



REGIONAL OFFICE FOR THE WESTERN PACIFIC
BUREAU REGIONAL DU PACIFIQUE OCCIDENTAL

REGIONAL COMMITTEE

Eighth Session
Hong Kong

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4 October 1957

ORIGINAL: ENGLISH

MINUTES OF THE FIRST MEETING

Grantham Training College
Thursday, 5 September 1957 at 10.00 a.m.

CHAIRMAN: Dr. G. Graham-Cumming (New Chairman)

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First Meeting

Thursday, 5 September 1957 at 10.00 a.m.

PRESENT

I Representatives of Member States

AUSTRALIA	Dr. H.E. Downes Mr. R.N. Birch
CAMBODIA	Dr. Phav Sany Dr. Ber Keng Hean Dr. Y. Danvoye
CHINA	Dr. Wu Ching Dr. C.H. Yen Dr. Y.T. Kuo
FRANCE	Médecin-Colonel P. Bernard Médecin-Colonel M. Demange
JAPAN	Dr. M. Yamaguchi Mr. A. Saita Mr. Seiken Sasaki
KOREA	Dr. Yu Sun Yun
LAOS	Dr. Thongphet Phetsiriseng
NETHERLANDS	Dr. J. Bierdrager
NEW ZEALAND	Dr. H.B. Turbott
PHILIPPINES	Dr. Jesus A. Nolasco Dr. Antonio Ejercito
PORTUGAL	Dr. J. Paiva Martins
UNITED KINGDOM	Dr. G. Graham-Cumming Dr. P.W. Dill-Russell Dr. G.R. Thomson Dr. P.H. Teng Dr. W. Glyn Evans Dr. M. Doraisingham
UNITED STATES	Dr. Leroy Burney Dr. Richard K.C. Lee
VIENTIANE	Dr. Le-Van-Khai Dr. Nguyen Tang Nguyen Dr. Tran Van Bang

II Observers of Non-Member States

FEDERATION OF MALAYA

Dr. Mohamed Din bin Ahmad

III Representatives of the United Nations and Specialized Agencies

UNITED NATIONS CHILDREN'S FUND

Mr. Brian Jones

UNITED NATIONS TECHNICAL ASSISTANCE
BOARD

Sir Alexander MacFarquhar

IV Representatives of other Intergovernmental Organizations and of Non-Governmental Organizations

INTERNATIONAL ASSOCIATION FOR THE
PREVENTION OF BLINDNESS

Dr. G.C. Dansey-Browning

INTERNATIONAL COUNCIL OF NURSES

Miss Mary Chow

INTERNATIONAL DENTAL FEDERATION

Dr. Walter C. Allwright

INTERNATIONAL LEPROSY ASSOCIATION

Dr. Neil D. Fraser

INTERNATIONAL UNION FOR HEALTH
EDUCATION OF THE PUBLIC

Miss C. del Rosario

MEDICAL WOMEN'S INTERNATIONAL
ASSOCIATION

Dr. Marie Hui-hsi Feng

SOUTH PACIFIC COMMISSION

Dr. Thos. C. Lonie

WORLD FEDERATION OF SOCIETIES
OF ANAESTHESIOLOGISTS

Dr. H.P.L. Ozorio

V Other Observers

UNITED STATES INTERNATIONAL
CO-OPERATION ADMINISTRATION

Dr. Eugene Campbell

1 OPENING CEREMONIES

Address by His Excellency the Governor of Hong Kong

The eighth session of the Regional Committee for the Western Pacific was formally opened at the Grantham Training College, Kowloon, by His Excellency the Governor of Hong Kong. In his welcome speech, His Excellency stated that Hong Kong, apart from its formal links with the Organization, had always taken a special interest in the progress of the Regional Committee since it was in the Colony that the regional headquarters had first been set up. The best evidence of the success of the United Nations was to be found in the work of the specialized agencies and WHO had won for itself a very special place in the affection and interest of mankind. Hong Kong had benefitted from the activities of the Organization and had in turn been able, on an increasing scale, to arrange visits of inspection and instruction for WHO fellows. Reference was made to the visit which the Committee would pay to the leprosarium on Hay Ling Chau and the hope expressed that the Committee's discussions might result in advancements being made in what was more than a purely territorial campaign against the disease and its attendant social problems. (For full text see Annex I.)

Dr. J. BIERDRAGER (Retiring Chairman) formally thanked His Excellency the Governor on behalf of the Regional Committee and expressed appreciation of the fact that the facilities of the Grantham Training College had been put at its disposal.

