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9. ABSTRACT

The American Public Health Association, under a contract with the Agency for International Development, has designed a program in public health improvement which is called the Development and Evaluation of Integrated Delivery Systems (DEIDS). The activity is designed to assist countries to demonstrate how to establish health delivery systems within seven years. Such projects include, but are not limited to, Maternal and Child Health and Family Planning and Nutrition. The projects are to cover large populations in predominantly rural areas. They are to utilize in-country resources for the service component, although external assistance organized by DEIDS is available for planning, evaluation, training, and limited amounts of essential equipment. It is expected that successful health delivery systems can be subsequently replicated in the country or in the region.

These are phases through which DEIDS projects proceed:

- a) Phase I -- reconnaissance within a specific country or region, to gather information about disease patterns, health services as currently organized, local resources, cultural aspects, community involvement, the potential for integration of various parts of public health, opportunities for innovation, current and potential staffing, training, supervision, emphasis upon preventive services, outreach, cost, and evaluation
- b) Phase II -- Detailed planning. This phase begins if the survey in Phase I recommends it, and involves experts from the host country as well as experts assigned by DEIDS.
- c) Phase III -- Pilot Project Operations, which continue for as long as eight years.

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**Field Study of Voluntary Health Organizations
in Thailand, Taiwan, the
Philippines, Indonesia, and Korea**

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29 February 1972

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I. Field Study Approach

A. Introduction

East Asia is the third major field area chosen for intensive study by the American Public Health Association in accordance with their contract AID/csd/2801. The American Public Health Association in cooperation with the U.S. Agency for International Development choose five countries in this area for in-depth analysis. They included: Thailand, Taiwan, the Philippines, Indonesia, and Korea. The purpose of the field study was to make a survey and an in-depth analysis and evaluation of national voluntary health organizations and their effectiveness in supporting national health objectives, including population and nutrition. Hugh R. Leavell, M.D., Dr.P.H., and Russell E. Morgan, Jr., M.S.Hyg., spent a 7-week field study of these countries, from October 19, 1971, to December 8, 1971.

While in the Far East, Dr. Leavell, in his additional capacity as Executive Secretary of the World Federation of Public Health Associations, met several times with the Japan Public Health Association, and worked out arrangements whereby the Japan Public Health Association would establish a special committee to assist in the Japanese portion of this study. This committee has now been appointed. A preliminary report of their findings in Japan is expected to be sent to the American Public Health Association in September of 1972.

B. Project Country Representative (PCR)

Several months prior to their departure, the members of the study team identified individuals in each of the countries to be studied, who agreed to act as a Project Country Representative (PCR). Together with the study team the PCR identified the more important national voluntary health organizations in their country, sent out appropriate questionnaires, received completed questionnaires, and followed up on questionnaires not returned. The PCR was also responsible for scheduling prior to the team's arrival all interview appointments, and other necessary arrangements. In those countries where the local language presented some difficulties, the PCR assisted the study in providing translation during the interviews. This assistance in translation was found to be of particular help in Thailand, Taiwan, Indonesia, and Korea.

1. Thailand

Thailand was visited by the study team from October 26 to November 2. During that time, 25 individual interviews were held with members of voluntary health organizations and with government. The Project Country Representative, Dr. Kamdhorn Suvarnakich, former Director General of Public Health Services and former Dean of the School of Public Health, and his assistant, Dr. Charoong Chardenpitaks, Regional Health Inspector, worked with the study team and accompanied them to all of their interviews. Dr. Kamdhorn was especially helpful in reviewing with the study team much of the material and in providing the team with unusual insight into voluntary organizations in Thailand. The Ministry of Health was very kind and provided a car and driver

to transport the team to and from their various interviews. Also, a project office was established for the study team by the Ministry of Health in the Malaria Division. Thirty-two questionnaires were sent out by Dr. Kamdhorn and 29 of these questionnaires were returned. This is a 90.6 percent return rate.

2. Taiwan

Taiwan was visited by the study team from November 4 through November 6. During this time, 11 interviews were held to orient the study team concerning some of the aspects of voluntary health organizations in this country. The study here was not considered to be complete because it would have required a translation of the questionnaires into Chinese. At this point in the study, it was felt that it would be best to get an overview rather than the in-depth analysis which might be required at a later date.

The Project Country Representative, Dr. Kung-Pei Chen, Professor and Director of the Institute of Public Health, National Taiwan University, College of Medicine, worked with the staff and also attended each of the interviews with them. Prior to this study, no national list of voluntary organizations in the health field had been compiled. Although it was not the primary purpose of the study to construct such a list, through Dr. Chen's own initiative, a list was compiled of 52 different VHOs in Taiwan. The amount of time allowed for field study activities in Taiwan did not enable the study team to interview each of these organizations and a selected sample was chosen. Five questionnaires had been completed and returned to Dr. Chen prior to the study team's arrival, and these were most helpful in acquainting the study team with the situation in Taiwan. Transportation, when available, was provided by the National Taiwan University College of Medicine.

3. Philippines

The Philippines was visited by the study team from November 8 to November 15. Thirty-four interviews were held with various members of government and voluntary health organizations. The Project Country Representative, Dr. Teodora V. Tiglao, Professor of Public Health, Institute of Public Health, University of the Philippines was assisted by Mr. William Cruz, a graduate student in public health administration also working in the Institute of Public Health. Office space for the study team was provided by the Institute of Public Health and secretarial assistance was provided by the Institute and also by the World Health Organization through arrangements made by the Regional Director, Dr. Dy, and his staff. Dr. Dy also assisted the PCR in arranging interview appointments for the study team. Thirty questionnaires were sent out and 30 questionnaires were completed and returned to the Project Office. This shows dramatically the effectiveness which a local contact can have of getting materials returned by a certain deadline.

4. Indonesia

Twenty-nine individual interviews were held by the study team when it visited Indonesia from November 23 to November 28. The Project Country Representative was Mrs. Brooks Ryder, who was assisted by Dr. Firman Lubis and Dr. Soeratmi. Dr. Firman and Dr. Soeratmi are both faculty members of the School of Public Health. Dr. Clifford was of the Ford Foundation (NYC) worked with the study team to identify Mrs. Ryder as the PCR. The Ford Foundation (Indonesia) provided the study team with access to its guest house as well as the use of its cars and drivers to transport the study team. This indeed was a fine example of the cooperation and assistance which one American voluntary organization can provide to another. Mrs. Ryder or one of her assistants accompanied each of the study team members to their interviews. This was found to be of particular importance especially with regard to translation. Thirty-two of the 33 questionnaires sent out by the Project Country Representative were returned representing a 97 percent return rate.

