Léonce Verstuyft

Please tell us about your youth
I was born in 1928 on March 1, in UCCLE, a suburb of Brussels (Belgium). I was an only child and I was educated under a very strict rule which was quite usual at that time.

Please tell us about your education
After primary education I started secondary education in the Greco-latin section which was compulsory at that time for those who hoped to study law, pharmacy or medicine. I completed my secondary education in 1945 at the Athénée de Saint-Gilles in Brussels.
In October 1945, I started my medical education at the Université Libre de Bruxelles (U.L.B.) where I got a medical doctorate diploma in 1952. As I was planning to go to the Belgian Congo as Government medical officer I attended a course in Tropical Medicine at the Tropical Medicine Institute in Antwerp during my last year at the University.

What was your first assignment?
In September 1952, I left Belgium for the Belgian Congo for a term of three years. The Government assigned me to Niangara (Eastern Province) where I was in charge of the Territorial Hospital. I was the only medical doctor in that Territory and the closest fellow doctor was more than 100 Km away.
As the only medical doctor there, I was expected to take care of everything according to my ability and to the local availability of equipment. I was doing a lot of surgery: accidents, hernias, gynaecological diseases and caesarean sections.
The “medical care” of tropical and other diseases was performed by the nursing staff under my supervision. They were religious nurses and indigenous male nurses trained in the Provincial School of Nursing.
As I was especially interested in the health of mothers and children, I applied for a WHO fellowship in maternal and child health which was granted for one year at the end of my first term of duty (September 1955 until September 1956). I thus got a master’s degree in Public Health/Maternal & Child health from the Johns Hopkins School of Public Health (Baltimore, Maryland, USA).
In October 1956, I was back in the Congo and after 8 months in Bunia was assigned to the provincial Hospital of Stanleyville (capital city of the eastern Province) where I was in charge of the OB/GYN department which handled around 5000 deliveries a year. That meant about 300 caesarean sections.
In September 1959, at the end of my second 3-year term, I applied for a postgraduate programme in gynaecology/obstetrics at the Saint Pierre University Hospital in Brussels. At the end of this 9-month programme, I was expected to return to Stanleyville in July 1, 1960. Unfortunately, this was not possible because on June 30 1960, the independence of Congo was proclaimed. The province of Stanleyville where I worked was occupied by the “gizengist” rebels.
The Belgian government asked me if I would accept, on a voluntary basis, to go to the Katanga province which was still stable and calm. I accepted to serve there as a gynaecologist and obstetrician in the general hospital of Elisabethville. I stayed there for 4 periods of 6 months each, during which the situation in Congo became progressively less and less secure. For this

reason, I looked for another job. I contacted Dr A. Mochi, a Johns Hopkins schoolmate, who introduced my application for a job in WHO.

**What did you know about WHO at the time?**

During my presence in the Congo, I had contacts with some doctors working for W.H.O. I asked them if there were opportunities for me to work in this international health organization. I heard later that W.H.O. was looking for a medical doctor able to speak French and English, with knowledge in public health and experience in developing countries. But an important consideration for W.H.O. was that this doctor should not be a national from a “Big power” (i.e. France, USA, England, et al.) which had a colonial past in the Asia Pacific region.

At that time there was a demand within the UN for information and evaluation of the high rates of child and maternal mortality in the territories of the South Pacific under colonial supervision. WHO needed a doctor who could make an evaluation of the situation without interference from any big powers. I was lucky to be a national from a country without a colonial past, at least in that part of the world.

My recruitment was made by the first WHO Regional Director for the Western Pacific Region, Dr I. C. Fang (China). My operational Officer was Dr H. M. C. Poortman, Regional Adviser for MCH.

I was selected and in 1962 started a period of fieldwork for 16 months. It gave me the opportunity to travel from Manila, to New Guinea, New Guinea, Solomon Islands, New Hebrides (Vanuatu), New Caledonia, Fiji, Samoa, Tonga, Gilbert Islands, Tahiti, Cook Island, Saipan, Micronesia. During that mission I was assisted by Ms Merle Farland, a WHO P. H. Nurse.

