SUMMARY RECORD OF THE THIRD MEETING

WHO Conference Hall
Wednesday, 2 October 1968 at 2.30 p.m.

CHAIRMAN: Dr C.S. Gatmaitan (Philippines)

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THIRD MEETING

Wednesday, 2 October 1968 at 2.30 p.m.

PRESENT

I. Representatives of Member States

AUSTRALIA
Dr H.M. Franklands
Dr R.F.R. Scragg
Mr P.A. Jackson
Dr R.H. MacDonald

CAMBODIA
Dr Thor Peng Thong

CHINA
Dr C.K. Chang
Dr Y.T. Wang
Dr L.P. Chow

FRANCE
Médecin-Général J. Rondet

JAPAN
Dr T. Muranaka
Mr K. Watanabe
Mr N. Mackawa
Mr Y. Masuko

LAOS
Dr Tiao Jaisvad Visouthiphongs

MALAYSIA
Tan Sri (Dr) Mohamed Din bin Ahmad
Dr Chong Chun Hian
Dr Fang Ung Seng
Dr K.S. Jap

NEW ZEALAND
Dr C.N.D. Taylor

PHILIPPINES
Dr C.S. Gatmaitan
Dr J. Dizon
Dr J. Navarro
Dr G. Balbin
Dr E. Perez
Dr F. Nepomuceno
Dr J. Sumpaico

PORTUGAL
Dr N.C. de Andrade

REPUBLIC OF KOREA
Mr Seng Yung Soh
Dr K.S. Chang

SINGAPORE
Mr Lye Thim Fatt
III. Representatives of non-governmental organizations

INTERNATIONAL UNION OF ARCHITECTS
Mr J.E. Ninalga

INTERNATIONAL DENTAL FEDERATION
Dr F. Rojas

INTERNATIONAL UNION FOR HEALTH EDUCATION
Miss C. del Rosario

MEDICAL WOMEN'S INTERNATIONAL ASSOCIATION
Dr Fé del Mundo

INTERNATIONAL COMMITTEE OF CATHOLIC NURSES
Mrs M. Ordoñez

INTERNATIONAL COUNCIL OF NURSES
Mrs R.S. Diamante

WORLD FEDERATION OF OCCUPATIONAL THERAPISTS
Mrs C.M. Abad

INTERNATIONAL PLANNED PARENTHOOD FEDERATION
Professor D. Chun
Dr H.M.C. Poortman
IV. Observers

RYUKYU ISLANDS  
Captain D.A. Sebahar

V. WHO Secretariat

DIRECTOR-GENERAL  
Dr M.G. Candau

SECRETARY  
Dr Francisco J. Dy  
Regional Director
Referring to the question raised earlier by the Representative of Malaysia, the REGIONAL DIRECTOR stated that Dr Azurin, who was the co-ordinator of the joint cholera research studies being undertaken by the Philippine Government, the Japanese Government and WHO, had agreed to inform the Committee of the latest developments.

Regarding the question raised by the Representative of the United States of America on leprosy, the Regional Director asked whether Dr Lee might have some information on the recommendations made by the recent International Congress on Leprosy.

Dr LEE (United States of America) stated that he had not been at the Congress. In Hawaii, they were trying to determine whether additional facilities for leprosy patients should be built. Dr Lee was on the construction advisory committee and one of the members of his faculty at the School of Public Health, Dr Robert Worth, who had done some work in Hong Kong, had taken the position which he (Dr Lee) had supported, that the kind of facilities being constructed in the past for domiciliary long-term care should no longer be provided. Dr Worth had found that when leprosy was treated the organism became fragmented and the test with mouse foot-pad no longer proved effective. He was, therefore, interested in knowing what had taken place at the London conference. It was his impression that those who were preparing for a more modern approach to leprosy control should be ready to accept the new approach to handling leprosy patients in respect of infectiousness, morphological index or the fragmentation of organism, depending upon the criteria that had been accepted.

