



REGIONAL OFFICE FOR THE WESTERN PACIFIC
BUREAU RÉGIONAL DU PACIFIQUE OCCIDENTAL

REGIONAL COMMITTEE

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Manila
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Provisional agenda item 11

SPECIAL ASSISTANCE TO
CAMBODIA (DEMOCRATIC KAMPUCHEA), THE DEMOCRATIC
REPUBLIC OF VIET-NAM, THE LAO PEOPLE'S DEMOCRATIC
REPUBLIC AND THE REPUBLIC OF SOUTH VIET-NAM¹

1. DEMOCRATIC REPUBLIC OF VIET-NAM AND
REPUBLIC OF SOUTH VIET-NAM

The Regional Director has the honour to transmit to the Regional Committee, for any comments it may wish to make, the Report of the Special Meeting on Assistance to the Democratic Republic of Viet-Nam and the Republic of South Viet-Nam, Manila, 30 and 31 March 1976 (Annex 1).

The events leading up to the meeting are described in the Report. The programme proposals planned with the two governments and reviewed by the meeting are shown in document WPR/RC27/2 (Proposed Programme Budget Estimates for the Financial Years 1978 and 1979): pages 177-181 and 271-275 for those proposed for implementation under the WHO Regular Budget; pages 334-335 and 338-339 for programmes ready to be implemented when extra-budgetary resources become available.

2. LAO PEOPLE'S DEMOCRATIC REPUBLIC

Following country health programming, completed in the Lao People's Democratic Republic in 1975, the proposals shown on pages 203-213 of document WPR/RC27/2 were formulated by the Government, as representing its immediate needs, and submitted to WHO for implementation under the Regular Budget. Programmes ready to be implemented when extra-budgetary

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See resolutions WHA28.79 (WHO Official Records, No. 226, 1975, pp. 45-46); WHA29.24, 1976; EB57.R56 (WHO Official Records, No. 231, 1976, pp. 40-41); and WPR/RC26.R4 (Handbook of Resolutions and Decisions of the Regional Committee for the Western Pacific, Vol. I, 1976, p. 15).

resources become available are shown on pages 336-337. The Organization is ready to discuss with the Government of the Lao People's Democratic Republic the formulation of further programmes for special assistance under resolutions WHA29.24 and WPR/RC26.R4 (see Annexes 2 and 3).

3. DEMOCRATIC KAMPUCHEA

Efforts to establish contact with the Government of Democratic Kampuchea have proved unsuccessful.

REPORT ON
SPECIAL MEETING ON ASSISTANCE TO THE DEMOCRATIC REPUBLIC OF VIET-NAM
AND THE REPUBLIC OF SOUTH VIET-NAM

Manila, 30 and 31 March 1976

The Special Meeting on Assistance to the Democratic Republic of Viet-Nam and the Republic of South Viet-Nam was held in Manila on 30 and 31 March 1976. (See page 8 for the Agenda.)

The meeting was attended by representatives of Australia, Democratic Republic of Viet-Nam, France, Japan, Malaysia, New Zealand, Philippines, Republic of Korea, Singapore and Republic of South Viet-Nam, and by observers from Canada, Netherlands and Sweden. The UNICEF Representative for Viet-Nam was also present. (See pages 9-12 for List of Participants.)

In welcoming the participants, the REGIONAL DIRECTOR expressed his thanks and appreciation for their attendance. He also welcomed observers from countries outside the Region, i.e., Canada, Netherlands and Sweden, as well as the UNICEF Representative for Viet-Nam, Dr F. Remy.

The meeting had been convened as a result of resolutions adopted by the World Health Assembly, the Executive Board and the Regional Committee for the Western Pacific Region on special assistance to Cambodia, the Democratic Republic of Viet-Nam, the Lao People's Democratic Republic and the Republic of South Viet-Nam.¹

In October 1975, WHO sent a representative to Hanoi and Ho Chi Minh City for preliminary discussions with health authorities there. This was followed by a visit of the Director-General and the Regional Director in December 1975, at the invitation of both Governments. A meeting with representatives of the Democratic Republic of Viet-Nam had been held in the Regional Office during the first week of February 1976, to discuss in detail the problems and needs for assistance, after which two documents had been prepared, one presenting the general health conditions and needs of the Democratic Republic of Viet-Nam and the other, those of the Republic of South Viet-Nam. These formed the background documentation for the present meeting.