5. Korea

The final country to be visited by the study team between November 29 and December 8 was Korea. During their stay, the study team held 25 interviews with various members of government and of the voluntary health organizations. The Project Country Representative, Dr. Jae Mo Yang, Director, Department of Preventive Medicine and Public Health, Yonsei University, was assisted by Dr. Kit G. Johnson, Professor of Public Health Administration, Yonsei University. Administrative Assistant for the project in Korea was Mrs. I. Soonja Kim. She worked with the study team in scheduling their interviews. Dr. Yang also made available the services of Mr. Kim, who was his personal driver. The office of the study team was at the Yonsei University Guest House. Dr. Yang also made available other members of his staff. This was most useful especially when translation services were necessary during the interviews. There were 67 questionnaires sent out and 35 of these questionnaires were returned.

C. Comments on Methodology

The proportion of questionnaires returned and the quality of the interview responses have significantly improved as a result of methodological changes made in this third field study. Specifically, the use of the Project Country Representative is in a more defined capacity. This has unquestionably brought some of his personal bias into the survey. However, the study team feels strongly that this bias is far outweighed by the increased effectiveness which the PCR brings to the study.

The field study report format has also been modified slightly from the previous two editions. Information is now presented topically on a regional level with specific country differences pointed out when appropriate. This new style reduces much of the repetition found in previous reports, and begins to bring out more clearly the important issues relating to the voluntary health organizations.

The interviews conducted by the study team in East Asia numbering 124 varied in length from 45 to 90 minutes. Although a set format for these interviews had been constructed, it was not always possible to follow it entirely. Frequently, the Project Country Representative arranged simultaneous individual interview sessions for each of the study team members. This arrangement allowed the team to cover a wide range of organizations during their limited stay in each country. Field notes were recorded for each interview.

The findings below are a result of an analysis of the field notes, the returned questionnaires, and the experiences of the study team. It must be stressed that this is a tentative report and does not represent the final analysis of these countries. Follow-up will be made on those questionnaires not returned, and during Phase II a continuous updating of the information will be made. It is also important to point out that not all of the quotations embodied in this report have been cleared with their authors. It will be necessary to get this clearance if formal publishing of this material is to be made.

II. Findings

A. Organization and Management of Voluntary Health Organizations

The level of development and the sophistication represented by the national voluntary health organizations varied from country to country, and often within each country there were differences. A brief overview of country-by-country features which particularly impressed the study team is followed by specific references.

In Thailand, there appears to be a strong emphasis on those voluntary health organizations which provide some type of clinical services. The professional associations mostly lack enthusiasm and appear to be at a temporary standstill. The outstanding element in Thailand is the motivation underlying the involvement of persons in the voluntary health organizations. Royal and social recognition rank high among these motives.

Taiwan has a very dedicated attitude toward voluntarism and relates much of this strong effort toward nation building. Voluntary activity in health is considered an important method of increasing public support and participation in national development. Elements of Chinese culture also strongly influenced this voluntarism.

In the Philippines, the voluntary health organizations play a significant role, especially in terms of pressuring government. Lobbying is characteristic of all VHOs, and it is carried out in a very effective and sophisticated manner in the Philippines. Rivalry among members within a particular voluntary health organization can cause a successful group to disintegrate into two or more "splinter groups" rendering each much less effective.

Indonesia still retains some of its Dutch colonial atmosphere, and many of the voluntary health organization activities are carried out in a paternalistic manner. Much of the voluntary activity is centered in the more wealthy sector of society and involves the wives of important government or university officials. The development of VHOs is not well rooted in Indonesia, and has come mostly from outside influence or exposure. What is interesting, however, is that there is said to be very little involvement of foreigners in the programs of these organizations.

The politics of the VHOs in Korea are far more subtle than those in the Philippines, but perhaps equally effective. The government has much control over the VHO activity, and provides selective assistance to those it feels are most helpful to government. The

level of VHO activity is frequently hindered within an organization by jealousy among the university professors. They have only a minimal amount of time because of their many other commitments, and bring to the organizations technical skills, but very little in the way of administrative or management skills.

The East Asian countries visited by the study team represent an area of the world where economic improvements and relative political stability during the past decade have produced an environment where VHOs can begin to develop. Governments look at the VHOs as being part of the "total health package." Involving these organizations as part of the national planning process however, is one step which has not been taken effectively by government.

Some organizations do not see themselves in terms of guarding the rights of the public, but rather in terms of being complementary to government. Some go beyond the identification problem areas, and include an evaluation of present health programs. Various professional associations are involved in lobbying activities.

The greatest single problem of these organizations is one of developing a continual source of financial support. Their flexibility and their ability to diverge into new areas is often hindered by lack of a sound financial base.

1. Membership

The membership of these national voluntary health organizations in East Asia is comprised mostly of government employees and professional persons. Notably many of the professors in the universities do not consider themselves as government employees, even though the university budgets come from the Ministry of Education. In most cases, women are as frequently represented in the voluntary health organizations as men. In Indonesia, women appear to be more active in the voluntary health organizations than men in terms of numbers of people involved. In some of the other countries within the area though, men are more commonly involved in the VHO activities. In Korea the team saw the greatest number of university professors and personnel involved. Frequently the university personnel who were prominent in these voluntary health organizations were criticized because they were not able to spend the time required to work effectively with the voluntary organizations in a particular activity. In Thailand, we observed that almost all of the voluntary organizations in the health field had government personnel involved in their programs. Also in Thailand, the King and Queen were frequently made honorary members of the various organizations, thereby lending these organizations greater prestige. Professor Dr. Tranachhit Harinasuta, President of the Thai Medical Womens' Association, made a very interesting comment regarding the involvement of women in voluntary health organizations in Thailand. She suggested that there was a strong feeling that women could work together on a cooperative basis much easier than men. Women frequently were in these voluntary activities because it provided them with an opportunity to do work with congenial friends on an admixture of a social and professional levels. Men on the other hand she pointed out, often were involved in voluntary health organizations for different reasons and frequently ran these organizations as a business. She also felt that running a voluntary health organization and

directing volunteers took a special kind of handling. It is necessary to keep the project at a small, but effective size. It is also important to have strong interrelationships, especially with other professional organizations and other social organizations.