**Please tell us more about your field work during those 16 months**

All the territories mentioned above were visited. A separate report was submitted for each of them, after clearance by WPRO. As this evaluation was requested from WHO by the South Pacific Commission (SPC). Our reports were prepared in the offices of the S.P.C. based in Nouméa (Nouvelle Calédonie).

It is worth mentioning that the visits to those places were rather adventurous: travel by small airplanes, especially within Papua New Guinea. Travel by small boats were common between islands of one archipelago. The episodes of sea-sickness on those very small boats on a rough Pacific Ocean are still vivid in my memory.

I also specially remember the visit to Tarawa (Gilbert Islands). In 1963 there were no regular flights to Tarawa. Travel by merchant boats was available but considered too long by WHO. The Regional Office arranged a two-day visit there using a New Zealand flying boat (Sunderland from WW2) which flew 3 times a year from Fiji to Tarawa to bring supplies to the Territory. The flight from Fiji to Tarawa lasted 9 hours. The plane had no temperature nor pressure control, was terribly noisy and cold. The most impressive part of the travel was when the plane was alighting. For a few long seconds you thought the hydro plane would hit the surface of the Ocean.

On each visit to a Territory, the first duty was a briefing call to the chief medical officer or to the Minister of Health, if any, where we discussed the information we needed from the places to be visited. At central level, hospitals, maternities, training schools for auxiliary and ancillary staff, sanitation facilities, information about origin of medical staff (local or expatriate).

For outer islands visits to health centres we studied health statistics (mortality and morbidity) with special attention to maternal mortality and facilities for deliveries, baby mortality, baby birth weight, neonatal and infant mortality. There were always interviews of local staff, assessment of working conditions, nutrition, dental health, health education, nutrition,
immunization programmes, breast feeding. The information collected were analysed and commented, and recommendations were discussed with C.M.Os. before departure. At the end of such a mission, we returned to the Regional Office in Manila to finalize the reports and to discuss them with the regional advisers concerned.

Was your family with you then?
No, but during my stay at the Regional Office, in October 1963, the Regional Director, Dr I. C. Fang asked me if I was available for two years to work in Cambodia in the area of maternal and child health. I accepted this offer which allowed me to bring my wife and children as a French Lycée existed in Phnom Penh. The project was located in Takhmou, 8 km from Phnom Penh.

Within the framework of a rural health centre, I was responsible for the training of local staff: health officers, PH nurses, midwives, sanitarians. To do this I was assisted by a team of WHO staff: PH nurse, Nurse-midwife and a sanitary engineer. My counterpart was a Cambodian doctor.

At the end of my two-year term the Regional Director selected me to attend a six-week "WR course" in Geneva under the direction of Dr Deeny. I learned a lot of interesting practical things and I became more familiar with the functioning of WHO.

Is this when you were appointed as WR for the first time?
Yes. On my return to Phnom Penh in October 1965, I replaced Dr Farman-Farmaian as WR/Cambodia. It was considered an important post at that time. In addition Cambodia was a real paradise to live in.

I was in charge of the country programme and had to supervise the implementation of the projects. This was not very easy because the government was often unable to fulfil its commitments. The WR had to try to solve the problem. One very delicate point was to try to obtain from Government requests that fit into WHO and country priorities. The rule number one was to prevent conflicts with the Government and still maintain WHO priorities.

In 1968, the post of W.H.O. Representative in Taiwan became vacant. The new Regional-Director of WPRO since 1966, Dr Francisco J. Dy, asked me if I was interested and I accepted.
At the time, Belgium was still maintaining official relationship with the nationalist government and I was accepted for this post. Dr Fazzi, an Italian doctor, then W.H.O. Representative, was in Taipei to welcome me. He gave me the keys of his office, handed me all kinds of documents and took me around the city of Taipei.