Dr YEN, Regional Adviser on Communicable Diseases, stated that he had recently attended a conference in Japan during which Dr Worth's paper had been presented. The policy in many countries was to change
from custodial to domiciliary treatment. Most leprologists had raised
the following questions - how could one determine whether the myco-
bacteria seen by smear examination were, firstly, *Mycobacterium leprae*;
secondly, alive; and thirdly, alive and infectious. These were very
difficult questions to answer. In the past, it had been presumed that
as long as the *Mycobacterium leprae* was recognized, the case was infec-
tious. This attitude seemed to have changed. As soon as DDS was given
there was fragmentation of the micro-organisms and the mouse foot-pad
test indicated that the cases had lost their infectiousness. Dr Worth
had also followed up, for seven years, children born of parents one,
or both, of whom had leprosy. In his preliminary report, an abstract
of which had been given at the Japan conference, it had been stated
that as soon as treatment of the parents was started there was frag­
mentation of bacilli. He had been unable to detect the development of
leprosy among the children born after the parents received treatment.
On the other hand, if children had been born before treatment of the
parents started, cases occurred. This was considered of epidemiological
importance, particularly if taken together with the microscopic examina-
tion and mouse foot-pad test. It seemed that the future approach to the
control of leprosy might be along the lines indicated by Dr Worth, that
is, that every case should be admitted to the leprosarium for three months
of treatment and bacteriological study. During this period, health educa-
tion would be given and then the case could return home.

Dr GURD (United Kingdom) stated that on one of the islands of
Fiji there was a large leprosarium which was famous in the South
Pacific. With the introduction of DDS the number of cases had
dropped from about 700 in early 1950 to about 234 at the present time.
A few days ago, his Government had entered into a contract for the
construction of a new installation in Suva just opposite the Medical
School. This would consist of two buildings, one a hospital of forty
beds which would be much the same as any other hospital with full
nursing facilities. This would be used for patients who required hospital treatment; these were categorized as follows: (1) cases in leprosy reaction; (2) those undergoing reconstructive surgery; and (3) those older people who had been incapacitated by leprosy when it was in an incurable stage. It was felt that it was important to bring the patients into the town from the island leprosarium, because by isolating the disease, knowledge of the disease was also being isolated. The second part of the new installation would be a hostel of forty beds to which ambulant cases would be admitted while receiving treatment. In this way, their infectivity would be reduced by teaching them about the disease, and then allowing them to return to the community on domiciliary treatment. The non-infectious or tuberculoid forms would not be admitted. This new installation would be the headquarters of the leprosy service. The people on domiciliary treatment would come back for routine check-ups. Two of his staff had attended the London conference. Their consultant had reported that the three main points of interest were: (1) the ability to culture the organism in mouse foot-pad; (2) that much smaller doses of DDS were now advocated; and (3) matters concerning the morphological index.

Dr Gurd then referred to page 21 of the Regional Director's Report where the number of persons vaccinated with BCG in Fiji from mid-1966 to November 1967 was given as 120,500. It was stated that this represented 2.6% of the population. This percentage should actually read 25 because the population of Fiji was 0.5 million and not 5 million. The reason for the high figure was that there had been an extensive tuberculosis programme on at the time and the plan had been to test every adult Fijian and give BCG vaccination to all tuberculin negative school- and pre-school children.

Regarding smallpox vaccination, in a recent meeting of the South Pacific Health Board in Suva, the question of standard quarantine requirements for the island territories in the South Pacific had been discussed. It was hoped to have a standard formula so that people would be able to go from one territory to the other without a vaccination
certificate as long as they had been fourteen days in the island territories.

The REGIONAL DIRECTOR thanked Dr Gurd for pointing out the mistake in the Report.

He then called upon Dr Azurin to give a résumé of the recent findings in the joint cholera research programme.

Dr Azurin stated that the cholera research programme had had a wide field of accomplishments during the past four years. A report on the findings, which covered the period 1964 to 1966, had been published in a Monograph some four or five months ago. However, since the studies had continued, other results had been achieved during the past two years.

As far as the vaccine studies were concerned, Dr Azurin believed that everyone must have read about the comparative effectiveness of three of the vaccines that had been tried out on a population of 584 000 in an island of the Philippines. This was the comparative study of the Asiatic vaccine, the El Tor vaccine and an oil adjuvant vaccine, the control used being a typhoid vaccine. Each of these vaccines was given to a group of 146 000 individuals. Randomization was achieved by the use of random cards and the use of a double blind technique applied for this purpose. The results of these trials showed that the classical or Asiatic vaccine used during the past many decades was effective for approximately two months, or an average of approximately 55% protection for two months. After the second month there was rapid deterioration and the effectiveness of the vaccine could not be accepted.