The Regional Director indicated that the Chief, Venereal Diseases and Treponematoses, WHO, Geneva and the Regional Adviser on Drug Dependence, WHO, Manila had recently visited the Republic of South Viet-Nam. Their reports were available to participants. A Medical Officer, Leprosy, WHO, Geneva had just returned from the Republic of South Viet-Nam and was present at the meeting. He would be available to answer any questions. The Director, and a Medical Officer, Division of Pharmaceutical, Diagnostic and Therapeutic Substances, WHO, Geneva would be visiting both countries within the next few days.

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See resolutions WHA28.79 (WHO Official Records, No. 226, 1975, pp. 45-46; EB57.R56 (WHO Official Records, No. 231, 1976, pp. 40-41); and WPR/RC26.R4 (Handbook of Resolutions and Decisions of the Regional Committee for the Western Pacific, 9th ed., 1976, p. 15).

The Regional Director emphasized that the needs listed in the two documents represented only the urgent and priority areas. The requirements of the two countries could not be met within the Regular Budget of WHO. The present meeting was therefore convened with a view to obtaining additional funds or materials and equipment to meet such needs.

WHO was collaborating with the United Nations Children's Fund (UNICEF), which had been providing assistance to Viet-Nam for many years. Dr F. Remy, the UNICEF Representative for Viet-Nam, would be requested to make a statement later.

The Regional Director reiterated that WHO would welcome assistance to the Democratic Republic of Viet-Nam and the Republic of South Viet-Nam either through contributions to the WHO Voluntary Fund for Health Promotion, or through bilateral assistance, in which case, the technical facilities and data of WHO would be at the disposal of the donor countries.

The Regional Director then introduced Dr HOANG DINH CAU, Vice-Minister of Health, Democratic Republic of Viet-Nam, who made a statement on the health conditions now obtaining in the Democratic Republic of Viet-Nam, and the efforts being made to rebuild the health services. He expressed the appreciation of his Government to WHO for the steps the Organization had taken to help his country, and to the participants in the present meeting for their wish to help. (Full text appears on pages 13-17.)

Dr TRAN NGOC DANG, speaking on behalf of the Republic of South Viet-Nam, also informed the meeting of the present situation in the Republic of South Viet-Nam and on plans for the future. He also wished to thank WHO, and the participants in the present meeting. (Full text appears on pages 18-20.)

Dr F. REMY, UNICEF Representative for Viet-Nam, welcomed the opportunity to attend the meeting, as indicating the concern of WHO and UNICEF in the health problems of the Democratic Republic of Viet-Nam and the Republic of South Viet-Nam. Since 1973, UNICEF had established a number of emergency programmes, but in the Democratic Republic of Viet-Nam had concentrated since 1974 on the development of a school system for children of primary school age. In 1976/77 UNICEF would be cooperating in three fields: extension of the school building scheme, joint programmes with the Committee of Mother and Child, and participation in public health in cooperation with WHO.

In the Republic of South Viet-Nam, UNICEF assistance had been based, since 1975, on education and public health. Following a recent visit to Ho Chi Minh City, priority stress had been laid on the control of sanitation and the environment.

UNICEF was working very closely with WHO, and with the other United Nations and bilateral aid agencies to ensure that there was no duplication of effort.

Dr Remy believed, from his experience, that the structure for the reception of cooperation in the Democratic Republic of Viet-Nam and the Republic of South Viet-Nam was easily adaptable to increased foreign aid.

The REGIONAL DIRECTOR in inviting discussion, referred to the documentation, and indicated that the members of the Regional Office staff, or the representatives of the Democratic Republic of Viet-Nam and the Republic of South Viet-Nam, would be available to clarify any points.