Please tell us about Taipei
The geographic area of this post based in Taipei covered Taiwan, Hong-Kong, Macao, Okinawa (Japan) and the Trust Territories of the Pacific Islands.

As I said earlier in the mid-1960’s, Cambodia was a real paradise to live in but for the advantage of public health works Taiwan was a country where people worked a lot and spared no efforts to succeed. You easily could find diligent people in all places in Taiwan. They started working early in the morning till the end of the day.

When health consultants arrived in Taiwan, as Resident Representative, I welcomed them. Then the government took care of them so that they could quickly start to work. In Taiwan, the government did not want to waste the time of consultants. They expected to fully use their competence. So, when they started they were told immediately what they were expected to do. In some other countries there was sometimes a certain degree of negligence, lack of preparation and consequently waste of money.

As WHO civil servant, I was expected to make no political statements. Neither I, nor any WHO staff, had any problem with the Government for political reasons. On technical matters related to health we were free to say what we thought but we were not supposed to put in question the legitimacy of the Government.

In 1968, Taipei was still very poor and the countryside even poorer. But in 4 years, I saw a great deal of progress that without doubt had a huge general impact on people’s health in the country and their access to health care: building of schools, hospitals, and roads, strengthening of health education, and above all, the great improvement of the conditions and standards of living.

I’ve always had the feeling of being welcomed by Taiwanese officials and people there and I considered them as reliable partners. The government kept its autonomy in public policies and power on health policies, but the advice provided by W.H.O. was usually taken into account.

I developed a very good relationship with the local medical community. I was often invited to give speeches to medical faculties and hospitals around Taiwan, in order to present the work of W.H.O. in the country and beyond. Actually, our work was deeply appreciated in Taiwan, notably because of our cooperation with the local health authorities to eradicate malaria. The eradication had been celebrated in 1965.

What were the health challenges at that time?
The main challenges then were family planning, Japanese encephalitis and tuberculosis. Infant mortality rates were sustainably decreasing and maternal health was evolving normally. We did not talk about geriatric care yet.

Please tell us about some of your activities when you were in Taiwan?
We organized several international conferences on health issues in Taiwan with the cooperation of the local health authorities. In 1965, the WHO Regional Committee was held in Taipei. It was the year Taiwan eradicated malaria. Several international conferences on the development of rural health and policies of family planning were held in Taipei because, at that time, the

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2 Dr. Pierre Fazzi later became the liaison officer between the WHO and UNICEF in New-York.
international community considered Taiwan as a model to be followed in these two health issues.

Taiwan was then in the international conference circuit. But some countries did not send delegates to such events because they already had recognized the government of the Popular Republic of China (PRC) as the only Representative of China on the international scene.

Each year we had a budget meeting with the Taiwanese authorities. During that meeting, I discussed the budget with the head of the health bureau under the Ministry of Interior, Dr C.K Chang. He was my official contact within the government and actually had to decide the administrative and regional distribution of the resources. My role was to be sure that the Taiwanese demands fit with the priorities of the WHO.

I also had the opportunity to meet with my two major interlocutors for more practical issues: Dr. T.C. Hsu, who was health commissioner based in Taichung and Dr. Y.T Wang then health commissioner for Taipei City, as well as with other participants like the Dean Huo-Yao Wei of the NTU (National Taiwan University), and General Lu from the military hospital.

I also had contacts with the Minister of Foreign Affairs Wei Tao-Ming. His Director of Protocol offered me a special “farewell” souvenir that I still keep at home.

In those years, the annual budget for Taiwan was about 1 million USD. I felt that the Taiwanese government and the health sectors were happy with our support. Health programmes were moving ahead successfully.

At that time, how did the support from W.H.O. to Taiwan materialize?

Our support was mostly by bringing technical assistance to Taiwan. We were health adviser on specific subjects that the Taiwanese government wanted to work on.