As far as the El Tor vaccine was concerned, a strain prevailing in the Philippines had been used for the manufacture of vaccine at the Alabang Laboratories. Its effectiveness lasted for six months or an average of 50 to 55% protection during a period of six months.

The oil adjuvant vaccine was clearly the best vaccine for at the end of six months its protection was still as high as 60%. However,
because of the severe reactions noted, its use could be not be recommended.

Last year, a study had been made on the effective dosage - the comparative effectiveness of one dose against two and doubling the number of organisms per millilitre. There were, therefore, four groups. In one group of 90,000 individuals, 8,000 million organisms per cc. had been given; in another, 16,000 million organisms per cc.; the third group had been given two doses of 8,000 million per millilitre at two to three weeks' interval. Again the control group was a typhoid group. The assessment of the three doses revealed significant differences. The effectiveness of one dose for a six-month period was 54%. This supported the first trials in 1964 and 1965. Two dosages had an average effectiveness of 59% for a period of six months. The dose containing 16,000 million per millilitre gave a protective value of 61% for a period of six months. These results would shortly be published in the WHO Bulletin.

It was felt that the effectiveness of cholera vaccines might be improved by increasing the dosage to above 8,000 million organisms. The recommended dose should, therefore, not be less than 8,000 million. For children in the age groups 0-4, 5-9, and above 9 years, the dosage given used to be graduated. However, with this scheme, children from 0-4 years could only be given 33% protection. This was important in view of the fact that almost 55% of cases now occurred in children in the age group 0-9. It was, therefore, believed that children were not sufficiently protected. When given an adult dose, children from 1-4 years would receive protection which would parallel that of an adult for a period of six months. The Research Group had, therefore, recommended to the Philippine Department of Health that the dosage should be changed. At the present time in the cholera programmes in the Philippines, the priority population or target was given a dose of one millilitre regardless of age.

Another observation made was the difference of reaction to immunity among males and females. It had been found that females were better protected and their immunity surpassed that of the males in a significant way. This could not be explained and remained a matter for further study.

As far as clinical studies were concerned, the effectiveness of
tetracycline and chloramphenicol in the treatment of cholera patients had already been confirmed. The use of the normal saline solution in combination with sodium bicarbonate had not been as effective as the use of lactated ringer solution. Lactated ringer had been found to be far superior especially in the younger age group. The research group was, however, not yet satisfied with the reduction in mortality achieved and believed that there was still a wide area for investigation.

Community studies - How the infection was transmitted was not yet clear. Community studies had been set up in Negros Island to determine how it was transmitted from individuals, carriers, food or water. This was a longitudinal study. The micro-technique method was used for the determination of carriers. The pin prick was also being used to determine the level of antibodies in individuals during endemic periods. Individuals not vaccinated who showed a rise in titre were considered as suspects or carriers. This might be the breakthrough which would determine how the disease was transmitted from carriers to cases and from cases to non-infected individuals. The effectiveness of sanitary control measures, the effect of improved water supply and the provision of toilets were also being evaluated in another community.

Contact carriers - The administration of two grammes of chloramphenicol for a period of three days, divided in four doses per day (or a total of six grammes in three days) rendered carriers negative. This was presently being used as one of the main public health measures against the transmission of the disease.

Clinical studies - Studies were being carried out to determine the effectiveness of antibiotics as far as the vibrio was concerned, to determine the deterioration of the absorptive quality of intestines in cholera patients, to determine the origin of fluids in the cholera patients. All these were being undertaken at the San Lazaro Hospital. The role of potassium in this type of investigation was not clear and this was being determined. A study was also being made of the heat resistance of vibrios. Efforts were being made to determine where
the vibrios were during inter-epidemic periods. Furthermore, studies had been made of the "L" form type of the organism which had been found in some cases. The L form, as everyone knew, was a change in form of the vibrio which enabled it to pass through membranes, lose its cell wall and become very small. With the change in environment, it could again assume its natural form and become pathogenic. If L forms were found in certain individuals during inter-epidemic periods, this might be the method of transmission from one endemic period to another.

Since more children were still dying than adults, better fluid therapy for children was being investigated. The state of shock in some of the cases had led the research group to suspect that it might be associated with adreno-cortical function. Efforts were being made, therefore, to find out whether cortico-steroid therapy would be effective in cholera treatment.