Message from the Director-General

In the absence of the Director-General, the REGIONAL DIRECTOR read

a message on his behalf. In this the Director-General referred to the fact that Hong Kong had acted as host to the temporary office for the Western Pacific Region and by so doing had enabled the Organization to lay the foundations on which to build its Regional Office. He also stated that the advice and guidance of the Regional Committee were indispensable in the planning of field activities and much more importance was attached to the discussions of the Committee. (For full text, see Annex II.)

Dr. J. BIERDRAGER (Retiring Chairman) expressed regret that the Director-General had been unable to attend the eighth session of the Regional Committee and hoped that it would be possible to do so next year. He then asked the Regional Director to convey to the Director-General the Committee's appreciation of his message.

With the completion of the opening ceremonies, the Committee adjourned for a short intermission.

2 OPENING OF THE EIGHTH SESSION OF THE REGIONAL COMMITTEE

Dr. J. BIERDRAGER (Retiring Chairman), having declared the Committee in session, stated that he wished to refer once again to the importance of technical assistance. This was not a new conception but had a historical and ideological basis and the fact that the well-being of the world population was the responsibility of all should be fully acknowledged. People working in assistance projects in under-developed areas had to believe in the importance of their mission and the possibility of its realization. They must learn about the country in which they were working, of the problems to be faced and their approach must be flexible and easily adapted to local needs and problems. They, in

their turn, must receive assistance from the country concerned if their work was to be successful. In closing, Dr. BIERDRAGER expressed the hope that the progress made in the field of health would continue to expand in the years to come. (For full text see Annex III.)

3 ELECTION OF OFFICERS

Dr. LE-VAN-KHAI (Viet Nam) nominated Dr. G. Graham-Cumming (United Kingdom) as Chairman; this was seconded by Dr. J.P. MARTINS (Portugal) and Médecin-Colonel P. BERNARD (France). Dr. Graham-Cumming was declared elected.

Dr. M. DORAISINGHAM (United Kingdom) nominated Dr. Leroy Burney (United States) as Vice-Chairman; this was seconded by Dr. H.B. TURBOTT (New Zealand) and Dr. LE-VAN-KHAI (Viet Nam). Dr. Burney was declared elected.

Dr. A. EJERCITO (Philippines) nominated Mr. Y.S. Yun (Korea) as Rapporteur for the English language; this was seconded by Dr. H.E. DOWNES (Australia) and unanimously approved.

Médecin-Colonel P. BERNARD (France) nominated Dr. Le Van Khai (Viet Nam) as Rapporteur for the French language; this was seconded by Dr. PHAV SANY (Cambodia) and unanimously approved.

4 ADDRESS BY INCOMING CHAIRMAN

Dr. G. GRAHAM-CUMMING (Incoming Chairman) thanked the Committee for the honour conferred not only on him but also on the United Kingdom and Hong Kong. He stated that the keynote of all the work of the World Health Organization was voluntary co-operation so that the resources

were available for all and the common knowledge, skills, and experience should be placed unreservedly at the service of all people. (For full text see Annex IV.)

5 ADOPTION OF THE PROVISIONAL AND SUPPLEMENTARY AGENDA (WP/RC8/1, Add.1)

Dr. A. EJERCITO (Philippines) proposed that the provisional and supplementary agenda should be adopted. This was seconded by Dr. R.K.C.LEE (United States) and approved.

Mr. A. SAITA (Japan) requested that the following additional documentation be made available: (1) Item 14.4 - a copy of the original memorandum presented by the Government of New Zealand, (2) Item 14.1 - minutes of the Committee on Administration, Finance and Legal Matters, and (3) information on the 1958 allocation of expenditures on regional secretariat, field projects, inter-country seminars and conferences, in accordance with the different regions.

The SECRETARY agreed to furnish the information requested under (1) and (2) above, but stated that as far as item (3) was concerned, the Secretariat would be glad to furnish the information concerning the Western Pacific Region.

Mr. SAITA suggested that the information might be obtained from Official Records No. 77 and it was agreed that the Secretariat would look into this.

The CHAIRMAN drew the attention of the Committee to the item submitted by the Government of Viet Nam relating to an amendment to the Rules of Procedure. This had arrived too late for insertion in the supplementary agenda and the Committee had to decide whether it should be discussed or not. The CHAIRMAN asked the representative of the Government of Viet Nam whether he would be willing to have the item deferred until the next session of the

Committee, as there were no Associate Members in the Western Pacific Region and the matter was not, therefore, very urgent. In the meantime, the Regional Director might be asked to take the matter up with the Legal Section at Headquarters.