Dr A.N. ACOSTA, representing the Philippines, stressed his government's deep concern over prevailing problems in both countries, and was prepared to offer assistance to the immunization programme by way of a donation of the following vaccines each year for a period of three years, depending on the countries' wish to avail themselves of this offer:

BCG freeze-dried vaccine	100 000 doses
Smallpox freeze-dried vaccine	100 000 doses
Cholera El Tor vaccine	50 000 doses

Dr E. BRYGOO, representing France, after hoping that WHO would soon be in a position to offer similar assistance to the people of Democratic Kampuchea and the Lao People's Democratic Republic, sought clarification on two points:

(a) whether aid was to be provided solely in the form of supplies or funds, or whether other forms of assistance were also envisaged, and if so, what form these should take;

(b) would the Republic of South Viet-Nam be in a position to make full use of the aid provided, in view of the state of collapse of the country.

Dr HOANG DINH CAU, the Representative of the Democratic Republic of Viet-Nam, in answer to the offer of the Representative of the Philippines, stated that a reply would be made after the offer had been studied in depth. He believed that the assistance to be given to the two countries should be concentrated in a single fund and managed by WHO.

With regard to the questions raised by the Representative of France, the kind of aid would depend on donor countries. The list of priority needs had been aimed at providing care for the population, in particular in the rural areas.

Dr TRAN NGOC DANG, the Representative of the Republic of South Viet-Nam, informed the meeting that contributions would not be wasted, and that adequate distribution of drugs, and mass vaccinations would be possible.

The Representative of MALAYSIA announced that his Government would contribute a sum of Malaysian \$ 20 000 to the special assistance programme to be managed by WHO for assistance to the Democratic Republic of Viet-Nam and Republic of South Viet-Nam.

During the second part of the meeting, which convened at 09.30 on Wednesday, 31 March, the Representative of Japan expressed the views of his Government as to assistance to the Democratic Republic of Viet-Nam and the Republic of South Viet-Nam. Japan had contributed to UNICEF, UNHCR and the Red Cross, to the amount of \$ 6 660 000 during 1975. The Government of Japan fully agreed that a collaborative long-term programme of assistance should be planned.

The Representatives of AUSTRALIA, the REPUBLIC OF KOREA and SINGAPORE all wished to refer the documentation and the results of the discussions held at the meeting to their Governments for consideration, and would inform WHO of the results in due course.

The Representative of NEW ZEALAND also said that he would pass on the documentation to his Government, but that New Zealand had serious foreign exchange problems at the present time. He felt that some increase in the assistance already given by New Zealand on serious malnutrition problems might be possible, and he requested details of any additional aid needed.

The REGIONAL DIRECTOR said that after consultation the Government of New Zealand would be informed of any further assistance required. He referred to the architectural assistance given by New Zealand to the National Institute of Public Health (now Institute of Hygiene) in Ho Chi Minh City.

As there was no further discussion, the Regional Director closed the meeting by expressing his gratitude to the representatives of Governments and of UNICEF, and to the observers for their attendance. He hoped that Governments would give serious consideration to the appeal he was making on behalf of WHO. A report on the meeting would be prepared and sent to governments and their embassies in Manila.

Special Meeting on Assistance to the
Democratic Republic of Viet-Nam and
the Republic of South Viet-Nam
Manila, 30-31 March 1976

AGENDA

Tuesday, 30 March

9.00 a.m. Opening of the Special Meeting by the
Regional Director

Statements: Dr Hoang-Dinh-Cau
 Vice-Minister of Health
 Democratic Republic of Viet-Nam

 Dr Tran-Ngoc-Dang
 Director-General of Public Health
 Republic of South Viet-Nam

 Dr F. Remy
 UNICEF Representative for Viet-Nam

Discussion

Wednesday, 31 March

Discussion

Special Meeting on Assistance to the
Democratic Republic of Viet-Nam and
the Republic of South Viet-Nam
Manila, 30-31 March 1976

PARTICIPANTS

Australia

His Excellency Daniel G. Nutter
Ambassador Extraordinary and Plenipotentiary
Embassy of Australia
Makati, Rizal

