Today's Global Frontiers in Public Health

II. Regional Health Organization in the Far East *

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REGIONAL health organizations already exist, in more or less definite form, in four regions—America, Europe, the Far East, and the Middle East. Neither in concept nor in function can any of these organizations be regarded as perfect, because they have not been planned as units of a global structure, nor do they between them cover the whole world. There are still some areas, such as Africa (south of the desert belt) and parts of Russia, which do not fall within any of these regions. However, because they have just grown, step by step, as the need in each instance arose, they do serve a useful and definite purpose in each region.

In discussing regional organization in the Far East, the first question to be answered is: " What is the Far East? " If one follows the definition of UN RRA, it is composed of " eastern continental Asia, the East Indies, Philippine Islands, Australia, New Zealand, and the islands of the eastern Indian and western Pacific Oceans." In other words it is that section of the globe which stretches from the western border of India to the International Date Line in the Pacific. This vast area represents one-quarter of the world's surface, in which are concentrated one billion persons, or one-half of the total world population. Over these persons there are 12 governments, and it is another peculiar feature of this region that, in the case of 6 of these, their main seats of government are located outside Asia. These, then, are the features and outlines of the Far Eastern picture.

A regional organization should neither infringe upon the functions of national governments nor enroach upon the sphere of the global organization concerned. However, there are some questions which on the one hand transcend national borders, viz, an epidemic, but which on the other hand are not of direct concern to other continents. In such cases there is a particular rôle for the regional organization. Then, there are certain factors which are common to one region, such as racial, cultural, and geographical similarities, which particularly bind the various countries of that region together and thus require a common approach toward the solution of these problems.

In the Far East there are some special problems in the health field which are peculiar to the Asiatic countries. Vital statistics show us that here we have a situation where vast populations are struggling for existence and survival—with high birth, morbidity, and mortality rates. The Chinese and Indian birth rates of 36.6 and 44.4 births per 1,000 of population, respectively, are

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more than double the British and United States birth rates of 16.9 and 18.9 respectively. The death rates of China (25.7 per 1,000 of population) and India (38.4) are in the neighborhood of 3 times the figures for Britain (11.8) and the United States (11.9). The infant mortality rate of China (157 deaths per 1,000 live births) compares most unfavorably with, say the United States rate of 39.9.

To meet these conditions the medical and health facilities are most inadequate, and are indeed subminimal. In western countries one thinks of 1 doctor for 1,500 of population, and 5 hospital beds per 1,000 of population as minimal standards. In China, for example, there is 1 doctor per 40,000 of population, and 1 hospital bed for 10,000 of population.

These are, of course, conditions which cannot be compared to European or American conditions and can best be handled in a special regionalized manner. I should digress at this point to emphasize that these are the conditions existing in the Asiatic countries of the Far East and *not* in the Australasian countries of the Far East. In fact, the health conditions in New Zealand and Australia are among the very best in the world. Bearing in mind the comparatively small populations in Australasia, one is tempted to add that this is " the exception that proves the rule " for the Far East.

Let us now consider the various fields in which a regional health organization in the Far East ought to function, and at the same time take stock of what has been done toward meeting such requirements.

1. The starting point should be provision of facilities for summoning a conference of the directors of national public health services in the Far East regularly and whenever necessary. UNRRA made provision at its first meeting for such conferences.

2. The most urgent field in which regional international action is required is that of epidemiological intelligence. It is important that there should be available vital statistics which are uniform and regular, and that there be a service of frequent and accurate reports on communicable diseases. The Singapore Epidemiological Bureau of the League of Nations—which also acted as the Far Eastern agency of the International Office of Public Health of Paris—performed this function up to the time it was driven out of Singapore by the Japanese in 1941.

3. In emergencies, whether war, disaster, or epidemics, appeals may be received from governments for help in supplies or personnel. Emergency field missions, then, will have to be promptly organized.

In the field of medical supplies, UNRRA is embarked at present on a program which provides supplies to five Far Eastern governments that have asked for such. It has been the experience of UNRRA that the standards and bases used for Europe are not applicable to the peculiar conditions of the Far East, and separate standards for Far Eastern requirements have had to be drawn up.

As regards medical personnel, it is within UNRRA'S plans to have personnel available both for field missions to any country which asks for such, and for " flying squads " in case of serious epidemics.