One of the priorities of the Taiwanese government at that time was the issue of dental health and oral hygiene education which until then was somewhat neglected. One of the main challenges was how to implement efficient dental health education measures. As the advertisement market was already well developed in Taiwan, W.H.O. advised to use the private sector to reach the whole Taiwanese society and notably the young generation. As an example, the concept that with good teeth young people could become famous stars was an idea about which the then vice-president C.K Yen was very enthusiastic.

We adopted the same approach for family planning. An advertisement explained that families with two children were happier and richer than families with seven children.

The role as an adviser was an important part of my task as Resident Representative. If we thought that we had some technical advice to give to the government, we would do it and then it was up to the government to decide to try and incorporate it in its health policy.

What about the W.H.O. office in Taiwan?

The office was located in Chungshan N. Road in a building let from the University Medical School by the Department of Public Health, directed by Dr. K.P Chen. One part of our office was shared with UNICEF which provided mainly health instruments and medicines. We also cooperated with them on family planning. In that case, we provided technical consultancy and UNICEF offered the financial and material supplies.

Once a year, Dr. K.P. Chen asked me to brief the students of the medical school on the work of the W.H.O. and about other health-related subjects. I was also invited by the Taiwanese medical associations and the Rotary Club to make presentations. This was actually an important part of my activity to make local authorities and people understand our work and our capacities. This was indispensable to avoid misunderstandings about our role. I often explained that our main role was not to impose any policy to any government but that it was up to the governments to implement the decisions made by them.
My job also involved coordination and cooperation with Japan, which was no longer a recipient of health resources but a donor country. I had the opportunity to visit Japan twice a year to hold discussions with the Japanese Ministry of Health about Japanese cooperation in the field of health. I started to know many medical doctors in Japan. Discussions also concerned the Japanese offer of training opportunities for Taiwanese medical students who were awarded W.H.O. scholarships. Many Taiwanese medical students spoke Japanese more fluently than English and were thus better able to receive training in Japan than in the USA or the UK. I remember that Tokyo University hosted a lot of Taiwanese doctors at that time.

**Did you have a big staff to help you do all these activities?**

In my office, we were three: a secretary, a driver and I. I was fortunate that my secretary Miss Jean Hsu was talking very good English. She was 21 years old, intelligent and already a good secretary. We maintained a very long friendly relationship, even after her emigration to America where she worked in several different UN agencies and is now retired in California. My driver, Mister Wang, a Taiwanese who spoke Japanese and some English, was absolutely wonderful. I could ask him anything and he always immediately found the solutions. WHO technical experts sent to Taiwan cooperated with different local health institutions. Their salaries were paid by W.H.O., but the operating expenses were supported by the local partners.

**What was your typical day schedule as the W.H.O. Representative in Taiwan?**

I arrived in my office at around 8 am. I read the local English newspapers and asked my secretary to monitor the news in Chinese that could have a link with health. I wrote letters to answer different requests and read those asking for health statistics or studies concerning Taiwan.

I also visited our health advisers at their working place to check with them and the local partners on the progress of the projects. In the evening, given the warm hospitality of the Taiwanese people, I often had dinner with health officials or members of the medical and public health community.

**Tell us about this rather particular posting considering the attitude of the People’s Republic of China.**

Indeed the big “challenge” was that we did not have communication with the People’s Republic of China (PRC) at all. PRC was then officially unknown to WHO. The Nationalist Republic of China (ROC) government had been very strict in restricting all contacts with the PRC. I remember that a colleague from WHO, after making a private visit to PRC, was forbidden to be posted in Taiwan once the ROC government learned about his trip. A stamp on his passport showed a seal from PRC.

It is not surprising that when, at the end of 1970, the UN voted against Taiwan’s membership and accepted the PRC as the only Representative of China within the UN system, my presence became a “problem” for WHO.

**What happened to you then?**

I was informed by WPRO regional-director that I would have to leave Taipei as soon as possible because we would close our office there shortly. I left Taiwan on the 7th of December 1971. The Taiwanese government was very kind to me and to my wife. I suggested to my wife to take a plane on a Sunday morning to avoid bothering anyone because I was a bit worried about the
reaction of the ROC government towards me after their country had been expelled from W.H.O. But I was reassured when officials from the Health Bureau and from the Ministry of Foreign affairs came to the airport to wish us a safe journey and offered us gifts as souvenirs. Our flight brought us to Manila.