Not all government officials are able to act with freedom if they become involved in the voluntary health organizations. Dr. Ruben Apelo, Director of the Reproductive Biology Center in the Philippines, stated that in the Philippines not many high government employees are directly active in the voluntary health organizations. These high government employees are restricted to a degree in their actions. Some cannot speak out and lobby effectively because of the political nature of their own government position. For example, the Secretary of Health would not wish to divorce himself from his official position on a particular health problem, such as family planning by speaking as a representative of a VHO. Rather frequently many high government employees are located behind the scenes working with the executive secretaries and the officials of these voluntary health organizations. Such is the case in the Philippine Public Health Association, the Philippine Medical Association, the Philippine Family Planning Association, and the Philippine Mental Health Association.

In Indonesia, many of the women in the middle economic class whose husbands are either professionals or government servants are involved in the various voluntary health organizations or in branches of the professional associations. Examples are the Mental Health Association, the Child Welfare Association, and the Wives of Physicians Association. These women play very strategic roles which in some cases appear to be rather paternalistic in working with the parts of society which are less fortunate both socially and economically.

In Thailand, no institutional associations in the health field were encountered. Apparently, there was some discussion about developing an association of medical colleges, but presently this activity is being carried on through government channels.

Throughout the field study there are various examples of outstanding or key individuals who are responsible for the development of specific voluntary health organizations. This is most common in those voluntary health organizations which provide clinical services. For example, in Thailand, Dr. and Mrs. Amnuey were the prime motivators for the starting of the Cancer Association; in Taiwan, Mr. Tsai is without question, the backbone of the Red Cross Association; in the Philippines, Mrs. Paz Catolico was the zealot motivating the National League of Puericulture Centers.

2. Geographic Coverage

One of the most striking similarities in all of the voluntary health organizations studied in this region is the concentration in the capital city. Each of the organizations included in the interviews was specifically chosen because of its national coverage. However, this frequently means that the organization has its main headquarters located in the capital city and would on occasion have programs or activities which might involve other areas of the country. There

were exceptions to this, particularly in the professional associations which might have branches in various parts of the country. But even these groups frequently choose their president from association members or institutional member who was located in the capital city. There appears to be various reasons for this location, but primarily it is related to the availability of highly qualified people who might volunteer some of their time to organizational activities. A second important reason for the location of the voluntary agency in the capital city was that it gave the voluntary health agency greater and more immediate access to the legislators in the health field.

There are some organizations which are an exception to the capital city focus. These organizations usually have service activities or programs and they work with specific groups of people. For example, in Taiwan, the TB Association works with school teachers providing immunization and screening programs while the government is theoretically responsible for the community at large. In the Philippines, the Puericulture Centers were also located in almost every village in the country. A major function of the headquarters located in Manila was really to influence legislation. The headquarters is also set up to coordinate many of the activities of the various Puericulture Centers. An unusual example of an organization dealing with its branches appeared in Indonesia with the Family Planning Association which is headquartered in Djakarta. This Association has several branches, but has had much difficulty working with them. This is because the Government is providing direct local funding to the organizational branches without channeling the money through the headquarters. This has meant that many of the policies laid down by the headquarters have not been followed by the local branches.

The professional associations are almost distinctively located within the capital city even though, again, their coverage is national.

3. Physical Facilities

The physical facilities of many of the voluntary health organizations seen in the field study of these five countries are rather impressive. The most common example in all countries was the Red Cross which is usually one of the oldest voluntary health organizations. In each of the countries studied the Red Cross had its own buildings and paid staff. In Thailand, the very large Chulalongkorn Hospital complex is one of the largest Red Cross hospitals in the world. In Taiwan, it is interesting that the Red Cross owns buildings and in fact had even established a hospital which it now rents to the Government for \$200 per month. In Korea, the Government works closely with the Red Cross which is both an international figure in the area of health as well as in peace negotiations between North and South Korea. The Red Cross headquarters stands on the outskirts of Seoul.

In general, those voluntary health organizations which provide some type of clinical service usually have their own office and paid staff. For example, in Thailand, the Cancer Association has a large hospital attached to its administrative offices for outpatients. In the family planning field in Taiwan, the Association has a \$50,000 complex the funds of which were gathered by the Executive Director on a recent fund raising tour to the U.S.. In Indonesia and in Korea, the Family Planning Association also has a large central headquarters in the capital city and a large full-time paid staff.

The office space of the professional associations and institutional associations is frequently in the government quarters of the president of the association. It is usual for the president of an association to use his government staff to carry out various functions for the organization in which he holds office. For example, the Philippine Public Health Association uses the services of a health educator to write up the minutes of its monthly meeting and also to send out important notices.

In Indonesia, the Physiotherapist Association operated out of the office of the President who is employed Ministry of Health as head of the Physiotherapy Department. In Taiwan, the activities of the Hospital Association are coordinated in the office of Mr. Shin-June Chin who is Chief Administrator of a government hospital.

An exception to the regular administrative set up in resources of voluntary agencies is found in Korea. There, almost all of the voluntary health organizations, especially those providing clinical services, have an established headquarters building and full-time staff to carry out the duties and functions of the organization. The team saw during its visit to Korea, the new seven story headquarters of the Korean Medical Association. Also, the Tuberculosis Association has a large office and research facilities.

4. Budget and Finances

The VHO budgets in each of the countries vary considerably. The extremes range from \$3,080,000 for the Red Cross in Korea, to \$50 for the Sanitarian Association in Indonesia. This is further illustrated in the charts in Appendix A, and perhaps reflects in part the present economic and social conditions in these countries (Appendix B).

In Korea, the three largest VHO budgets (Red Cross, Family Planning and Tuberculosis), when combined amounted in 1970 to slightly over \$4.5 million dollars. In Thailand, the same VHOs, also represent the three largest budgets, when combined amounted to \$3.1 million dollars. In the Philippines, this same group had an annual combined budget of \$2.6 million dollars; and in Indonesia, although not all of the information is available, it also appears to be sizable.

A reflection of these budgets is shown in the presence or absence of staff who operate the administrative functions of the VHOs. In Korea, where the budgets of the VHOs are the highest in any of the countries studied, it is interesting that all but one of the VHOs interviewed have a paid administrative staff, and all but two have a paid Executive Director. Many of these organizations also have permanent headquarters.