The CHAIRMAN thanked Dr Azurin for his very clear explanation.

Dr TAYLOR (New Zealand) referred to section 2.2. - International Quarantine. He endorsed the Regional Director's statement that "the threat of the spread of quarantinable diseases from one country to another has not diminished". He also supported the statements made by the representatives from Australia and the United Kingdom on the importance of quarantine control in the Region. He commended the Regional Director for his foresight in arranging for a course on international quarantine for quarantine inspectors to be held in four different places within the Region. He noted with satisfaction that neighbouring countries would be invited to send participants. The ever-increasing size and number of commercial aircraft would bring additional problems to all territories of the Region. Quarantine inspectors should have a thorough knowledge of their responsibilities and of the importance of the problems not only in their own country but also in neighbouring countries. He hoped policies and procedures would be uniform throughout the Region. It was gratifying to hear of the work of the South
Pacific Board of Health; he thought they should strive towards uniformity throughout the world in this respect. He hoped that when this course took place in 1970, the Regional Office would give thought to involving not only quarantine inspectors but also the health planners in the Region who were responsible for the policies and procedures that quarantine inspectors were carrying out. A lot could be achieved by government-to-government arrangement. Attention might also be given to some regional quarantine problems in future meetings of the Regional Committee.

The REGIONAL DIRECTOR stated that he had taken note of the very useful remarks of the Representative of New Zealand.

Dr DIZON (Philippines) said his delegation was happy to note that the need and importance of an epidemiological unit was recognized by the Regional Office. Such a unit had been established in the Philippines and WHO had contributed to the training of the staff assigned to it. However, there was need for the further extension and strengthening of this unit, as the country was made up of several islands and regions; a national epidemiological unit should be supported by regional units. This was one of the areas in which WHO assistance would be useful, particularly in the training of epidemiological and related disciplines.

Since 1954, dengue-haemorrhagic fever had been occurring in the Philippines and up to this time had remained endemic. Four outbreaks had been reported. At present, studies were being made on the clinical aspects and on the vector; serological investigations were also in progress. WHO had provided a consultant on vector control to assist in the work. The recommendations made by the consultant had not yet been implemented because of lack of resources. A very brief meeting had also been held with another WHO expert, Dr Halstead, during which the establishment of standard criteria for diagnosis had been discussed. The criteria adopted in different countries in the Region varied greatly and it was hoped that uniform criteria could be adopted by all countries.
Dr Dizon then drew attention to a new parasitic disease which had been confirmed in a localized area in Northern Luzon. Investigations had established the aetiology as a capillariae species, which had been confirmed and specifically identified as Capillaria philippinensis by Chitwood. There were about 200 known species, but only three had been previously associated with man. This particular one appeared to be affecting the intestinal tract. Tentatively, it had been labelled as intestinal capillariasis. This disease was confined to an area and although in a period of two years about a thousand cases had been reported, there were no signs of further spread. The point of interest was that a new disease could appear and epidemiological investigations were required to find out how it was transmitted. After more than a year of study, many questions remained unanswered. Dr Dizon wished to draw the attention of WHO once again to the importance of collaborative efforts in the study of new diseases. The Philippine delegation had brought this matter to the attention of the World Health Assembly and had also discussed it with the Director of Communicable Diseases at WHO Headquarters. His statement should, therefore, be considered as a follow-up of previous requests for a joint approach to this problem.

The REGIONAL DIRECTOR stated that research was the responsibility of WHO Headquarters. The Director of Communicable Diseases had intended to come to Manila, but he had unfortunately become ill and had had to return to Geneva. It was hoped that the visit could be arranged later.

Dr THUAN (Viet-Nam) referred to the cases of plague reported in his country. During the past two years it had been observed that many of the cases reported were only suspected cases and had not been confirmed by laboratories. In Saigon, all cases had been tested in the laboratory and in 1967 only 74 out of 264 reported cases had been confirmed. The first cases were found in the population coming from regions where there was no administrative control and therefore no
treatment facilities were available. With WHO and bilateral assistance a control campaign had been launched in regions close to the sea and airport in order to prevent the spread of the disease. Efforts had also been made to control the vectors.