Mr R.P. Broinowski
Counsellor
Embassy of Australia
Makati, Rizal

Democratic Republic of Viet-Nam

Dr Hoang Dinh Cau
Vice Minister of Health
Hanoi

Mr Nguyen Van Trong
Head, External Relations Department
Hanoi

Miss Le Thi Thu Ha
Interpreter
Hanoi

France

Dr E. Brygoo
Institut Pasteur
Paris

Japan

Dr Hideo Shinozaki
Deputy Director
Planning Division
Public Health Bureau
Ministry of Health and Welfare
Tokyo

Mr Norio Hattori
Second Secretary
Embassy of Japan
Makati, Rizal

Malaysia

His Excellency Abdul Hamid bin Pawanchee
Ambassador Extraordinary and Plenipotentiary
Embassy of Malaysia
Makati, Rizal

Mr Hashim Taib
Counsellor
Embassy of Malaysia
Makati, Rizal

New Zealand

Mr B. St. J. Gore
Second Secretary
Embassy of New Zealand
Makati, Rizal

Philippines

Dr Antonio N. Acosta
Assistant Secretary
Department of Health
Manila

Dr Joaquin S. Sumpaico
Director, Bureau of Research and Laboratories
Manila

Republic of Korea

Mr Se Lin Huh
Second Secretary
Embassy of the Republic of Korea
Makati, Rizal

Singapore

His Excellency Cheam Kim Seang
Ambassador Extraordinary and Plenipotentiary
Embassy of the Republic of Singapore
Makati, Rizal

Miss V. Menon
First Secretary
Embassy of the Republic of Singapore
Makati, Rizal

Republic of South Viet-Nam

Dr Tran Ngoc Dang
Director-General of Public Health
Ho Chi Minh City

Dr Pham Ngoc Que
Ministry of Health
Ho Chi Minh City

UNICEF

Dr F. Remy
UNICEF Representative for Viet-Nam
Hanoi

OBSERVERS

Canada

Dr Donald A. Smith
Medical Officer
Canadian Embassy
Makati, Rizal

Netherlands

Mr R. R. Smit
Secretary of Embassy
Royal Netherlands Embassy
Makati, Rizal

Sweden

His Excellency Cai Melin
Ambassador Extraordinary and Plenipotentiary
Embassy of the Kingdom of Sweden
Makati, Rizal

Special Meeting on Assistance to the
Democratic Republic of Viet-Nam and
the Republic of South Viet-Nam
Manila, 30-31 March 1976

SPEECH OF DR HOANG DINH CAU, VICE-MINISTER OF HEALTH
DEMOCRATIC REPUBLIC OF VIET-NAM

The delegation of the Democratic Republic of Viet-Nam wishes to extend its warm thanks to the Director of the Western Pacific Region of WHO for having organized this meeting of the representatives of Member countries in the Region and having created all favourable conditions for our delegation to attend the conference.

We also avail ourselves of this opportunity to express our thanks to the delegation of WHO led by the Director-General and the Regional Director which visited the DRVN in December 1975 and studied the implementation of the resolution WHA28.79 of the Twenty-eighth session of the World Health Assembly in Geneva and the resolution WPR/RC26.R4 of the twenty-sixth session of Western Pacific Regional Committee in connexion with WHO's assistance to Viet-Nam in post-war rehabilitation of health work. Following many meetings of the Executive Board of WHO as well as the leadership of the Western Pacific Region in January and February this year, this conference of the Member countries in the Region to continue discussing ways and methods to help Viet-Nam is a very big source of encouragement for health workers in our country.

Allow us, on behalf of the Ministry of Public Health and the Government of DRVN to extend our warm greetings to you, ladies and gentlemen, representatives of the Governments of Member countries of WHO in the Western Pacific Region, and the health services of neighbouring countries whom we have the honour to make acquaintance with. May our relations get intimate and fruitful day by day.

Over more than a quarter-century past, our Vietnamese people which is one among the new and developing countries in the international arena has suffered tremendous sacrifices and losses in our struggle to regain independence and freedom for the country. The earnest desire of the Vietnamese people is also the aspiration of all other peoples in the world. It fully conforms with the Declaration of Human Rights of the United Nations.

