia, nor would we be able to contribute funds.

Yours sincerely,

(Collin H. Allan)
Resident Commissioner

Regional Director
World Health Organization
P.O. Box 2932
Manila

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DEPARTMENT OF EXTERNAL AFFAIRS
Wellington, New Zealand

Ref. PM 108/7/46/1

22 March 1968

Sir,

I have the honour, by direction of the Minister of External Affairs, to refer to your letter (WP)E2/77/13 of 12 March 1968 about resolution WPR/RC18.R7 entitled "The Establishment of a WHO Medical School in the Western Pacific Region".

I am directed to inform you that the New Zealand Government does not envisage sending students to the proposed medical school. In these circumstances New Zealand does not feel able to indicate interest in contributing funds for the initial capital expenditure connected with its construction and equipping, as well as its yearly operational expenses.

I have the honour to be,

Sir,

Your obedient servant,

Secretary of External Affairs

The Regional Director
World Health Organization
Manila

cc: The WHO Representative, Suva

REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF FOREIGN AFFAIRS

Ref. No. 005.9 WHO

13 May 1968

S i r :

With reference to your letter No. (WP)E2/77/13 dated 12 March 1968 requesting comment on WHO Resolution WPR/RC 18.R7 entitled "The Establishment of a WHO Medical School in the Western Pacific", this Department concurs with the following opinion of the Secretary of Health to whom the above-mentioned Resolution was referred:

"In this connection, I should like to inform that after going over the documents, I find the proposal of the Government of Malaysia to be laudable. However, there are legal, administrative, financial and other difficulties which must be considered and resolved before such a proposal should be implemented. It is my honest opinion that expansion and improvement of the facilities of the medical school of Malaysia would be a better solution than establishing a regional or international medical school."

Very truly yours,

JOSE D. INGLES
Acting Secretary of Foreign Affairs

The Regional Director
WHO Regional Office for the
Western Pacific
United Nations Avenue
Manila

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MINISTRY OF HEALTH
Government Offices
Palmer Road
Singapore 2

Ref. M. of H. (HQ)56/67/Vol.II

19 March 1968

Dear Sir,

I refer to your letter (WP)E2/77/13 dated 12 March 1968 concerning the proposal to establish a WHO Medical School in the Western Pacific Region.

In reply to the two questions raised by you, I regret to inform you that my Government's reply is in the negative.

Yours faithfully,

(QUEK KIOK CHIANG)
f. Permanent Secretary (Health)/
Director of Medical Services

The Regional Director
World Health Organization
United Nations Avenue
Manila

cc: The WHO Representative, Kuala Lumpur

TRUST TERRITORY OF THE PACIFIC ISLANDS
OFFICE OF THE HIGH COMMISSIONER
Saipan, Mariana Islands 96950

21 March 1968

Dear Dr. Dy,

I wish to refer to your letter (WP)E2/77/13 regarding "The Establishment of a WHO Medical School in the Western Pacific Region". You have asked two questions for our reaction. These are given below:

- I. Does your government "envisage sending students to the proposed medical school"?

Answer: It is difficult for us to envisage the situation that will exist several years hence. At the moment our needs for medical people are being taken care of very well at

- (a) University of Hawaii for the first two years of medical school leading toward M.D. degree; and
- (b) Fiji School of Medicine, leading to M.O. degree.

We realize that the Fiji School of Medicine expects to convert to a school that gives an M.D., thereby, we should think, bring it into competition or, perhaps coworking relation to the Medical School you propose. We envisage continued need for the physicians with M.O. degree attainment and are somewhat distressed to see this being abandoned in the Pacific.

.../

Dr. Francisco J. Dy
Regional Director
World Health Organization
P.O. Box 2932
Manila

II. Is your government "willing to contribute funds for the initial capital expenditure connected with its construction and equipment, as well as its yearly operational expenses?"

Answer: The Trust Territory will be unable to make such contributions, at least, under the present circumstances.

Sincerely yours,

W. R. Norwood
High Commissioner

DEPARTMENT OF STATE
Washington, D.C. 20520

20 May 1968

Dear Dr. Dy,

As a result of your letter, (WP)E2/77/13), the United States has reviewed the general concept of a WHO Western Pacific Regional Medical School as well as the acceptance, in principle, of contributing towards construction and maintenance.

We fully recognize the seriousness of the shortage of physicians in many areas of the Western Pacific Region, and the importance of ameliorating the existing and unfavourably disproportionate physician/population ratio. The United States agrees that the position that this ratio can best be improved through training qualified personnel of the region and, in fact, has provided considerable assistance in this field.

The United States continues to believe, however, that the most effective technique for not only increasing the numbers but also improving the qualifications of the region's physicians is by strengthening national facilities.

Sincerely,

Joseph J. Sisco
Assistant Secretary for
International Organization Affairs

Dr. Francisco J. Dy
Regional Director
World Health Organization Regional
Office for the Western Pacific
United Nations Avenue
Manila

TRANSLATION

REPUBLIC OF VIET-NAM
MINISTRY OF HEALTH

Ref. 297/BYT/TGD/QMS

4 May 1968

S i r ,

With reference to your letter (WP)E2/77/13 of 12 March 1968, I have the honour to inform you that the Ministry of Health of the Vietnamese Government has taken note of the proposed establishment of a WHO regional medical school in the Western Pacific. We are certain that, if this school is able to meet the necessary requisites for operating to the satisfaction of the participating countries, it will do much to solve the problem of the lack of medical staff in many countries of this Region.