The Regional Director assigned you as Assistant Director of Health Services, in charge of MCH/Family planning, health Education and Nutrition. How did you adapt to a Regional office ambiance after those years of "independence" as WR?

It was a difficult but very useful experience to work in the Regional Office. During the year I spent in Manila I learned a lot about the functioning of WHO at central level. I was able to understand the reasons for certain decisions that were difficult to accept in the field. I gained a lot by this experience and I felt better able to do a WR's job in the future.

After a year, in December 1972, I was assigned to Kuala Lumpur as WHO Representative for Malaysia, Singapore and Brunei.

A few weeks after my assignment to Malaysia, Dr F. J. Dy Regional Director of WPRO, selected me (with 3 other senior WHO staff) to attend a course organised by WHO/HQ in Alexandria. This course was successfully managed by Dr J. J.Guilbert and its theme was about a new concept called "Country Health Programming" It was intended for senior WHO staff and was honoured by the presence and participation of Dr H. Mahler who was the newly elected Director General of WHO.

Besides the interest of the course that was fully linked with the WR's work at country level, it gave a good opportunity to WR's of different regions to meet and to compare their experience and the delegation of authority they received from their respective Regional Directors.
I remained in that post until May 1981. During those 8 years the most interesting part of my work was to work harmoniously with three different governments, to understand their problems but still trying to maintain the WHO priorities. The human approach was always very important: never be arrogant, never have a superiority complex, keep the relationship cordial without too much familiarity. Working in countries that have good economic conditions made it easier to implement the projects. I had the privilege to help establish several inter-country projects, the preparation of which required a lot of work.

Then, in June 1981 I was transferred to Suva (Fiji) as WHO Representative for the South Pacific Area. This covered all the archipelagoes and Islands in the South Pacific plus Guam and the Trust Territories of the Pacific Islands (TTPI).

The South Pacific is a vast area that I had already visited in 1962/63. I could compare and could appreciate the improvements in telecommunications (fax, phone) and the establishment of reliable air flights between the islands. Most of the former colonial territories had become independent and especially the newly independent governments were eager to receive WHO support and advice.

I can understand that those "improvements" (fax, phone, reliable air services) facilitated your work. But tell us about "improvements" concerning the health and life of the islanders.

With great regret, I did not notice great improvements in the health and life of the islanders. The population had increased, the economic resources were the same and unemployment increased. The problem of alcoholism was worse, due to the fact that after the end of the colonial administration the restrictions on the sale of alcoholic beverages to the indigenous population were abolished. Budget problems were omnipresent.

I was also responsible for the relationship with Australia and New Zealand: those two countries were important contributors to the health programmes in the Islands. A lot of problems could
now be solved by phone or fax which had been impossible twenty years earlier. I discussed with them the best ways of providing training and cooperation to the Islands. I was also expected to visit the centres which applied to become WHO collaborating centres. I reviewed the activities of those centres and reported if they were meeting the WHO criteria for recognition.

Tell us about the key issues you had to deal with during those three assignments.
The duties of the WR were also to brief the governments on WHO potential cooperation, on the preparations for the Regional Committee and on possible visits by Regional or HQ advisers. The key issue was often to discuss with the governments the best use of WHO budget, according to priorities.

What is your retrospective look at strong and weak aspects of W.H.O. work?
The fact that governments participate in the activities, discussions, decisions of WHO through attendance at RCM, EB and WHA created a commitment to try to take action according to WHO guidance. The weak aspect was that WHO had no power to enforce the application of WHO resolutions. It is there that the influence and skill of the WR were essential: to put pressure diplomatically, without antagonizing the government.