Dr Chow (China) stated that as a result of the assistance given to the tuberculosis control programme in Taiwan mortality had dropped sharply from 285 per 100,000 in 1948 to less than 35 per 100,000 in 1967. A year ago, it had been pointed out by the Director-General and the Regional Director that the Government should not ignore the socio-economic aspects of the disease pattern in health planning. Tuberculosis was an example of a programme which needed continued emphasis not only because of its mortality but also because it reduced the productivity of the working population and this meant economic loss to the country. For this reason, WHO should not only continue but strengthen its assistance in this field.

Dr Chow then referred to the fact that ascariasis and hookworm had been given rather a low priority because it had been the understanding that their control needed environmental sanitation improvement. A radical change in the environmental sanitation situation could not be achieved overnight and something should be done in between to alleviate the situation. With the assistance and co-operation of WHO Headquarters and the Kaohsiung Medical College, an epidemiological study to control ascariasis by regular treatment had been carried out. The study, although on a small scale, had shown that periodic treatment of the worm reduced the intensity of infection thereby minimizing the risk of reinfection. WHO had been requested to provide a consultant to undertake a pilot ascariasis control programme, but this had not been technically supported. It was hoped that the matter would be reconsidered and that some kind of pilot programme could be implemented with WHO assistance and guidance.
Section 4: Pharmacology and Toxicology (page 32)

Mr WATANABE (Japan) stated that his delegation was gratified to note that it was proposed to arrange a seminar on the quality control of pharmaceutical substances in 1969. He hoped that this proposal would be implemented since it was understood that it would be the first seminar of this kind in the Region.

Section 5.4: Health Laboratory Services (page 41)

Dr SUMPAICO (Philippines) emphasized the importance of a health laboratory service in any national health programme especially in a developing country like the Philippines whose public health problems were essentially still in the communicable diseases group.

Prior to the war, the health laboratory services in the Philippines had consisted mainly of the Laboratory Department of the San Lazaro Hospital, which co-operated with the Epidemiology Division of the Bureau of Health, with a few provincial health laboratories, and with the biologics production laboratories in Alabang. During field investigations of communicable disease outbreaks, a one-man travelling laboratory had assisted the national epidemiologists in the field.

After the war, with assistance from WHO, UNICEF and the United States of America, the health laboratory services had made significant progress. At present, there were 81 small municipal health laboratories attached to rural health units, 109 provincial and city laboratories, 8 regional laboratories, several specialized laboratories and 1 national laboratory. This system of health laboratories had been established into a national health laboratory system by virtue of Administrative Order No. 125-A issued by the Secretary of Health in September 1963.

Assistance from WHO and UNICEF had been so far geared to the strengthening of national and regional laboratories. It was hoped that further assistance would be given to development at the provincial and municipal levels.
Biologics production had also received much attention. The Alabang Laboratories had reached their present level as a result of the effective assistance of the agencies mentioned earlier. The production of BCG vaccine had started in 1950 and vaccines were now being provided to programmes both in the Philippines and nearby countries. DPT triple antigen and freeze-dried smallpox vaccine were also being produced. It was hoped that with the provision of more funds, manpower and equipment, this laboratory would meet the demands of field operations in connexion with other diseases that could be prevented through immunization.

Section 5.1: National Health Planning (pages 32-34)

Dr CHOW (China) informed the Committee that in 1964 the Taiwan Provincial Health Department had prepared a ten-year health plan for Taiwan. Four years had now passed and he felt there should be a review of what had been achieved so that the plan could be revised to meet changing needs. He asked if it would be possible for the Regional Office to assign an expert to assist in evaluating what had been done and in making the necessary revisions.

The REGIONAL DIRECTOR said that there was provision in the 1969 programme and budget for an inter-country adviser who would assist governments on all aspects of national health planning.

Section 5.6: Health Education (pages 47-50)

Dr LEE (United States of America) referred to page 47 of the Report, in which mention was made of the University of Tokyo having established a School of Health Sciences. He noted also that WHO had given assistance to the School of Physiotherapy in China (Taiwan). The United States of America had been faced with difficulties in connexion with the training of health professionals in the allied health fields. Programmes were now being developed so that a person who had been trained in physical therapy in a community college and
obtained a two-year associate degree could move on and take, if he wished, a baccalaureate and master's degree. It was important to develop programmes which would not limit the opportunity of the people working in the allied health fields to advance further. In the past, too many academic institutes had developed curricula which did not provide this opportunity. He hoped that this problem would be avoided in China (Taiwan) and Japan.