However, I think I must inform you that, as a result of the Communist aggression in the various cities of South Viet-Nam in February 1968, immense damage has been caused to the Hué School of Medicine as well as to various health units of the country. The funds required to repair and re-equip these buildings are beyond the financial possibilities of our country at war. As a consequence, we are not in a position to consider contributing to the initial expenditures for the construction and equipment of the WHO School of Medicine in the present circumstances.

Yours very truly,

Dr. TRÂN-LU-Y
Minister of Health

The Regional Director
World Health Organization
Manila

GOVERNMENT OF WESTERN SAMOA
PRIME MINISTER'S DEPARTMENT
APIA, WESTERN SAMOA

Ref. E.32/2/1

21 June 1968

Dear Sir,

I refer to your letter (WP)E2/77/13 of 12 March 1968 requiring our views regarding a proposed WHO Medical School in the Western Pacific Region.

I regret to advise that at this stage, I do not foresee any likelihood of our making use of this school. As you are no doubt aware, the Central Medical School in Suva, Fiji, and the Medical School at Otago University continue to provide adequate facilities for our needs. Furthermore, as most of our medical students are financed by overseas scholarships we are required to a certain extent to comply with the requirements of the awarding country, including place of study. You will also be aware of our financial difficulties generally and will therefore appreciate that we are unable to contribute towards the establishment of this school.

I regret that I am unable to advance a more favourable reply. I have no doubt however that you will appreciate our difficulties.

Yours faithfully,

(Karanita L. Enari)
A/SECRETARY TO GOVERNMENT

The Regional Director
World Health Organization
Manila
Philippines

cc: Director of Health, Apia
Minister of Health, Apia
High Commissioner for New Zealand, Apia
Inspector-General, South Pacific Health Service, Suva
WHO Representative, Suva
WHO Country Liaison Officer, Apia

2. EXTRACTS FROM THE QUESTIONNAIRES RECEIVED
FROM COUNTRIES AND TERRITORIES

Australia

The Australian Government, in the questionnaire returned on 21 May 1968, stated that the concept of establishing a regional medical school is not supported.

British Solomon Islands Protectorate

The Government, in the questionnaire returned on 16 July 1968, stated that it has no particular views on the concept of a regional medical school and that the Fiji school is adequate for its present needs.

Brunei

In the questionnaire returned on 22 June 1968, the views of the Director of Medical Services are given as follows:

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"Whilst I therefore like the progressive and advanced international conception of a Medical School for the Western Pacific Region (which I think would be of most advantage if conducted in the English language), I feel that to produce rapid results the following suggestions could be put into effect:

- (a) That existing Medical Schools (e.g. Singapore and Kuala Lumpur) should have International Sections added to them, financed by WHO and assisted by additional professional appointments and also structural additions.
- (b) That for a limited period of time, more rapid and slightly contracted licentiate courses, should be made available, in order to produce a more rapid turnover of medical students; but that these licentiate courses, although contracted, should have the same basic medical science background, as for ordinary /degree students ...

degree students, so that in the fullness of time, these licentiates could return to take a complete degree qualification.

- (c) In this manner the international sections of the well established Medical Schools of the Western Pacific Region could function more specifically for the countries in their immediate proximity.
- (d) The International Sections will admit students exclusively from territories EXTERNAL to that in which the university exists."

Cambodia

The Government, in the questionnaire returned on 8 June 1968, stated that the organization of a regional medical school is not supported.

Cook Islands

In the questionnaire returned on 4 April 1968, it is stated that:

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"Graduates of the Fiji School of Medicine are satisfactory and future developments indicate that the School will achieve University status in the near future. Conditions in Fiji are similar to that in the Cooks. There is, therefore, no great interest in a school in Malaysia."

Gilbert and Ellice Islands

In the questionnaire returned on 5 April 1968, the view of the Chief Medical Officer is given as follows:

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"As regards basic medical training, the needs of the Colony are fully met by the Fiji School of Medicine.

/A regional ...

A regional medical training centre particularly for post-graduate training would be valuable."

Malaysia

West Malaysia

The Government, in the questionnaire returned on 21 March 1968, stated that the views of the Malaysian Government had been expressed at the third plenary meeting of the eighteenth session of the Regional Committee held in Taipei last year.

East Malaysia (Sarawak)

In the questionnaire returned on 18 April 1968, it is stated:

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"Will have to depend more on Universities of Singapore and Malaya. Singapore Medical School will soon be over producing doctors for Singapore's own needs. Suggest easy for East and West Malaysia to utilize the Singapore College."

New Caledonia

In the questionnaire returned on 4 April 1968, it is stated that New Caledonia is not interested in the establishment of a regional medical school.

Papua and the Trust Territory of New Guinea

In the questionnaire returned on 2 July 1968, it is stated that Papua and the Trust Territory of New Guinea would prefer to have its own medical school because of the peculiar problems of New Guinea.

/Republic of Korea ...

Republic of Korea

The Government, in the questionnaire returned on 24 May 1968, stated that the proposal to establish a regional medical school was under review by the Government.

Tonga

In the questionnaire returned on 4 April 1968, it is stated:

"The concept is worthwhile further investigation because it could be a solution to the problem of acute shortage of physicians in some countries of the Western Pacific Region."