Did you ever see any evidence of “pressure” (political, industry, religious, etc.)?
In my different assignments I was never subject to pressure for political or religious reasons. For my part, I always avoided discussing controversial subjects. As WR, I was often visited by journalists. Some of them were known for their tricky and embarrassing questions. In such cases I always requested the presence of a representative of the Ministry of Health during the interview.

What could you tell us about the “power” of the elected Directors, either Regional or HQ, or the Executive Board, the General Assembly and the “control” power by Personnel, Finance, Legal, etc. as far as influencing your work as Resident Representative
The fact that WHO had Regional Directors was helpful because necessarily the R.D. is a man selected by countries of the Region. The advantage is that the RD is well known by the member governments. So he could avoid mistakes of cultural nature. The weak point is that he is an “elected” person who needs votes. So, it is necessary for him to have a strong character and to say “no” when necessary. In my opinion a Regional Director should not be elected for more than 2 terms. (10 years).

To what extent did the advent of HFA and PHC influence your work?
According to my own experience the PHC concept was well understood by governments and most of them tried to implement their programmes according to the PHC concept. As far as the concept of “Health for All” was concerned, it was more considered as a political slogan, often mentioned but rarely taken very seriously.

Tell us about interesting or remarkable people you met and dealt with,
My career in WHO gave me the opportunity to meet people who were renowned for their achievements in the field of health. When briefing them on my country of assignment I was always taking advantage of some of their comments, remarks and advice. Two cases that come to my mind are first Professor Luc Montagnier who, with his team, discovered the HIV virus.
Another is Professor Cabrol, a French pioneer in heart surgery, who came to Malaysia to advise the government on the establishment of a heart surgery centre in Kuala Lumpur.

When I was in Johns Hopkins, I met for the first time several students from Taiwan, with whom I kept very good contacts all the time.

I remember, Wang Kuo-yi who has remained a life-long friend of mine until today.

I visited Taiwan twice after my departure for purely private reasons. The first time in 1974, I paid a visit to Dr I. C Fang, former regional-director, who had retired in Taiwan and was very ill at the time. He passed away during the same year. His memory will stay with me forever as a very inspiring humanist for whom I have great respect.

**What is your opinion about the “Multiculturalism” of W.H.O. and its impact on your work?**

I fully enjoyed the multiculturalism of WHO. It was my most fruitful experience to have superiors, equals and subordinates of different “races”, religions and political systems. It was a great lesson. It forces you to be tolerant and to try to understand other people.

**How did you feel about having to retire at age 60?**

In my opinion retirement age should be flexible. I was grateful to be able to work until the age of 67. Then, in 1995, I felt it was time for me to retire.

Since my retirement I travelled to many of the countries that I was unable to visit during my career. I think that this was a great privilege and an additional factor in understanding other people.

**What were the effects (if any) of your WHO career on your family life?**

In total my wife and I stayed more than 30 years in different places in Asia and the Pacific area. When we settled back to Belgium in 1995 we had to readjust to a sedentary life in our own country. This was not always easy; of course we could have closer relationship with our family and with old friends. We could be satisfied that the life and career of our children did not suffer because of our life abroad.

**What work have you done since your retirement?**

I did not do any regular work since my retirement, but I tried to keep informed of the new developments in the medical field. I read a lot of books, especially about history, religions. It is also worth mentioning the preparatory work of the different travels we did.

**AS a former Representative of WHO in Taiwan, how do you think Taiwan could still be an important player in terms of improvement of the global health?**

Taiwan has a lot of talents to cooperate with the world in the global health arena. Taiwan also has a lot to bring to China in terms of public health, vaccines, access of health information and so on. They know how to deal with other Chinese. If China is clever, it can try to benefit from the talents of Taiwan. Knowledge and brain talents are very important tools in terms of public health.

On April 29 2009, W.H.O. invited Taiwan to participate, for the first time since 1972, to the WHA meeting in Geneva. I was very happy to learn that Taiwan was able to participate as an observer in the WHA.

**Thank you, Dear colleague, for this fascinating and vivid description of the life of a “Health Ambassador”**.

October 2009