In Indonesia, where the annual VHO budgets appeared to be the smallest, only one of the professional organizations interviewed had a paid administrative staff; none of the professional associations reported to have paid Executive Directors. The budgets of the voluntary health agencies in Indonesia are also distinctive. The Family Planning Association has an annual budget four times greater than that of the Red Cross. Seventy-eight percent of the Family Planning Association's budget was reported to come from international sources, and another twenty percent comes from the Government. Sixty-five percent of the Red Cross budget was reported to come from government subsidies.

As a group, the voluntary health agencies have large budgets, and more often have paid administrative staff to carry out the organization's activities. In each of the countries, Government provides subsidies to some of the members of this group of VHOs. In Korea these subsidies are numerous and represent a sizable portion of the VHO budgets. In the Philippines, the subsidies usually come as a direct grant from the Office of the President, rather than through the Department of Health.

All of the national family planning associations receive funds from international sources. For most of these associations this is a large portion of their budgets, most often between seventy-five and ninety-five percent.

The medical association in each of the countries consistently had the largest budgets of the professional VHOs. As a group the professional associations have much smaller budgets, and depend almost entirely on membership dues as their source of income. Only occasionally does a member of this group of VHOs receive a subsidy from government, and when this does occur it is usually earmarked for a specific activity or service which the association provides. For example the Hospital Association in Korea was given a government subsidy to evaluate the major hospitals in the country. Many of these associations are searching for new ideas which will help them in acquiring more local financial support.

Financing is the most common and most serious problem of nearly all of the voluntary health organizations of the five countries studied. There seemed to be no one particularly good method for an organization to gather funds on a continuing basis so that the organization would have a steady and sound financial base. The closest example of approaching a continuing source of income was in those voluntary health agencies which carried out specific programs on a contractual basis. For example, in Taiwan, the Tuberculosis Association, although it did get funds from the Christmas Seals sale, also got much of its money from government. The money is paid by the local school boards for screening and case findings of TB within the teacher population of the schools. The Red Cross in Thailand also got government funds to support the indigent patients in its hospitals. In Korea, the parasitic eradication group received money on a contractual basis from various schools to carry out testing programs to determine the prevalence of parasites in the school children.

Many fund raising techniques are used by the voluntary agencies to get money from public, government, and international sources. The more traditional voluntary agency such as Tuberculosis would often sell seals.

In general, it is very difficult for any of the voluntary health organizations to get donations from the public on a continuing basis. The professional associations are almost always dependent on membership dues as this primary source of income. Occasionally they derive some income from the publication of journals and from service projects. In Taiwan, the Nurses Association has a private nursing agency which provides some additional funds. The agency also provided some employment for a few of the nurses who belong to the Association.

Future financial planning is an integral part of the Cancer Association in Thailand. Dr. and Mrs. Amnuey, who founded the organization and who were in their late 60's felt a need to develop a mechanism which would perpetuate the activity of the voluntary organization once they passed away. Dr. Amnuey described to the team the recent formation of the Cancer Foundation which he had just established. Interest on money invested through the Foundation would be used to cover operating expenses in the future. Unfortunately however, the development of any personnel to undertake the administrative functions of the organization in the future seemed to be lacking. Also in Thailand an unusual method of making gifts is used. Wealthy persons will donate money through the King, earmarked for a specific organization. Thus they can have the opportunity, and public recognition of an audience with the King. The team was told of these activities by Dr. Komol Pengsritong, Undersecretary of State for Public Health. Dr. Komol stated that sometimes the families of wealthy individuals who passed away would donate money for a specific building which at the time may not be practical. This has happened several times with the Red Cross.

International funds are found most frequently and most consistently in the family planning association in each of the countries. The family planning organizations represent some of the most sophisticated administrative structures in these countries. Frequently, the family planning association is run more like a business providing specific health services than as a motivator of the public. IPPF or Population Council funding is one of the major sources of these international funds. Dr. Enrique Virata, Executive Director of the Family Planning Organization of the Philippines said that there are a few foundations in the Philippines organized in the same way as they are known in the United States. Recently there are industrial firms and wealthy people who are beginning to set up more of these foundations. Hopefully, these foundations will be able to provide financial assistance to these voluntary agencies in the future.

It was also interesting in Indonesia to talk with Mr. Tan Thong-Kie who was Chairman of the Mobile Eye Clinic. Mr. Thong-Kie was just at the point of gathering funds for initiating and buying equipment to begin the mobile eye clinic program. He pointed out that in developing a voluntary agency in Indonesia, he felt that it was necessary to first go outside of the country to the Netherlands to get financial support. Then, once the organization is established and carrying on a creditable program, the local people will begin to donate funds for continuing the program. Thus, he was of the opinion that it is necessary for a voluntary agency to first build up its image. Before this, people will be suspicious and it is not possible to ask for local or to get local donations. Also in Indonesia, the Midwives Association gets most of its money from the maternity hospital which it runs. The maternity hospital provides a continuous form of income and also employes some of the members of the Association.

The Midwives Association has a small financial assistance program for the membership known as ARISAN. It is through this program that members of the association pass a "pot" of money around so that every month one of

the members is provided with funds to buy something personal that they would not ordinarily have the money to buy. Every month, each member of the organization donates a set amount of money into this "pot" and every month a new member receives the "pot" to use as they feel appropriate.

The Red Cross in Indonesia has discovered that having a hospital can be important in fund raising from the public. In an all-out campaign held for one month, the organization has both a large charity ball and a house to house campaign for funds. Awards are given and medals are presented to those patrons who provide unusually large amounts or who have continually given finances to the Association. Branches may use different methods of fund raising.

In the Philippines, the Mental Health Association has broadened its financial base and receives contributions from public, industry, and many of the banks. In addition, it also receives some profits from the government sweepstakes, and they receive some fees for services rendered to patients who are able to pay.

The more established voluntary agencies have worked out mechanisms such as interest from investments, rent on buildings, etc., which provides it with a fixed source of income. This appears to be an important factor in enabling them to take on new activities and operate their ongoing activities with a full-time staff.

The Korean National Red Cross Association has an unusual technique for collecting funds. The pattern is also similar in the tuberculosis, and leprosy programs. Once a year, there is a national fund raising drive. This usually occurs for a period of one month between January and February. The time of this drive is set so as not to be confused with tax collection, even though it is done by the same collectors. President Park initiates the drive and publically requests every citizen to join in the national program. Over 50,000 copies of the Presidential Proclamation are published and distributed throughout the nation in both private and government offices. Local government officials help in collection of donations. Sometimes the householders give their money directly to the government offices. In other cases, government officials go out into the community and request funds from the citizenry. A membership card is given to each contributor.

