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MINUTES OF THE SECOND GENERAL SESSION OF THE
TECHNICAL DISCUSSIONS

17 September 1955: 9.00 am

The meeting opened with the presentation of reports from the three Technical Discussion Groups. It appeared that groups had made different approaches to the subject, one having emphasized quality in training and qualification, whereas other groups had stressed the importance of providing midwives, whether trained or untrained, for rural health services.

The Chairman pointed out that the purpose of the meeting was to discuss any points which had not been covered in the group reports, and to discuss any differences of opinion on any subject which might be evident from the reports.

In response to a query concerning the minimum age of midwifery students, it was pointed out that 17 had been suggested as it was desirable to take girls straight from school.

It was appreciated that the problem of untrained midwives was a serious one; experience had shown that in many cases these midwives trained their own successors, often a daughter or niece, and they resented trained girls who were not known to them coming to work in the villages. One country had overcome this problem by giving priority in selection for training as rural midwives to relatives of untrained midwives.

A representative said that as in his country the health services were not developed they relied very much on untrained midwives. The government, however, had a scheme whereby girls of 18 were taken from the villages and given six months' training in a hospital centre. Back in their own villages they worked harmoniously with the untrained midwives who eventually retired of their own accord, handing over to the younger girls.

Another member of the group quoted her own experience in holding quarterly meetings for all the untrained midwives in the area. The programme at these meetings consisted of simple talks in their own language, followed by discussion of their problems. They gained not only knowledge, but also gained confidence because they came to realise that the authorities were aiming to help them rather than to find fault with them.

In the Philippines, the medical societies had asserted that unqualified midwives did not have the basic education necessary to benefit from training. However, a compromise was reached, and a short training course was established and those who completed satisfactorily were provided with a UNICEF kit. It was doubtful whether the older women gained very much from this course, but the younger ones did benefit. The course was entirely voluntary.

In describing two WHO/UNICEF-assisted projects (China MCH and Philippines Midwifery) the role of professional personnel in teaching and supervising untrained midwives was emphasized. Demonstration centres provided refresher courses for professional nurses and midwives who in turn conducted classes for untrained women and kept them under supervision. These women make regular visits to the health centres to report births, replenish equipment and receive further instruction.

A representative suggested two positive approaches to the problem of untrained midwives. The first was to give them as much training as possible, through courses and informal meetings. The second was to set up schools of midwifery so that midwives could be fully trained and so replace the untrained personnel. Later it was shown that these two approaches should not be regarded as alternatives but could be made simultaneously.

It was stated that sometimes trained women preferred to stay in the cities and were reluctant to go to work in the villages. The answers suggested were to offer better housing, transport, equipment and higher pay for work in villages.

One member of the group stressed the importance of health workers putting themselves on an equal status with the people they served rather than appearing superior. He also mentioned that though untrained personnel were often uneducated they were not unintelligent, and there were elements in their ritual which could be used as a stepping stone to modern methods; in this connection he gave as an example ritual purification leading to modern hygiene. It was pointed out that the introduction of new techniques was causing disturbances

in some communities, and an effort should be made to give them a sense of support rather than of disintegration. One way to achieve this was to introduce medical services through the local midwife and headman, whom the villagers would have previously associated with such services. In these circumstances it would be better to give training to a large number of people at a lower level than to wait until high quality services could be built up from a small nucleus of professional midwives.

It was evident that opinions of representatives differed as to whether or not domiciliary midwifery was important in developing rural health services. A discussion took place on the responsibilities to be assigned to the midwife - whether, in view of her access to the homes, she might also give vaccinations and help the campaigns against venereal diseases and malaria.

It was emphasized that a midwife had not been trained for all these other duties. If midwives were given extra training to fit them for these duties, then their name should be altered to, perhaps, nurse-midwives, but the term 'midwife' alone should imply nothing more than ante-natal, intra-natal and post-natal care.

Many thought it better to have one visitor to the home carrying out all the duties, so that the family would get accustomed to that one person and gain confidence in her. It was agreed that midwives, trained in public health nursing duties and working under a different name, would be a vital factor in the approach to rural health services. The ante-natal and post-natal periods offered excellent opportunities for health education.