Section 8.1: Medical Education (pages 64-65)

Dr LEE (United States of America) noted that the Republic of Korea was planning two new medical schools and a third one was to commence in 1970. He asked whether WHO had been asked to assist in the development of these schools.

The REGIONAL DIRECTOR said that no request had yet been received for assistance. This had been included for information of the Committee only.

Part III, Section 1: Press and Publications (pages 85-86)

Mr WATANABE (Japan) stated that problems were being encountered because information on the theme for World Health Day and the World Health "kits" often arrived rather late. It would be helpful if governments could receive this information two months prior to the celebration, since the materials had to be translated into Japanese. It had also been necessary on some occasions to modify the subject so that it would be more suitable for the Japanese people as the purpose of World Health Day was not only to draw attention to the work of the Organization but to the work of the health administration as well. On one occasion the theme chosen had been "malaria". Since Japan had not been faced with this problem, the theme had had to be changed to the eradication of mosquitoes and flies.
The REGIONAL DIRECTOR said that the basic information materials were issued by WHO Headquarters and had to be sent by surface mail for purposes of economy.

Dr TAYLOR (New Zealand) said that a few years ago Member governments had done much less about World Health Day and most of the materials sent out had been filed and forgotten. WHO had an efficient health education branch in Geneva and had developed health education co-ordination throughout the world to a large extent through its co-ordinating efforts. He thought that a very good job had been done in this region. The point had been reached where certainly the theme was announced well ahead and countries were able to plan, but health educators who planned to work this way would like to do the planning around the materials produced by Headquarters. He wondered, therefore, whether the time had not come to plan for World Health Day two years ahead. In this way, the materials could be distributed around the world by surface mail but would still arrive in time.

The DIRECTOR-GENERAL stated that he had taken note of the recommendations of the Representative of Japan and the comments of the Representative of New Zealand. It was difficult to have a theme that interested all countries in the world although he would have thought that malaria would interest Japan. It was one of the richer countries in the world and could, therefore, support the global malaria campaign by contributing to the Special Account for Malaria Eradication.

As pointed out by the Regional Director, the cost of transportation was increasing and it was the established policy of WHO to send as much as possible by surface instead of by air. He would consider this matter further as he appreciated that if material arrived late it might no longer be useful for the purpose for which it was intended. The theme for next year was related to occupational health as it was the fiftieth anniversary of ILO, with whom the Organization worked closely in this field.
The REGIONAL DIRECTOR stated that he had taken note of the various remarks concerning the Report and before closing the discussion, he wished to thank the representatives for the kind words they had said concerning its preparation and presentation.

The CHAIRMAN declared the discussion on the report closed and requested the Rapporteurs to prepare an appropriate draft resolution. (For consideration of draft resolution, see the sixth meeting, section 2.1.)


In introducing this item, the REGIONAL DIRECTOR stated that a short note had been added in connexion with the following resolutions as it was felt that the attention of the Committee should be specifically drawn to some of the operative paragraphs:

(1) Training of National Health Personnel (WHA21.20)
(2) Smallpox Eradication Programme (WHA21.21)
(3) Malaria Eradication Programme (WHA21.22)
(4) Community Water Supply Programme (WHA21.36)
(5) Report on Expert Committee Meetings (EB42.R12)

Resolutions WHA21.32 and WHA21.49 which referred to long-term planning and evaluation would be discussed along with a document on biennial programming under item 15 of the Agenda.

Dr TENG (United Kingdom) noted that resolution WHA21.23 regarding the health problems of seafarers and health services available to them had not been included among the items for discussion. It was the opinion of the United Kingdom delegation that the establishment of certain centres as pilot health centres should not be mandatory but that it should be left to the national authorities to set up these medical centres to the extent they saw fit.
Training of National Health Personnel (resolution WHA21.20)

Dr. Lee (United States of America) referred to resolution WHA21.20, Training of National Health Personnel, and asked how the Committee might carry out operative paragraphs one and two(c). Operative paragraph two(c) called the attention of the regional committees to the fact that in 1969 it would be requested to undertake an analysis of the problems of training for the health professions and auxiliaries. He wondered if the Regional Director would discuss this item with the Committee.