4. The training and proper distribution of personnel is one of the most important problems in the Far East. Mention has been made of the pitifully inadequate medical personnel in Asiatic countries. The value of international planning for postgraduate training, both through individual fellowships and through group study tours, has been well demonstrated in the past and on other continents. The Rockefeller Foundation has specialized in this type

of service. There should be organized for the Far East an extensive training program of inter-Asiatic fellowships, followed up by machinery for distributing the best knowledge to parts where they are most needed.

5. But beyond assistance in supplies and personnel, it must be evident that there are some countries which will need substantial financial assistance to develop adequate health programs, because they cannot sustain such programs with their own immediate resources. It has been estimated, for example, in the United States that the expenditure in maintaining an adequate public health program should be at least $2 per year per person. In China, on the other hand, only some 0.027 yuan per year per person was spent for health purposes in 1936—i.e., about 0.8 cents (United States).

With a view to developing the health standards of every country to the level which international security demands, some system of international grants-in-aid should be established. We need for Asia some such system as that now being developed by the Inter-American Coöperative Health Service. Perhaps this may come within the sphere of activities of the International Bank for Reconstruction and Development, which was planned by the recent United Nations Monetary Conference at Bretton Woods.

These, then, are the five main fields in which there is need for regional health organization in the Far East. To complete the picture, it is necessary to mention those fields in which international agreement has been reached on a global scale, and in whose application a special regional approach will be necessary, though in a less direct manner.

1. The International Sanitary Conventions, signed by 66 governments, regulate the international control of epidemic diseases; the application of these has been the responsibility of the International Office of Public Health in Paris.

2. The International Conventions and recommendations under the auspices of the International Labour Office, relating (a) to industrial hygiene, and (b) to social security and medical care, are goals toward which member governments are committed.

3. The League of Nations had a Commission on Biological Standardisation, which established some 27 biological standards, as well as Technical Commissions on Malaria, Venereal Diseases, Tuberculosis, etc., which coordinated and standardized research in these subjects.

4. The Secretariat for an International Pharmacopeia, which was established at Brussels, represented a first attempt toward this important objective of a common pharmacopeia for the whole world.

5. The new International Organisation for Food and Agriculture will handle the question of nutrition, among its other functions.

6. The several international conventions relating to dangerous drugs, and the work of the Drug Supervisory Body and the Permanent Central Opium Board, cover the international aspects of problems connected with dangerous drugs.

It will be seen not only that there is no single regional health organization for the Far East, but that there are several global organizations dealing with various aspects of world health problems. There are many who think that the present is the proper time for international review and action regarding the establishment of a single world health organization. Certainly the present international and regional efforts in the health field would benefit immeasurably from such centralization. In fact, one can go further and state that much of the present regional work

is definitely handicapped by the present multiplicity of international organizations. Taken together, these multiple organizations have achieved very real and material progress in international coöperation in the health field. Nor does anyone mean to imply that any of the existing international organizations, individually, is not fulfilling its functions, but it will be acknowledged by all that the situation needs " tidying up." These various organizations are like seeds, which have sprouted haphazardly, and so need cultivation and rearranging into an orderly pattern. In this process of " tidying up," the initiative must lie—as in the many other fields of international endeavor—with the United States. So far there has been no public indication that any steps have yet been taken toward the launching of this initiative. May I suggest that it may be your privilege, as members of the American Public Health Association and thus as the public health leaders of America, to " start the ball rolling " by pointing out to your people and your government the need for one overall world health organization?

Child Welfare Information Service Organized

It was announced in January that the Child Welfare Information Service, Inc., had been organized with offices in Washington for the purpose of disseminating information on federal legislation affecting the health, education, employment and general welfare of children and adolescents. An office has been opened at 930 F Street, Northwest, Washington 4, D. C., and Bernard Locker, formerly the Assistant Executive Director of the Welfare Legislation Information Bureau, New York State Charities Aid Association, has been made Executive Director. The new organization will issue Bulletins analyzing all bills introduced into Congress concerned with the protection of childhood as well as important changes in administrative policies in the federal bureaus. This is a non-profit organization which will take no position for or against any legislation. Mrs. Eugene Meyer of the *Washington Post* is President of the new organization. Among the directors are representatives from the field of public health as follows: Homer Folks, New York; C.-E. A. Winslow, Dr.P.H., New Haven; Hazel Corbin, R.N., New York; George S. Stevenson, M.D., New York, and Reginald M. Atwater, M.D., New York.