Our people have gone through an atrocious war lasting for many years, a war that has caused untold disasters. 7.6 million tons of bombs of various kinds, that is 3.5 times the total amount dropped during World War Two, over half a million tons of toxic chemicals, 7 000 tons of CS toxic gas (in the period 1964-1969 alone) were showered on the towns and villages of Viet-Nam, causing horrible destruction to human beings and the environment and leaving incalculable consequences to the health and life of the people which could be overcome only after many years. In the field of public health alone, the bombs and shells destroyed or heavily damaged 350 hospitals and 1500 dispensaries and maternity homes corresponding to 60% of the central and provincial medical institutions, comprising hospitals, research institutes, and medical schools; 30% of the district medical establishments and 10% of the communal infirmary maternity homes. Many hospitals and centres of treatment were attacked a dozen times. According to first estimates, it would cost at least 1 000 million dollars and more to restore these medical establishments.

Motivated by their desire to restore and improve the people's health and by their noble sense of responsibility for many years past, the medical personnel in the DRVN have done their best to maintain and consolidate a widespread medical health organization from the villages to the central level, to ensure medical care including disease prevention, first-aid and medical treatment to all sick people in the urban as well as rural areas.

On the basis of this widespread medical network we took effective measures to prevent and curb many epidemics and contagious diseases, thereby contributing to preserving the necessary level of health for the people in order to continue production activities and the fight.

We took measures compatible with realities of Viet-Nam in the treatment of sewage, water and garbage, especially in the countryside, in the combat against disease-carrying animals like flies, mosquitoes and rats, promoted environmental hygiene and carried out an intensive campaign for observance of hygiene and disease prevention measures among the entire population.

During many years we have overcome big difficulties and privations to produce a quantity of vaccines against such diseases as smallpox, cholera, typhus, poliomyelitis ... and ensure the supply of the main vaccines for the persons under the annual disease-prevention programmes.

With regard to such commonly met social diseases as malaria, tuberculosis, trachoma, leprosy ... we have made many efforts in their follow-up, control and treatment, in spite of the serious shortage in equipment and medicine.

In 1975, we organized DDT spraying for the protection of 2.4 million people in the malaria-infected areas.

In 1974, we gave BCG vaccines against tuberculosis to more than 300 000 newly-born babies and nearly 3.8 million persons of different ages.

For some years now entropion trichyasis operations have been carried out even in the villages which are the grassroot levels.

During the bitter years of war, malaria and tuberculosis showed a tendency to spread, but thanks to active measures the trend has begun to be reverted since 1973.

In the field of therapeutics, in 1975 we restored 4 500 hospital beds which represented 63% of the number of beds rendered unusable by war. At present, we have 24 beds for every 10 000 inhabitants, up by 20.7% compared with 1973, the first year of peace. However, most of these beds are still at a minimum standard and a number are still below the necessary standards already laid down.

In the health protection work we have shown special concern for the health of expectant and nursing mothers and the children.

We continue to pay great attention to health work in the rural areas because the peasants make up more than 80% of our population.

The training of the medical personnel has been going on as usual, with about 1 000 doctors and pharmacists graduating every year. However, due to the limitations caused by war-time conditions their professional skill is generally speaking, still low and they need further training through refresher courses.

In a word, we still face many difficulties and limitations which are inherent in a poor and war-ravaged economy. Nevertheless, we have succeeded in building a preventive medical network reaching down even to the grassroot level in the countryside, in full conformity with the line of WHO.

Today, war has ended and peace has returned to our country. The entire Vietnamese people are working with self-abnegation to rebuild their country. They want to establish friendly relations with all nations in the world and contribute their own share to the safe-guarding of world peace.

Since the conclusion of the war, a series of urgent problems have been posed to the public health service in the DRVN in view of the urgent need to restore the people's health. For instance;

- It is necessary to repair or restore quickly the hospitals, stations of hygiene and epidemiology and medical schools destroyed or damaged during the war.

- It is necessary to solve immediately the aftermath of war in the domain of public health, such as the question of war invalids and war wounded, and the serious malnutrition among the children.