Dr. LE-VAN-KHAI (Viet Nam) said that, as the item submitted by his Government had arrived so late, he was in agreement with the Chairman's suggestion.

6 TECHNICAL DISCUSSIONS

Dr. H.B.TURBOTT (New Zealand) was designated Chairman of the Technical Discussions. It was agreed that he should address the meeting on Friday morning, when details of the arrangements made would be communicated to the Committee.

7 ESTABLISHMENT OF THE SUB-COMMITTEE ON THE PROGRAMME AND BUDGET

The SECRETARY drew attention to the decision made by the Committee at its seventh session that the establishment of a sub-committee on the programme and budget, consisting of six members, plus the Chairman of the Regional Committee, should become a routine activity of the Committee. Details were given of the membership at the sixth and seventh sessions of the Committee and it was agreed that, in accordance with the principle of rotation, the membership this year should be composed of representatives from Cambodia, China, Japan, New Zealand, the United Kingdom and Viet Nam. It was also agreed that the sub-committee would meet at 2.00 p.m. and that the discussions would continue the following afternoon at 3.30.

8 ACKNOWLEDGEMENT BY THE CHAIRMAN OF BRIEF REPORTS RECEIVED FROM GOVERNMENTS
ON THE PROGRESS OF THEIR HEALTH ACTIVITIES

The CHAIRMAN stated that the following progress reports had been transmitted to the Regional Director and distributed to the representatives: American Samoa, British Solomon Islands Protectorate, Cambodia, China, Guam, Hong Kong, Japan, Macau, Netherlands New Guinea, New Caledonia and dependances, North Borneo, Philippines, Singapore, Territory of Papua and New Guinea, Trust Territory of the Pacific Islands and Viet Nam. He had read these with great interest as they provided a varied picture of health activities in the Region and he thanked the governments concerned for submitting this information.

9 OTHER BUSINESS

Dr. C.H. YEN (China) stated that before the meeting was adjourned he would like to thank Dr. Bierdrager, the retiring Chairman, for the able way in which he had conducted the last session.

The meeting adjourned at 11.40 a.m.

ADDRESS OF HIS EXCELLENCY THE GOVERNOR OF HONG KONG

Mr. Chairman, Mr. Regional Director, Representatives, Observers,
Ladies and Gentlemen -

It gives me great pleasure to open the eighth session of the World Health Organization's Regional Committee for the Western Pacific. Hong Kong, quite apart from its formal links with the Organization, has always taken a special interest in the progress of the Regional Committee, since it was in the Colony that Dr. Fang first set up his Regional Headquarters in 1950. We are, therefore, all the more pleased to see the Regional Committee back in Hong Kong today as a firmly established and flourishing part of the World Health Organization. We are also pleased to learn that before long a permanent Headquarters building will be established in Manila as a tangible sign that WHO has come to stay in the every-day fight against disease and malnutrition in the Western Pacific.

It has always seemed to me that the best evidence of the success of the United Nations is to be found in the work of the Specialized Agencies. WHO, with its belief that the highest attainable standard of health is one of the fundamental rights of every human being, exemplifies this success in the way best understood by the ordinary people of the countries in which it works. Good health lies at the root of contentment and success in life. Both by helping individual territories to reduce or eradicate the most formidable obstacles in the fight for these ends, and also by providing the co-ordinating force by which all countries can join in a world-wide campaign for the promotion of health without regard for national boundaries, WHO has won for itself a very special place in the affections and interest of mankind.

How then is this work carried out? There are three broad lines of action - firstly, world-wide co-ordination of information and the organization of special studies on major health problems; secondly, the provision of training facilities in particular fields of study through fellowships for doctors and other health workers from territories lacking such facilities; and, thirdly, by lending expert advisers who can arrange demonstration health projects and co-operate with local administrations in grappling a particular problem and preparing a blue-print upon which future development can be carried on.

Hong Kong has been fortunate in benefiting from all these aspects of WHO's activities. In particular we have received a very generous share of fellowships or places in seminars and study groups which WHO has been able to arrange in recent years. We have received practical assistance in BCG and anti-diphtheria campaigns and in dealing with health education and maternal and child health work. In turn, we have been able, on an increasing scale, to assist the Regional Director by arranging visits of inspection and instruction by holders of fellowships from other countries or members of the Regional Headquarters who are interested in seeing the way in which we have tackled particular problems. It is with this background of wholehearted and, I think, successful collaboration with the Regional Headquarters that we hope that we will be able to provide you with a satisfactory venue for the eighth session.

/I understand that ...