It was interesting during our discussions in Thailand to talk to Dr. Chindaba who had just recently been honored by the King with the First Order of the Crown award, for her many years of government service in the health field. Dr. Chindaba felt very strongly about the voluntary health organizations saying that the public was very fed up with all the requests for money, especially she said when it resulted in recognition for the leaders of these organizations. In Thailand most of the VHIO members are or were members of government. Being on these organizations is often a status symbol or a stepping stone for many people.

In many of the countries the role of the elected officers is to carry out most of the fund-raising activities for an organization. This is especially true in Thailand. In the case of the Medical Association, its President has concentrated almost all of his time on gathering funds for the organization. This was also true of the Anti-Diabetes Association and the Mental Health Association of Thailand.

In Korea, the Pharmaceutical Industry Association operates a program jointly with professors and students in the university. The Association provided some free drugs to organized groups of university pharmacy students and professors. These groups in turn, volunteer their time during the summer vacation to go to areas where there are no physicians to distribute drugs to the local people.

There are many voluntary health agencies in which professionals who are particularly interested in the agency's area of specialization would volunteer their time. Such is the case in the TB Association in Taiwan. It is also found to be true of the Cancer Association in Thailand and the Anti-Diabetes Association in Thailand. Also, the Mental Health Association in the Philippines, and in the School Health Program in Korea.

5. Interrelationship

Interrelationships between VHOs are in most cases on a very limited or restricted basis. VHOs often have developed a very strong self-image, and this does not lend itself well to sharing responsibilities with other organizations. There does not however, appear to be much duplication of efforts. It may be that more informal communications occur here than in other regions. Time however was insufficient to study this aspect.

The Red Cross in each of the countries considers itself in a class apart from the other voluntary agencies. Some of the VHOs appear to hesitate developing direct links with the Red Cross because of the governmental image the Red Cross has. In some situations though, there are interrelationships. In Thailand, the Red Cross provides office space for the newly formed Family Planning Association. Because of the political nature of the problem there, this also allows the new Family Planning Association to have a respectable location. In the Philippines, the Family Planning Association works with the Red Cross to train their volunteers in methods of family planning. The Indonesian Red Cross works with the other voluntary health organizations in a coordinating council located in the Ministry of Social Affairs. In Korea, the Red Cross occasionally meets with the Medical Association and the Association of Medical Colleges to prevent any duplication in their field service programs.

In some of the professional groups such as the Medical Association and the Nursing Association which have divisions or specialty associations, there is cooperation between these specialties through the sharing of space, supplies, equipment, etc. This was true in the Medical Association of Thailand which shares its meeting space with the various specialty organizations. This is also true in Korea where the Medical Association shared its office space with the specialty of groups.

The concept of a United Fund or a Community Chest is found in several countries and perhaps is derived from American influence. In 1959, the King of Thailand tried to start a United Fund concept. This failed after a few meetings because of disagreement over which organization would get what percentage of the collected funds. A Council on Social Welfare is presently initiating a new approach to collecting funds on a group basis.

In the Philippines, the Community Chest operates in the Metropolitan area of Manila. There are 13 Community Chests in the country at present. Training is being given to seven more executives for a six month period so that they will better understand the theory and practice of running a Community Chest. The combination of these various Community Chests is known as the Community Chest and Council of the Philippines. There are some 67 dialects in the nation. New executives for the Community Chest are selected from the area in which they are to work, and they are appointed by the local Governing Board.

The Community Chest of Greater Manila was formed in 1949. At that time 17 agencies applied and were admitted. The number has now increased to 34. The present members are divided into major categories and constitute the following groupings:

1. Institutional Care
2. Family Welfare
3. Rehabilitation of the handicapped
4. Health services
5. Recreational character building and informal education
6. Community welfare

Since its beginning, five agencies have left the Community Chest. The Red Cross and the Tuberculosis Association have never been members since their charter prohibited them from joining. The Cancer Society could join, but the Board has not seen fit to do so.

There are some agencies of which the national organization is not a Community Chest member, but branches in the country are members. To enter the Chest, an agency must have operated for three years and have shown ability to provide its own funding.

When the Community Chest was first formed, it was purely for federated fund raising. Later on, the planning element was introduced in the Council of Welfare Agencies. This council fell on evil days and was dropped in 1964. It revived three years later and is now soon to be called the United Community Services.

The categories of work which the Community Chest of Greater Manila performs are planning, budgeting, and fund raising. When asked about the question of supporting legislation, the Executive Director, Attorney C.V. Ramirez, said that the Community Chest has a social action committee. He agreed that the Philippine people enjoy lobbying for legislation in which they have a particular interest. When asked about the Community Chest role in family planning, Attorney Ramirez said that this was up to the agencies and no special position one way or the other has been taken up by the Community Chest.

Mr. George Worth, Population Council Representative in Korea, made the following comment with regard to coordination within the voluntary health organizations. He said, "There is very little formal coordination, but many persons have informal discussions. For example, university professors are on voluntary health organization boards along with government officials." This close interaction provides an opportunity to discuss matters of importance not only relating to the voluntary health organizations, but in other areas of importance as well.

While in Thailand, the study talked with Mr. Pui Rochanaburanond who is the President of the Council on Social Welfare of Thailand. Mr. Pui said that although the organization receives a subsidy from the government, it nevertheless is a nongovernmental organization. There is an elected board of directors all of whom volunteer their time, and an administrative staff of 56 persons most of whom are paid. The total number of organizations belonging to the national social welfare council is 215. This is made up of 106 organizations located in the central and regional areas, and 109 organizations in the provinces. The types of members belonging to the council include associations, foundations, Buddhist and other religious groups, and different governmental departments. Also, included are groups such as the Boy Scouts and different types of cultural associations. Finances for the Council come from four different sources:

1. From a government subsidy which is used to help the different voluntary health organizations and is operated on a 50:50 maximum basis.
2. From income of New Year greeting cards.
3. From membership fees.
4. From other contributions (industries, lottery, etc.).

Conferences held by the Council involve as many interests of its members as possible. For example the organization holds conferences, and sessions on the role of news media in community development. There are nine regions or branches of the organization and many of these activities are held in the branches.

A Community Chest type of campaign will begin this year. Organizations belonging to the Council are not obliged to participate and may, if they wish, collect funds individually. A formal agreement however is made with those member organizations which will collect funds under the Community Chest umbrella.