Doubts were expressed over the length of training required of a person to undertake such a variety of duties; in view of the urgent need of trained personnel the time factor would have to be considered. It was stated that in most countries the period of training for a nurse-midwife seemed to be four years, and in the meantime untrained midwives were given short periods of training in different subjects to enable them to carry on. One country is planning to prepare a "community nurse" who will be trained in public health and qualified as an assistant nurse and a midwife.

The next question discussed was whether it was better to concentrate on encouraging domiciliary midwifery, or maternity hospitals, - financial resources being equal in either case. One representative thought that preference should be given to hospitals as they had all the facilities and skilled staff available to avoid injuries and fatalities. On the other hand, it was pointed out that

infection was common in hospitals, and mothers preferred on the whole to have normal deliveries in their homes. It was finally decided that the traditions of the particular country in question would have to be taken into consideration, as the level of education and public opinion varied in different countries.

Consideration was then given to the topics for next year's Technical Discussions. The topics put forward were:

1. The approach and management of the pre-school child, (from 1 - 6).
2. The collection and analysis of health statistics.
3. The improvement of nutrition in rural communities.

These topics were put to the vote, and the result was 17 representatives and observers in favour of Topic 1, and 10 in favour of Topic 3.

Questionnaires were then passed around for the evaluation of the discussions. Participants were asked to state their opinions on the length of the discussions and the status they should have in the Regional meeting.

The Chairman concluded by thanking all those who had contributed to the success of the discussions, including all visitors and observers whose co-operation was greatly appreciated.

ADDRESS OF THE DIRECTOR-GENERAL

This is the third time that I have the pleasure of attending a meeting of your Committee and I gladly welcome the opportunity I shall have in the next few days to renew contact with my friends in the Western Pacific and to examine with them some of the important problems of this Region.

Both the Report of the Regional Director and the proposals for the programme of work in 1957 bear witness to the vitality of your organization in serving the fundamental purpose of WHO which is to mobilize all internationally available resources for strengthening the permanent foundations of the health services of the various countries.

Viewed against the background of this basic aim of the Organization, the increasing number of inter-country programmes is undoubtedly one of the most promising features of the collective effort you are making to improve health conditions in the Western Pacific. It is indeed fortunate that despite the urgency of the health needs you have to meet in your own countries, you have given priority to the solution of problems of common interest to the majority of Member States in the Region. I am thinking for example of the seminar held last year in New Zealand at which experts from 21 countries in the Western Pacific, South East Asia and the Eastern Mediterranean Regions exchanged their views on some of the important dental health problems and discussed the methods whereby dental health programmes can be made an effective part of general public-health services. I am also thinking of the seminar which took place this year in Suva where participants from 20 countries examined such essential matters as the basic education of nurses, the relationship of hospital and nursing service administration to educational programmes for nurses, and the training of auxiliary nurses and midwives. As a final example of important inter-country projects, may I refer to the Second Asian Malaria Conference of last November which played an instrumental role in the shaping of our new anti-malaria policy as adopted by the Eighth World Health Assembly. It was indeed the general feeling of the 30 experts coming from three Regions to attend this Conference that there was no other rational way of planning control than to aim at malaria eradication in the shortest possible time before the anophelene vectors become completely resistant to insecticides. I am looking forward to the discussions you will have on the most practical ways in which WHO can effectively contribute to the elimination of malaria from this Region. While the success of any eradication campaign depends obviously on the efforts made by the national administrations, WHO has an important role to play in providing technical assist-

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ance and training facilities to individual countries, in assessing the results, and in general by ensuring co-ordination in the mobilization of available resources and in the timing of operations. One particular aspect of malaria work undertaken in this Region is the response of the vector. Indeed, as you know, in many countries it is the anopheles minimus which transmits the disease and because of the domestic resting habits of the vector it is easier to control the malaria carried by this mosquito.

One of the most gratifying developments in the Region is the expansion of health activities in the South Pacific Islands. The mass campaign against yaws launched early in the year by the Fijian Government with UNICEF and WHO aid is progressing most satisfactorily. Six local teams led by assistant medical practitioners trained by a WHO yaws specialist are already engaged in intensive control operations covering a number of islands. Assistance is being given to the Government of Western Samoa in its fight against yaws and in due course the control work will be extended to all territories where the disease prevails.