I understand that the technical discussions at this session will be concentrated on leprosy and that you will be visiting later this week the government-subsidized leprosarium on Hayling Chau. We in Hong Kong have become used to facing new and unexpected problems due to our geographical position and, in post-war years, the enormous increase in our population. In that sense the problem of leprosy is less pressing than the other scourges such as tuberculosis which over-population and lack of suitable housing have produced. But leprosy, from its earliest recorded appearance, has constituted in most countries a unique problem because of the superstitious dread of the disease and the consequent exclusion of its unfortunate sufferers from the ordinary life of the community. Hong Kong is tackling the worse cases in isolation at the leprosarium, as you will see, with all the latest resources of medical science. We are also, and this is especially important in a territory as small as Hong Kong, trying to tackle the disease in special out-patient clinics before the patients are forced to leave the community and learn to know the stigma of the leper. Again, for cured lepers from our leprosarium, we are tackling with some, but as yet incomplete, success their rehabilitation and re-absorption into the ordinary life of the community. The Government could not do this work without the help of voluntary organizations and, in particular, the Mission to Lepers which runs the leprosarium, and I am very glad to have this opportunity of paying a tribute to their devoted work. However, what we are doing is still not enough and we must have the co-operation of every member of the community in a campaign of self-education so that people will realize that leprosy is not a Mark of Cain whose bearers are to be expelled from communal life, but rather a disease which medical science can now cure, which is much less infectious than a number of less feared diseases, and which can be treated in normal surroundings if only the old superstitions and fears can be forgotten. If, Ladies and Gentlemen, you can, by your forthcoming deliberations, do anything to help us in what is more than a purely territorial campaign against this disease and its attendant social problems, you will have established one more reason why Hong Kong should look upon WHO and its regional organization with a very special affection, and should offer sincere wishes for its future prosperity and success.

I understand that a very full agenda has been worked out for this session of the Regional Committee, and that this will not be entirely unmixed with entertainment. We hope that you will enjoy your work and stay in Hong Kong and that, quite apart from the subject of your deliberations, you will have an opportunity to enjoy some of the pleasures which Hong Kong can provide in its individual way. We also hope that you may have some opportunity to see and evaluate the way in which we are tackling our great problem of over-population. However, I must not delay you longer today by a forecast of all that lies before you in the next week. Ladies and Gentlemen, I have very great pleasure in declaring open the eighth session of the Regional Committee for the Western Pacific and in wishing your meeting a successful outcome.

ADDRESS OF THE DIRECTOR-GENERAL, WORLD HEALTH ORGANIZATION

The Director-General of the World Health Organization, due to unforeseen circumstances, has been prevented from attending the eighth session of the Regional Committee for the Western Pacific, and wishes to convey his greetings to His Excellency the Governor of Hong Kong, to the Chairman of the Regional Committee.

The World Health Organization owes much to Hong Kong, not only because of the part it plays in our Organization's activities in the very vast and complex region of the Western Pacific, but also because it acted as host to our temporary office for the Western Pacific Region in 1950 and 1951, at a time when the Organization's main preoccupation was to expand its activities in the Region, particularly in the planning and direction of health projects in Member Countries. Due to the generosity of the authorities in Hong Kong, the Organization was thereby enabled to lay the foundations on which to build up its Regional Organization in the Western Pacific.

The advice and guidance of the Regional Committee are indispensable in the planning of activities in the field and the Director-General wishes to state again how important the work of this committee is for the Organization.

The Director-General has pleasure in expressing his warmest wishes for the success of the meeting.

ADDRESS OF DR. J. BIERDRAGER
(Retiring Chairman)

Fellow Representatives, Observers, Ladies and Gentlemen:

Last year in Manila you honoured my country and myself by electing me Chairman of the seventh session of the Regional Committee. I still look back with gratitude on the help and assistance you gave me. We are now approaching the tenth anniversary of the World Health Organization, as it was on 7 April 1948 that our organization became a specialized agency of the United Nations. As retiring Chairman, I wish to congratulate my incoming colleague on holding office during the forthcoming auspicious year.

A year ago I referred in my opening address to technical assistance and my conclusion was that technical assistance should be based on a belief in mutual assistance which, in itself, is the basis of international understanding. I should like to dwell a little more on this subject, as, in view of the coming tenth anniversary it would seem appropriate to decide what we really mean by technical assistance. In its broadest sense the idea is not new. Many years before the outbreak of the Second World War, technical assistance had been offered to sub-developed countries. In the field of health, for example, I refer you to the work of Albert Schweitzer which is representative of what was being done by thousands of others. Technical assistance has, therefore, a historical and ideological basis. It was born out of feelings of mutual responsibility for the health and welfare of peoples in all parts of the world and its cradle rests on a humanitarian basis. Its realization is made possible by scientifically developed techniques.