Two of the prime objectives of the Council are to prevent overlapping and to coordinate the activities of its member organizations. A new office building will be built soon and will be adjacent to the present Council buildings. This new building will have offices which may be rented by many of the member agencies. The annual budget of the Council is near \$1.8 million. Although donations are tax deductible and the organization itself is tax free.

Frequently professional associations in these countries team up with one another to promote certain aspects of health legislation. This is true in Taiwan with the Nursing Association and its allies, the Auxiliary Nurses Association, and the Midwives Association. In Korea, the study team talked with Miss Shin Young Hong, President of the Korean Nurses Association. When asked about the relationship of the Nurses' Association to other professional associations, Miss Hong said that the relationships with the Medical Association were very close. There are no formal organizational arrangements for this. The two Associations work together to prevent the possible abolition of present compulsory membership now required at the time of licensing of doctors and nurses. At the present this proposal is endorsed by the Government. Miss Hong feels that the Nursing Association can pressure the Ministry and the Assembly by virtue of its 6,000 members. The combined financial and political straits of the two Associations is an important influence on Government.

Professional associations in many of the countries studied in East Asia also have particular interests in union type activities for their membership. It is undoubtedly caused by the great number of government employees who are interested in labor and wage related problems within their profession. In Indonesia the government has set up a mediating board for the professional associations. This labor relations board, known as the Bamuke, is located organizationally within the Ministry of Health. Its Chairman is appointed by the Minister of Health. Presently there are 21 different professional associations which have members on the Bamuke. The Bamuke is concerned mainly with salaries, wages, and working conditions of government employees. This approach taken by the Government to solve the professional labor problems appears to be an effective way of drawing this activity away from the professional associations.

In the Philippines, the Medical Association has lobbied with the Association of Municipal Health Officers and the Association of Hospital Administrators to improve salaries. This lobby group was effective in pressuring Government.

In Indonesia, the Social Coordinating Council located in Djakarta has been given the legal responsibility for coordinating the health activities of different VHOs. Its present function includes the coordination of programs in the field of crippled children, care of the blind, deaf and dumb.

One of the interesting activities of this coordinating body is that when a problem is recognized some kind of expert assistance is usually brought in from outside the country. The problem is studied and then some action is taken. This coordinating group is very heavily involved in the provision of services and has not considered planning for overall coordination as one of its major activities.

Dr. Fe del Mundo, Director of the Institute of Maternal and Child Health in the Philippines pointed out to the study team that developing a VHO required leadership and guidance to make the group realize their goals. Then financial support is needed to achieve these goals.

B. Purposes and Programs of National Voluntary Health Organizations

1. Objectives and Goal Setting

The primary objective of almost all voluntary health agencies in this region is to provide a health service which is not presently being provided by the government system. A defined need is identified and motivated citizens join together and design a method to fill this gap. In Thailand, the Medical Association did a health survey of the Bangkok Municipal area several years ago. They discovered that there was a relatively large number of diabetics in the city and that many were without health care. Several medical specialists within the Medical Association who were interested in diabetes were motivated and founded the Anti-Diabetes Association. Dr. Amnuey, who had worked in government health service, realized that there was no outpatient treatment for cancer patients. He established the Cancer Association primarily to provide outpatient lodging, to fill the existing gap.

In an interview with Dr. Sirwabessy, Minister of Health in Indonesia, Dr. Sirwabessy pointed out that he felt VHOs are mainly concerned with curative medicine, because it is much easier to get public support. He felt that it is important for the voluntary health organizations to become more concerned with the preventive aspects of health care.

In Korea, most of the voluntary health agencies are organized to fill some specific gap in the present government services. This was true of the Tuberculosis Association, the Parasitic Eradication Association, the Leprosy Association, and the Family Planning Association.

The Red Cross was the only major voluntary health organization which dealt in the areas of emergency and disaster care and considering this to be one of its primary objectives.

One of the newest voluntary health organizations in Korea, the Korean School Health Association was organized by Dr. Sang Whan Shim, President. In an interview with Dr. Sang he told of how the organization began. During the first two years, the organization laid its ground work making important connections, developing realistic objectives and sound plans, and lobbied strongly for government support. There are 965 members in the organization, most of whom are registered nurses who work in the schools. Dr. Sang is a Professor of Public Health.

Not all of the primary or secondary schools have nurses, and some use girls with a minimal amount of training to provide health care. Through a demonstration program, the organization plans to use its membership along with the help of other health organizations to develop standards for a school health education program which will help upgrade the entire system.

The objectives of this new organization are:

1. To improve the school health services.
2. To educate the public and teachers.

3. **To educate teachers at the training institutes.**
4. **To provide audio-visual aids and educational reference materials.**

The successful lobby efforts of the Association have enabled it to acquire a \$15,000 grant from the Ministry of Health for the initiation of a pilot project.

In Indonesia, nearly all of the professional associations including the sanitarians, the nurses, the pharmacists, the midwives, the physiotherapists, the veterinarians, and the physicians hold an annual convention or congress which frequently coincides with regularly scheduled government seminars. It is during these congresses that the membership of the organizations have a chance to meet and to decide whether new vistas for the organization should be chosen. The cost of these conventions is considerably more than the regular annual budget, and intensive efforts are undertaken to gather the funds.

Mr. Albert Siahaan, Chairman of the Physiotherapist Association of Indonesia told of how his organization, normally running on an annual budget of \$125 per year is able to collect during a three-month intensive fund raising campaign approximately \$2,250 to stage the congress of the organization held every other year. It is almost exclusively the function of the elected officers to gather this money from various sources. Usually the governor of the province in which the convention is to be held is requested to donate. Banks are usually asked to donate money as well. Small amounts are also given from private individuals who are interested in the Association. The military provides rice for the meals. The Department of Social Affairs provides the paper used for printing the program and other documents used at the meeting. Usually the convention is attended by approximately 150 persons, including physicians and nurses. TV, radio, and newspapers provide mass media coverage for the convention.

In Taiwan, a feeling of national concern influences the objectives and goals of the voluntary health organizations. In particular the Hospital Association felt its main goal was improving the quality of hospital care throughout the country. The TB Association is involved with screening and finding potential TB patients within the school teacher population. In addition, the Association is involved in educating the school teacher so that they better understand health education. It is hoped that they will influence the students and community and in turn improve the health of the nation.