Another important feature of the work carried out in this part of your Region is the effort undertaken to strengthen the medical school in Suva. There is no doubt that this school which has already opened its doors to students from Guam, Cook Islands, Papua, etc., will become the centre for medical studies in the South Pacific Islands. It is noteworthy that the six medical practitioners who are now carrying out the yaws campaign in Fiji are graduates from this school.

The strengthening of the Central Medical School in Suva is part of the important effort you are making to improve the education and professional training of medical and health personnel. An outstanding feature of the work undertaken in this field is the increasing interest shown in exchange programmes between medical schools within the Region and outside it. I am pleased to see that, in line with the general policy of the Organization and implementing the Resolution your Committee passed at its 4th Session, a growing number of fellowships is being awarded for study in the Region. There is no doubt that Regional fellowships, in addition to the obvious saving in travel expenditure, have the advantage of enabling fellows to study under conditions similar to those prevailing in their own countries, so that the process of adapting their acquired knowledge to their home environment is easier.

You will undoubtedly want me to say a few words on the role played by WHO in the historic conference which took place in Geneva last month on the peaceful uses of nuclear energy. According to the wishes expressed by the Eighth World Health Assembly, the public-health programme that the WHO representative outlined at the Conference has as its primary aim the protection of populations against the dangers of

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radiation. International action, we believe, could usefully contribute to the following essential activities:

- (1) the training of health personnel in nuclear technology;
- (2) the dissemination of knowledge on radiation health problems including both the protection of populations and the use of radio-active isotopes in medical research, as well as for the diagnosis and treatment of diseases;
- (3) a world-wide scientific study of the somatic effects of low-level radiation on humans in relation to the increase in ambient radioactivity; and
- (4) a similar world-wide study of the genetic effects of radiation on the human race.

The Organization is of course ready to accept any other work which may be assigned to it as part of the collective undertaking initiated by the United Nations to make use of the discoveries of nuclear energy for curing some of our worst social and economic ills, and for bringing better health and greater prosperity to all mankind.

In closing I would like to refer to the statement made by the delegate of the USSR at the summer session of the Economic and Social Council of the United Nations on the attitude taken by his country towards WHO. "The World Health Organization", he said, and I quote, "which has major tasks of considerable importance before it, is doing useful work. Wishing to take an increased part in international collaboration in the field of medicine, the Soviet Union joins the World Health Organization."

I am sure that I am speaking for all of you when I say that one of the essential conditions for the realization of the aims to which we are dedicated is the fullest participation in our work of all Member States which took part in the founding of our Organization. The skills, knowledge and experience acquired by all nations must be made available to WHO if it is to play its role in the building of a healthier and happier world for tomorrow.

Once again I am grateful for the experience I shall have in the coming days in meeting with you, and I wish you every success in your endeavours.

Thank you.

ADDRESS OF DR. F. S. MACLEAN
(Retiring Chairman)

Fellow Representatives,

I must first express great regret at my unavoidable absence from this sixth session of the Western Pacific Regional Committee and my inability to give this address in person. It is my sincere hope that your deliberations will be valuable to yourselves and will provide effective stimulus to the good work that is being carried out by the Organization in this region.

I must express our gratitude and thanks to the Government of Singapore for inviting us to hold the sixth session in this city. Some three years ago I was unavoidably detained in Singapore for several days, through a delay in air schedules, and my period of detention was greatly relieved by the friendly and spontaneous hospitality I received from the public-health officials in Singapore. I was shown as much of their public-health organization and its functioning as was possible in the time available, and I was amazed at the very low incidence of infectious disease that exists in this city. I would venture to suggest that the City of Singapore in this respect will compare most favourably with any city of corresponding size in both the tropical and temperate areas of the world. For this reason, if for no other, the holding of this meeting in Singapore will provide an opportunity for the representatives of all the countries of the Region to profit by studying the way in which the Public Health Administration of Singapore attacks and solves the problems which confront it.