- It is necessary to prevent and control contagious diseases and epidemics.

- It is necessary to take active measures to eliminate social diseases.

- It is necessary to ensure the supply of necessary medicaments for the prevention and treatment of diseases.

- It is necessary to organize refresher courses for and train more medical workers so as to have the necessary number of staff for the medical network.

The above-mentioned problems require a considerable amount of building materials, equipment and implements as well as teaching instruments and chemicals for laboratories, and also medicaments ...

But, in the conditions of our country which is a poor agricultural country with a still underdeveloped economy freshly emerging from a protracted and atrocious war, many difficulties remain to be overcome.

We shall, as hitherto, continue to develop the spirit of self-reliance in order to solve our difficulties by our own efforts. However, we shall welcome any assistance from our friends throughout the world that would help us rapidly restore the health of our people who have suffered so much and who so deservingly enjoy the right to health preservation as any other nation in the world.

What has particularly impressed us is that immediately after the Twenty-eighth World Health Assembly of WHO decided to recognize the Democratic Republic of Viet-Nam as a Member country of WHO, the Assembly expressed its profound understanding of the need to help restore and improve the health of the Vietnamese people. Later, proceeding from the noble humanitarian objective of WHO, all Member countries passed a resolution to provide medical assistance to Viet-Nam in order to rapidly and effectively restore the health of our people who are facing many difficulties after the war.

This resolution is yet another expression of the deep feelings of the world's people for the Vietnamese people and also constitutes a great encouragement for them.

Over the past nearly one year, the leaders of the World Health Organization and the Western Pacific Region have held many meetings in Geneva and Manila to discuss the implementation of this resolution. A number of WHO specialists have come to Viet-Nam to make on-the-spot studies and have seen with their own eyes the great losses caused by the

war to the health institutions in Viet-Nam as well as the difficulties and problems to be solved in the Vietnamese medical work. They have given us many encouraging and precious suggestions.

The assistance of WHO and of other friendly countries towards Viet-Nam will comprise the following:

- Firstly, the knowledge and experience in science and techniques because in the past 30 years we carried out our medical activities outside those of WHO.

- Secondly, the material and technical aid in order to improve the working conditions for our medical personnel.

However, this material assistance can only meet 10-15% of our requirements in reconstruction but it would help us restore the public health work which was disordered because of the war, rapidly heal the war wounds and improve our people's health. And this assistance would provide the minimum necessary material conditions, and thus enable us to contribute a modest part to the common great cause of the world medicine and to the materialization of the objective of WHO that is the improvement of people's health all over the world - among which the health of a great number of people is being neglected.

The assistance of WHO and the other friendly countries towards Viet-Nam is very valuable and we are very grateful for that. However, it is necessary to say that this assistance will not change our policy which is to rely on our own means, on the hard work of our medical workers and on the ever active participation of the masses in the public health work, etc.

Special Meeting on Assistance to the
Democratic Republic of Viet-Nam and
the Republic of South Viet-Nam
Manila, 30-31 March 1976

SPEECH OF DR TRAN NGOC DANG, DIRECTOR-GENERAL OF PUBLIC HEALTH
REPUBLIC OF SOUTH VIET-NAM

On the occasion of the meeting organized by the World Health Organization in the Western Pacific Region specially for world aid to Viet-Nam in the field of Public Health, on behalf of the Ministry of Public Health, Social Affairs and War Wounded of the Republic of South Viet-Nam and in my own name, I wish to thank WHO for its initiative towards Viet-Nam and to cordially greet representatives from many countries who have come here to express their international solidarity towards my country.

After thirty years of war, Viet-Nam has recovered its independence and freedom and hence its rights to peace, to reunification and to happiness. Thirty years of war has heavily loaded our entire people who, generation after generation, will bear indelible traces. For thirty years the heart of the whole world has thrilled with our people fighting for national independence. And now that peace has been restored in Viet-Nam, the whole world has immediately realized that towards Viet-Nam there should not be a question of pity or charity but a contribution in full conformity with the ethics: the resolution of the 28th World Health Assembly in Geneva on 29 May 1975 voting for special assistance to Viet-Nam reflected faithfully the conscience of the world in the matter of health assuming, as Dr Mahler said, not only a sense of guilt but a sense of duty.