2. **Activities**

During the prior two field trips taken by the APHA study team, it became apparent that the activities or programs of the VHOs fell into specific groupings. Each category represents a way in which a VHO could provide support for national health objectives. The seven major groupings are listed below:

- a. **Increasing public support for national health objectives.**
- b. **Helping identify and plan solutions to high priority national health problems.**

- c. Providing services which complement other available services.
- d. Raising funds and financially supporting health work.
- e. Providing research, and pioneering.
- f. Providing health education.
- g. Influencing policy formation and legislation.

In carrying out their study, the APHA team looked specifically at the above seven major activities, and related them to the present programs of the various voluntary health organization which were studied in East Asia.

- a. Increasing public support for national health objectives.

In Taiwan, Dr. C.A. Yen, Director General of the National Health Administration made the following comment with regard to the support which national voluntary health organizations can provide. He said, "VHOs in the past have given moral support to government programs. This has been of great importance in getting the public to accept these programs."

The study team found in East Asia that most of the organizations interviewed had not developed this activity as one of their major programs. Interesting also is the fact that only occasionally did government officials make a comment indicating this as one of the useful activities for the voluntary health sector.

It appeared to the study team that more of the younger or newer organizations considered this activity as one of their major programs. For example, the Eye Bank in Indonesia carried out activities to make people aware of the importance of eye care and to get people to donate their eyes for medical purposes. In Korea the National Family Planning Program is divided into three distinct responsibilities. The Ministry of Health and Social Affairs is responsible for providing service through its 190 health centers and also through direct payment subsidies to private physicians. The Family Planning Institute (quasi-government) is responsible for research, evaluation, and training activities. The Planned Parenthood Federation of Korea, the voluntary health organization, is responsible for educating the public about family planning and for providing information to motivate the public to use government family planning services.

In Thailand, the Nutrition Association has a radio program which focus on increasing public awareness to better health and nutrition. The Association also promotes the use of government services.

Of all the organizations interviewed and studied, the study team feels that the family planning associations appears to be the group most concerned with this activity. This is true in Thailand, the Philippines, Indonesia, and Korea where educating public to become aware and to use family planning services is considered one of the high priority programs. In each of these countries family planning services are coordinated on a national level through the Ministry of Health.

Government however has not used the voluntary agencies well for increasing public support for national health objectives. Government appears unsure and is reluctant to approach the VHOs on this point.

b. Helping identify and plan solutions to high priority national health problems.

Planning for future health needs in their respective countries is most frequently undertaken by the professional and industrial associations. In many cases the studies and planning activities provide the organizations with the basis for their own programs. Voluntary health agencies, usually involving themselves with planning, incorporate this into the process of revising their own goal structure. In this way, they are able to focus on new ideas and new areas of need and thus provide expanded services.

Dr. Anek, Secretary General of the Anti-Diabetes Association of Thailand discussed with the team a new study which would be undertaken by the Anti-Diabetes Association and the Ministry of Health in cooperation with the provincial hospitals. An original study completed several years ago has shown only part of the health picture. The Association now feels that a national study will bring forth new information which will help to identify the extent to which diabetes is a problem in Thailand. Together with the Ministry of Health the Association hopes to plan some solutions which involve further activities of the Association.

In Taiwan, the Hospital Association is concerned about hospital charges and is involved in a study which will be submitted to the insurance companies. Presently personal health care for most of the country is paid for by one of two types of insurance schemes; a labor insurance, or a government employee insurance. Most hospitals are accredited by the health insurance companies who are aided by the Hospital Association. The Hospital Association is concerned that many of the nongovernmental or private hospitals will be taken over by government if the present rates are not realistically leveled off. Because of this, the Hospital Association hopes to identify and plan a solution to keep all private hospitals ongoing.

A history of an organization helping to identify and plan solutions to health problems was found in each of the National Red Cross Organizations studied. The Red Cross frequently has many other activities outside its immediate goal of providing disaster emergency relief. One of the most significant areas in which the Red Cross has become involved is that of the Blood Bank. In almost every country it is through the

initiative of the Red Cross that a national Blood Bank is established. This has been of considerable importance to government especially in relation to changing religious and cultural beliefs which view the practice blood donation blood donation as unclean and unhealthy. The voluntary organization has apparently been able to circumvent this cultural handicap and gone beyond it to provide a very important service for the country.

Studies are a common method used by voluntary health organizations to identify health problems of national importance. In the Philippines, Dr. Jose Cuyegkeng, Executive Director of the Association of Deans of Medical Colleges told the team of how the Association is presently working on a three year baseline survey of health services. This is being sponsored by a \$60,000 grant from the Macy Foundation. The results of this study will be shared with government. The influence of this study has already also affected the Ministry of Health. The late Secretary of Health, Dr. Cruz appointed an ad hoc committee chaired by Dr. Myuga, Director of Medical Services. The committee will make plans for the future health care system of the Philippines. This ad hoc committee includes as its members:

- The President of the Philippine Medical Association
- The President of the Philippine Hospital Association
- A representative of the Nurses Licensing Group
- A representative of the Medical Care Division (Government)
- The Hospital Chief (Government)
- The Executive Director of the Association Deans of Medical Colleges

Dr. Cuyegkeng pointed out that the Association survey will be of great benefit and will act as a guide to this ad hoc committee in designing and determining the plans of the future health care system of the Philippines.

The future of the delivery of medical services in the Philippines is also a question of major concern. Dr. Eduardo Capares, President of the Philippine Medical Association discussed with the team some of the activities of the Association. Recently it has been very active in promoting a new and innovative type health delivery program. Working with the Department of Public Health, the Medical Association is suggesting a joint project of working with the different provinces to study the available medical facilities and present manpower. In addition, the Association is planning to determine which are priority areas for development of new facilities and the deployment of additional personnel. This project would be largely funded by the Government.

The Philippine Medical Association also wants a new law which would retain freedom in choice and maintain the patient-physician relationship. In their suggested program of Medicare, the Association feels that private practice alone cannot provide service and that some better arrangement is necessary. Their Medicare program is divided into two phases. The

first phase is to last for three years, and would provide hospitalization for workers who are in government service as well as those who, through their employment, have Social Security. Hospitalization up to 45 days would be provided. Outpatient services would continue to come from the government.

The second phase which would extend the services to all the people, is still very much under discussion.