It will be a matter of great satisfaction to representatives to have the Director-General present at this session. The framework of WHO which provides for decentralisation in the planning and carrying out of the Organization's activities has rightly been acclaimed as contributing toward the vitality and efficiency which is so evident to all of us, but nevertheless it is essential that a close relationship should be maintained between the Region and our Headquarters in Geneva. There is no better way of contributing to this than by the attendance of the Director-General, or his representative, at Regional Committee Meetings. He is thereby enabled to acquire a clearer knowledge of the Region's needs, and has the opportunity to assist our counsels from his broad experience of WHO's past achievements and his knowledge of its future possibilities.

You will by this time have had an opportunity of studying the Regional Director's Report on the year ended 30th June last. As he rightly remarks the work done during the past year has been significant for its expansion both in breadth and depth.

When one surveys the scope of the work done, it is hard to believe that this report is only the Fifth Report, so confidently and effectively has this beneficial work proceeded. Much of the credit for this must go to the efficient planning and organisation of the Director and his staff, but he himself would be the first to agree that great credit is due also to the governments concerned who have undertaken wholeheartedly the improvement of their people's welfare with the stimulating help of WHO.

Time does not permit detailed comments on the report, but with your permission I should like to refer briefly to one or two matters.

Reference is made throughout the report to the aim of strengthening the public-health services of our individual countries, and this surely must continue to be one of the chief, if not the chief, function of WHO.

The importance of environmental sanitation is also stressed, and rightly so. WHO has had, and is still having, its spectacular victories over such widespread diseases as malaria and yaws, but the basis of all effective public-health achievement is surely environmental sanitation. It has been due to environmental sanitation that the so-called developed countries owe the favourable position that they occupy today, and it will only be through attention to environmental sanitation that the so-called under-developed countries will reach their full development. Unfortunately, environmental sanitation is costly, progress is necessarily slow and unspectacular, and for this reason, public attention is more easily caught by the spectacular achievements I referred to earlier.

The possibilities of malaria eradication have come to the fore-front recently, and it is satisfactory to note that good progress is being made in this respect. A healthy sign is the growing tendency of neighbouring countries to cooperate in these activities as instanced by Brunei and Sarawak. This is surely a case in which "Union is strength", and a heavy investment in malaria eradication over the next few years can be counted on to yield rich dividends in the future.

Education and training is undoubtedly the basic essential for public-health achievements, and the expansion of fellowships, and the developing pattern of assistance from well established and well endowed Universities by exchange programmes with Medical Schools and other training establishments in need of help, is worthy of the greatest encouragement. Several instances of this are referred to in the report, and the idea is one which merits further development.

Tuberculosis continues to be one of the principal health problems in a number of countries, and valuable work has been done in carrying out BCG vaccination campaigns. The Director has rightly stressed the great

importance of overall tuberculosis-control projects. This, like environmental sanitation, is costly and will call for adequate training of the skilled personnel involved. WHO's chief function in this field is to provide the stimulus and to assist governments in training personnel and planning their programmes on a long-term basis.

The Director and his staff can only achieve their best work if their office accommodation is adequate and comfortable. Unfortunately, the present Regional Office leaves much to be desired in this respect. It will be noted that at least a site has become available for a new office, and it is to be hoped that in his next Annual Report the Regional Director will be able to refer to further substantial progress toward obtaining satisfactory accommodation for himself and his staff.

Turning to the agenda, your main responsibility will as usual be to review the approved programme for 1956, and to consider the proposed programme and budget for 1957. Another most important duty which is placed upon you is the nomination of a Regional Director for the five-year period beginning 1st July 1956 at which time Dr. Fang will have completed the term for which he was appointed in 1951.

The Regional Office has been singularly fortunate in its Director who has guided its infant footsteps during the early formative years. It is largely due to him that the lusty infant has grown into a sturdy adolescent. I will not say adult as growth and development is still evident. Dr. Fang possesses the happy combination of executive ability and a friendly and agreeable personality. We all appreciate his ability as much as we enjoy his company on less-serious occasions. There can be no doubt in the minds of anyone that the work of the Region has been organized and guided wisely during his term of office. It is my sincere hope that our Regional Director will consent to nomination for a further term.

I have already taken up too much of your time, and I shall conclude by once again welcoming you to this sixth session of the Western Pacific Regional Committee, and express the hope that your discussions will materially help forward the work of the Organization with which we are all proud to be associated.