

International health issue

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Eight years have passed since the world entered the 21st century, but still the health of many people in the world is threatened. It has reported recently that six billion three hundred and eighty-nine million people exist on this planet. About five billion people are living in developing countries and one billion one hundred million are malnourished.

UNDP (United Nations Development Plan) reported recently that in 1,000 newborns, one hundred and seventy-eight children die before the age of five in sub-Saharan countries in Africa. Almost half of the African population has no access to decent health and medical services. This dreadful situation should be addressed by government and the people in prosperous countries.

So far, Japan has contributed greatly to upgrade the health situation in developing countries through the ODA (Official Development Assistance), NGOs and so on. There are two routes to international assistance in health improvement through the ODA; one is bilateral assistance and the other is multi-lateral assistance.

There are three levels of bilateral assistance. They are straight forward budgetary assistance, more-involved budgetary assistance and technical

assistance. Through budgetary assistance, Japanese government has constructed health and medical facilities, provided medical equipment and so on in many developing countries on the globe. Technical assistance is mainly done through JICA (Japan International Cooperation Agency). It is usually done using Project-oriented Technical assistance. This scheme has three aspects which are sending experts, providing necessary equipment and accepting trainees from developing countries. In 2006, as a part of technical cooperation, sixty-four health-related projects were executed in developing countries. Many of them focused on infectious diseases control and mother and child health. Many of the projects have been well accepted by recipient countries and made considerable progress.

In addition to ODA, private organizations (NGO, Non-governmental Organization) also play an important role. Their collaboration is more specific in comparison with governmental assistance.

With respect to multi-lateral collaboration, Japan became a member of WHO, World Health Organization in 1951. Since then Japan has been a key member of WHO by funding one fifth of WHO's budget. Japan is a second largest fund contributor in WHO after the United States of

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America. In addition to fund raising, Japan has been collaborating with WHO by offering technical cooperation, sending experts and accepting trainees from member states. WHO has six regional offices throughout the world. Japan is a member of the Western Pacific Region, presently the Regional Director of the region is a Japanese doctor. In addition to him, about forty Japanese staff are working in WHO, including at Headquarters and in other Regions presently.

As previously, mentioned, even though Japan was enlisted as an important member of the international assistance team on health, there are still lots of issues to be solved. S. Wongkhomthong of Mahidol University, Thailand pointed out six major problems in dealing with international health issues. They are 1. many patients in many disease categories, 2. Lack of health and medical facilities and medical staff, 3. extremely uneven distribution of medical resources, 4. fragile medical management, 5. overly expensive medical fees in poor countries, 6. absence of modern medical resources. He commented that this is a vicious circle and that health assistance should be done with appropriate technology that matches the present situation of each developing county.

The author had been working as a medical officer at the Western Pacific Regional Office of WHO in Manila, as a health policy adviser to the Ministry of Health, Jakarta, Indonesia through JICA, and so on. He witnessed many young Japanese health personnel working in various places in the world. Some were working in mountainous districts of Laos, others in remote areas of Indonesia, some in the densely populated downtown of Manila, some in traditional villages in Western Kenya and so on. There is still a lot to do in international health issues. Hopefully, graduates of Niigata University of Health and Welfare will be able to contribute more to health service development in the developing countries

in the near future. I hope Niigata University of Health and Welfare will be able to bring happiness to the underprivileged of this planet by educating able youngsters.