Dr Mahler has made himself aware of the health realities of Viet-Nam. Dr Dy succeeded in comparing South Viet-Nam before and after liberation, and sized up the two systems as two medical concepts diametrically opposed. An objective report on the health situation in South Viet-Nam as well as our needs at present and in days to come has been elaborated jointly by WHO and Vietnamese experts and is today presented to you. Public health in South Viet-Nam must be seen in the social, political and economic contexts of a country devastated by the thirty years of war confronting an evergrowing unemployment and facing a tragically complex social situation: nearly 250 000 war wounded to be

cared for, over 200 000 political prisoners to be reintegrated, nearly a million orphans to be fed, over 500 000 prostitutes, young delinquents, drug addicts to be cured and rehabilitated, a country where an intense fluctuation of population worsens the problem of tuberculosis, malaria and leprosy owing to interpenetration, where reign diseases which have more or less completely disappeared in a number of countries, such as cholera, plague and small-pox.

At this moment, our medical organization is developing rapidly: the disequilibrium is evident between regions formerly occupied by the Saigon regime where hospitals are inadequate the basic health network non-existent, where the population is used to a permanent super-medicalization and regions formerly called "liberated zones" where personnel at the base is firmly rooted but intensive bombings have razed to the ground most of the sanitary structures and poisonous products have seriously damaged vegetation, animal flora and even human genetics. And yet in spite of the poorness of our material means, in spite of the tangent malnutrition of our population, in spite of the conjunction of all the factors cited above, we shall never describe the situation in our country as a state of social misery. By giving a definition to social misery, Dr Mahler has indeed correctly conjured up social apathy, lack of will and initiative to undertake necessary reforms. We very sincerely think that Viet-Nam fails indeed to conform that definition since the entire population is motivated and mobilized to "bring the maximum happiness to the maximum people" in the framework of "Health for everyone in the year 2000".

All that we could not do during the war years, we are going to do now step by step: I wish to speak about the strategic and the operational planification in the field of public health. To attain our ends in the most rapid and least costly way we have appealed and we shall appeal again to the qualified aid of WHO experts for the selection of the priority programmes and for the drawing up of programmes to be carried out to improve the health of our population. We shall, in no case, neglect the incidence of Public Health in the social and economic development of our country, just as we shall not deny that the political, social and economic problems have undeniable influence on the health of the population. Bearing in mind the principle that Public Health is not only the concern of the Ministry but that of the collectivity as a whole, we have laid out to the WHO delegation led by Dr Mahler the guiding principles of our national medicine which can be summed up in five essential points:

- Preventive medicine must take precedence over curative medicine (strategic importance of the mobilization of the masses for public hygiene).

- Curative medicine must imply at the same time a basic medical network at village and district levels, and a network of hospitals of modern conception.

- Pharmaceutical production must gradually extend beyond the limit of the on-the-spot conditioning in order to be self-sufficient in raw materials (medicinal plants, organ extracts ...).

- Association between traditional medicine and modern western medicine.

- Training of cadres in the shape of a pyramid; cadres at the base (nurses, midwives ...) middle level cadres (technicians, lab workers) high level cadres (doctors, pharmacists, research workers).

Those five points enjoyed the Delegation's full approval. We have laid out our work programme as well as our priorities:

- Training of personnel at the base and equipment for the base network (village, street quarters and districts).

- Fight against epidemics (epidemiological stations at provincial and, if possible, district levels).

- Reorientation and development of pharmaceutical production.

- Gradual eradication of social diseases (malaria, venereal diseases, tuberculosis, leprosy and drug addiction).

- Extension of the programme for the protection of the Mother and Child.

It is certain that the programmes demand indispensable combination of national and international resources. Following the WHA 28.79 Resolution, we are aware that international solidarity will do everything in its power for Viet-Nam in the field of Public Health. Our faith is total and complete since it springs out of the close and fruitful cooperation as well as the harmonious coordination between WHO and our country and on the entire and enthusiastic adherence of our population to the medical orientation and policy of our Ministry.