The Director-General informed the Committee that the resolution asked for a series of measures. There was a recommendation requesting the Director-General to continue to give high priority to programmes of assistance to Member States in training for the health professions and auxiliaries; to continue to collaborate with the United Nations and the specialized agencies in the utilization and development of human resources; and to make provisions for a general evaluation during the forty-fifth session of the Executive Board of the experience accumulated by the World Health Organization taking into account the conclusions reached by the Regional Committees. This was part of a long-term programme that started at the level of the Regional Committee, then went to the Executive Board and then to the Assembly. Some basic material would be provided to facilitate discussions in the Regional Committee next year. This would be adapted to the circumstances of each Region. It was hoped that in this way the Regional Committee would be able to give some guidance to the Executive Board and the Assembly.

Dr. Lee (United States of America) requested the Regional Director, when preparing for the 1969 discussions, to give attention to the organization and administrative structure of the health administration. It was sometimes forgotten that the planning, organization, direction and implementation of training of health manpower should be part of this structure.
3 THE ESTABLISHMENT OF A WHO MEDICAL SCHOOL IN THE WESTERN PACIFIC REGION: ACTION TAKEN IN RELATION TO RESOLUTION WPR/RC18.R7 ADOPTED BY THE COMMITTEE AT ITS EIGHTEENTH SESSION: Item 13 of the Agenda (Document WPR/RC19/5)

The REGIONAL DIRECTOR said that last year the Committee had requested him to submit a report on medical education in the Region and the type of assistance being provided by WHO. The document presented to the Committee provided this information. The data were not complete and even now the Secretariat was still making corrections as it had been found necessary to obtain further information from some governments. Revised tables would eventually be sent to all Governments. Despite these shortcomings, it was felt that the statistics presented provided a reasonable basis for purposes of discussion and general consideration of the availability of medical educational facilities in the Region.

The Regional Director then drew the Committee's attention to Annex 3 which contained the comments received from governments in connexion with the establishment of a WHO medical school in the Western Pacific Region. The general feeling appeared to be that the strengthening of existing national medical schools would be preferable to the setting up of a WHO school.

Mr ETI (Western Samoa) stated that most of the medical and paramedical staff in Western Samoa received their training from the Fiji School of Medicine which was under the control of the South Pacific Board of Health. Medical officers were also trained in the University of Otago and training could probably also be given in Australia. He considered that the time was not ripe to establish another central medical institute in the Region as nearly all the members of the Region received benefit from existing medical training centres.

Dr DIN (Malaysia) commended the Regional Office for producing a very valuable document showing the deficiencies, excesses and normal situations in the Western Pacific zone. He would like to know whether it would be possible to obtain help from bodies other than WHO.
He referred to resolution WHA21.20, operative paragraph two(b): "to continue to collaborate with the United Nations and the specialized agencies in the utilization and development of human resources" and requested the Director-General to comment on the possibility of obtaining support from the United Nations. There had been an attempt on the part of an organization in Japan to establish a school through the joint efforts of different countries. The Representative of Japan might perhaps clarify this point.

The DIRECTOR-GENERAL stated that the only source in the United Nations at the present moment was the Special Fund, which had given help to a school of nursing in Niger and also to institutes for the training of middle-level personnel. At the next meeting of the Governing Council of the Special Fund, a proposal for a school for health professionals in Cameroon would be considered. This was the type of school he had mentioned yesterday where it was intended to train doctors, dentists, pharmacists, nurses, and so forth, in the same environment instead of having one school for each, as this Cameroon could not afford. The Special Fund was interested in the proposal. The Government had been assisted in the preparation of the request. This would be the first school for health personnel at the professional level to be approved by the Special Fund. This was the only development in the last year.

Mr WATANABE (Japan) stated that the situation in Japan had changed since his Government had sent its comments to the Regional Director. The subject had been discussed with certain groups and it was noted that the establishment of a school for undergraduate medical education would involve an international license for medicine and a substantial amount of expenditure. This had been pointed out by the Director-General during the last meeting of the Committee.

It was considered that rather than establishing a medical school, some kind of international hospital might possibly be set up in Japan where difficult cases in the Region or in South-East Asia could be
accommodated. This hospital would also have training facilities for both medical and paramedical staff. The Government of Japan could not, however, commit itself to this plan at this stage.

There being no further comments on the item, the CHAIRMAN requested the Rapporteurs to prepare a draft resolution. (For consideration of draft resolution, see the sixth meeting, section 2.2.)

The meeting rose at 5.00 p.m.