Our efforts are directed to increasing the economic potentiality of countries through the promotion of health as improvement in the standard of living is the only thing which guarantees social and cultural welfare. To achieve this objective is, however, no easy task; the approach must be conditioned by local circumstances; it must be flexible and easily adapted to local needs and problems. For example, a malariologist whose main objective is to control malaria may also have to advise on the principles of health administration. Peoples who are willing to receive the benefits of technical assistance and those who are willing to give it must realize why this is being given.

In many under-developed countries the general health situation is unfavourable although, as a result of public-health measures, the mortality and morbidity rates have often been considerably reduced. While in some instances this has led to an increase in the population and an alleged lower nutritional intake per head, the considerable advances made in respect of improved health have also improved agricultural production.

It should be noted that the term "under-developed" is a relative one. South Italy is under-developed in comparison with the highly industrialized northern part. The hinterland of Brazil, which is sparsely populated and

/of immense extent ...

of immense extent, is under-developed when compared with the grandiose lay-out and architecture of its metropolis. In the same sense, Holland has its under-developed areas which call for special attention from the government administration.

The approach of missionaries and technical assistance teams to the problems of sub-developed peoples and territories would appear to be similar. It is of primary importance that physicians, technicians, agricultural and other experts believe in the importance of their mission and in the possibility of its realization. Often the personalities of the experts are more important than their technical knowledge. Patience and tenacity are both necessary, moderation as well as energy, but most of all self-restraint is required. The expert should always remain the man in the shade, never losing contact with the cultural and social environment of his country of interest and he should always remember that conception of time and economy differ from those in his home country. He has much to offer from the point of view of technical knowledge, but there is much too that he must learn about the country in which he is working, if full use is to be made of his technical knowledge. He, too, must receive assistance if his work is to be successful. The combination of a relatively high standard of cultural life with a warm interest in the problems of less-developed countries makes people fit to undertake this task.

As I said in the beginning of my address, the origin of technical assistance lies in the acknowledgement that the well-being of the world population is the responsibility of all. If there is any hope that the peoples of the world should live in peace, the promotion of mutual technical assistance is of paramount importance.

WHO, in the past years, has been working for the promotion of health amongst the peoples of the world. The progress of activities during the last year, as given in the Report of the Regional Director, shows that much useful work has been done. It is hoped that this progress will increase and expand in the years to come.

ADDRESS OF DR. G. GRAHAM-CUMMING
(Chairman)

Dr. Bierdrager, Dr. Fang, Fellow Delegates.

You have done me great honour in electing me to this chair and appointing me to preside over this 8th meeting of the Western Pacific Regional Committee of the World Health Organisation. For this honour I most sincerely thank you. It is an honour which I appreciate all the more in that - despite the distinctly traditional British appearance which I may seem to present - I mean of course stiff necked and stuck-up - I am acutely aware of being one of the most junior and least experienced of all the eminent public health administrators and experts gathered here to discuss matters affecting the health and well being of millions of people living in our respective territories scattered all over the Pacific basin from Korea and Japan in the North to New Zealand in the South and from Malaya (whose representative I salute and congratulate) to Hawaii. It is an honour and responsibility I am little qualified to bear yet I realise it is an honour conferred, not on me as an individual, but as representing Hong Kong and, in that understanding and on behalf of Hong Kong, I accept and thank you.

Hong Kong is indeed proud and happy that you have honoured this tiny British Colony by your presence. His Excellency Sir Alexander Grantham has already welcomed you. I can but echo his words of salutation. I trust your stay will be pleasant and fruitful, that you will be able to enjoy some of the delights and pleasures this place has to offer in addition to sharing the labour of our meetings and that our discussion will be profitable. It has been said that the comparative degrees of discussion at conferences such as this are blah, blather, and blast! Be that as it may, I feel certain from past experience of gatherings of the World Health Organisation that our present deliberation will attain the highest degree of eloquence, forcefulness and, I trust, effectiveness.

It will be my task to facilitate and expedite, as much as in me lies, these discussions, and to this end I pledge myself. I know I can rely on your loyal and friendly cooperation and, I trust, forbearance. We have a long and heavy agenda before us and I do not propose to delay the business of the meeting much longer by making any further unnecessary remarks, or someone will be accusing me of establishing the first degree of comparison in public speaking before the meeting is well begun! Let us remember, however, that the keynote of all the work of the World Health Organisation is voluntary cooperation so that the resources of all are available for all and place our knowledge, skills, and experience unreservedly at the service of all that the people we serve may benefit.