To sum up, I wish once again to express our thanks to WHO and most particularly to the Regional Committee of the Western Pacific to have given this opportunity to the Ministry of Public Health, Social Affairs and War Wounded of the Republic of South Viet-Nam to expound its views on the problem of Public Health as well as the enormous needs and the urgent work that our country is now facing after thirty years of an uninterrupted war. We are confident that with international aid, Viet-Nam will win the battle for peace as it has won that for national liberation.

RESOLUTION OF THE WORLD HEALTH ASSEMBLY

TWENTY-NINTH WORLD HEALTH ASSEMBLY

WHA29.24

13 May 1976

SPECIAL ASSISTANCE TO CAMBODIA, THE DEMOCRATIC REPUBLIC
OF VIET-NAM, THE LAO PEOPLE'S DEMOCRATIC REPUBLIC AND
THE REPUBLIC OF SOUTH VIET-NAM

The Twenty-ninth World Health Assembly,

Bearing in mind resolution WHA28.79¹ on special assistance to Cambodia, the Democratic Republic of Viet-Nam and the Republic of South Viet-Nam;

Having examined the report of the Director-General on the implementation of this resolution;²

Considering resolution EB57.R56,³ in which the Executive Board recommended, *inter alia*, that the Lao People's Democratic Republic be added to the countries authorized to receive special assistance under resolution WHA28.79;

Concerned at the urgency with which immediate, effective and large-scale assistance is required for the reconstruction of health services in these countries, and at the slowness with which assistance has so far been forthcoming;

1. TAKES NOTE of the report;
2. DECIDES that the Lao People's Democratic Republic be one of the countries to receive special assistance under resolution WHA28.79;
3. REQUESTS the Director-General.
 - (1) to intensify his efforts to provide all forms of assistance in the most expeditious and flexible way through simplified procedures without obligations for and the imposition of financial participation of governments concerned;
 - (2) to implement without delay the plans of assistance prepared with the governments concerned;
 - (3) to consult Member States as to the voluntary contributions they are in a position to provide for this operation;

¹ WHO Official Records, No. 226, 1975, pp. 45-46.

² Document A29/38.

³ WHO Official Records, No. 231, 1976, pp. 40-41.

4. REITERATES its appeal to all Member States to make voluntary contributions for this exceptional operation;

5. REQUESTS the Director-General to report to the fifty-ninth session of the Executive Board and the Thirtieth World Health Assembly on the assistance provided to these countries.

Ninth plenary meeting, 13 May 1976
A29/VR/9

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RESOLUTION OF THE REGIONAL COMMITTEE FOR THE WESTERN PACIFIC

WPR/RC26.R4
2 September 1975

ORIGINAL: ENGLISH

SPECIAL ASSISTANCE TO CAMBODIA,
THE DEMOCRATIC REPUBLIC OF VIET-NAM, LAOS
AND THE REPUBLIC OF SOUTH VIET-NAM

The Regional Committee,

Having considered resolution WHA28.79 adopted by the Twenty-eighth World Health Assembly;

Having noted the action authorized by the World Health Assembly towards large-scale assistance in Cambodia, the Democratic Republic of Viet-Nam and the Republic of South Viet-Nam to help them in tackling the immediate and long-term health problems caused through thirty years of struggle for national independence and freedom,

1. REQUESTS the Regional Director to pursue all possible efforts in assisting the Director-General to implement the decisions of the World Health Assembly;

Having heard the statement of the Representative of Laos;

2. RECOGNIZES the urgent health problems also faced by the Government of Laos as a result of the emergency situation existing in that country;

3. WISHES Laos to be included among the countries to receive special assistance;

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WPR/RC27/5
Annex 3
page 24

WPR/RC26.R4
page 2

4. REQUESTS the Regional Director to transmit this resolution, and in particular operative paragraph three, to the Director-General so that he may bring it to the attention of the fifty-seventh session of the Executive Board.

Third meeting, 2 September 1975
WPR/RC26/SR/3