Sister Cornelia de Marie, Chairman, of the Council of Deans and Principals of Colleges of Nursing in the Philippines indicated another national health program in which a WHO is truly concerned. There are 68 schools of nursing, 60 of which belong to the Association. Eight of the nursing schools are run by the Government. The others are private and get very little financial assistance. Nearly 3,500 nurses graduated every year, 25 percent with B.S. degrees and 75 percent with diplomas. One of the major problems recognized by both government and the Association is that of keeping these nurses in the Philippines. Out of 3,460 passing the board exams this year, nearly 2,000 will leave the country for the United States and Canada. There are professional recruiters who come to take the "cream of the crop." Speaking as both an administrator and as a teacher Sister Cornelia acknowledged that this was discouraging. Neither the Philippine Nurses Association (national organization) nor the Department of Health League of Nurses (Government Nurses) have taken a stand on this problem. Because of this, the Council of Deans was formed. The Council is working very closely with Government to develop a solution for this enormous national manpower problem. The Council would also like to join together with the Association of Medical Colleges in an effort to develop a strong statement of position to government.

The Indonesian Medical Association is also very much concerned with the future of health manpower. In Indonesia there is a law which requires three years of government service for any physician who graduates from an Indonesian Medical School. An unfortunate situation now prevails. An insufficient number of government posts are available and yet the young doctor who has just graduated is not allowed to go into private practice until he has completed his service. The present intake of medical students is about 1,000 per year and the annual output is about 800. In the next five year plan, it is expected that the output will be reduced to 600 to 700 a year. A great need for doctors exists and there appears to be plenty of opportunity for them to make a living in private practice in the urban centers. The basic pattern of doctor distribution is one doctor per district of 50,000 population. In each district there is an integrated health center including family planning and health education. The medical schools are now giving the kind of training which will enable graduates to work well in the rural areas. The Medical Association itself is planning a survey of health manpower and health problems and

indicated it will collect data on its own. They will not depend entirely on government data. The plan of the Medical Association will be to survey and collect essential data. The data will then be analyzed and a formal proposal will be submitted to Government.

Similar activities are also occurring in Korea in the Medical Colleges Association and in the Nursing Association. There one of the main concerns is improving quality of education within the professional schools. The Nursing Association now conducts a nonofficial accreditation of nursing education institutions. If deficiencies are found they are reported to the Ministry of Education. Miss Hong, President of the Korean Nurses Association felt that it was better to have nursing education under the Ministry of Education than would be the case were it under the Ministry of Health. There should be a joint committee between the two Ministries. Until two years ago there was a joint advisory committee composed of representatives of the Nursing Association and the Ministry of Education. This was abolished however because Government thought it unsuitable for this type of committee to exist. A nursing liaison is presently working in the Ministry of Education and her salary is paid in part by the Nurses Association.

The study team in their meeting with Dr. Won Bae Chun, Chief of the Department of Sanitation in the Ministry of Health and Social Affairs, heard of how Government suggested to the eighteen major food companies that they form voluntary association which would establish standards for food processing. The Association would police the members for their own protection. The companies agreed and formed the Food Manufactures Association. They get little government subsidy. This technique has proven to be an effective measure for government to use in getting similar private enterprises to improve their own standards not only for their own benefit, but also for the benefit of the nation. There are government inspectors, but they are insufficient in number to be effective.

. c. Providing services which complement to other available services.

Personal medical care services is undoubtedly the single most costly type of service among the seven major activities. Religious organizations provide a great bulk of the services provided by voluntary organizations under this category. For reasons mentioned earlier, they are not being considered in detail in this report. Many of the voluntary health agencies have clinics where they treat mostly the indigent population on an outpatient basis. The Mental Health Association of Thailand runs such a clinic in a hospital operated by priests. The clinic served about 100 new patients per year. Physicians, nurses, and social workers volunteer their time for Wednesday and Saturday sessions (10 professionals each). The major problem dealt with during these sessions concerned the disintegration of the family.

In Taiwan, the Red Cross in addition to its Blood Bank Program operates several important village health programs. These included a rural health village program involving 16 nurses, a mobile clinic with one physician, 49 health stations and a clinic for mine workers.

The Philippine Cancer Society, offers various early cancer detection services for indigent women. The organization is also responsible for keeping statistical records for Government. In operating these services, some personnel are paid and others are volunteers. All services are free. The present patient load of the organization is around 500 new patients per month.

Attorney Siojo, President of the Philippine Mental Health Association described the services of the Association as primarily for the indigent, especially youth. Screening and rehabilitation clinics charge a small percentage graduated fee. The clinic cost per patient by the PMHA is two pesos while that of the Government is 1.6 pesos. Major rehabilitation activities of the organization are centered in agricultural programs. The PMHA also helps in government hospitals, by training both staff and volunteers to run a mobile clinic. The government personnel frequently make referrals of indigent persons to the Association.

In Indonesia the Crippled and Mentally Retarded Children's Association (JPAP) and the Jejasan (a home for retarded children), are leaders in providing services for indigent mentally retarded and crippled children. Occasionally referrals are made by government of persons who have sufficient finances, and their families are asked to pay a graduated fee.

In Korea, the organizations which government has chosen to subsidize are those organizations which provide a "useful" service. The Red Cross, for example, has fourteen hospitals, one TB sanatorium, and one nursing school. Other organizations, such as the Parasitic Eradication Association, which examine stool samples from school children, and the Leprosy and TB Associations which offer treatment and rehabilitation programs, are included within those organizations receiving subsidies.

An interesting case example of an organization which has developed a specialized service is the Korean Industrial Health Association. In an interview with its President, Dr. Young Tai Choi, he described the early history of the Association. Dr. Choi had worked as a physician in a coal mine which employed 15,000 workers and where health conditions were very bad. The labor union asked his help and he became very much interested in improving the situation. Later he went to the United States and studied industrial health. Following his return in 1949, he established the Industrial Health Association which was greatly strengthened again in 1969. It is an Association almost made up entirely of physicians who are working in industrial health plants, although other members of the industrial health team are eligible for membership. Eighty percent of the Association's budget comes from Government. The Association is

recognized by the labor office and undertakes a good many inspection activities on behalf of the Labor Office of Government. It makes recommendations for improvement in productivity, for accidents prevention and for reduction in other types of industrial hazards. Service centers are operating in the various seven or eight branches of the Association. These offer continuing inspection and advice to those who pay a regular service sum each year. When special studies are made, the industries are also charged accordingly. The Government sees this program to be useful and supporting it by providing direct subsidies to the Association.

The Thai Medical Womens' Association also illustrates an unusual example of a professional association which provide a highly organized service activity. At first the organization provided early cancer detection services only. Today family planning and general health are included in its activities. The organization has three clinics, one downtown and two in the suburban areas. There are many informal, but essential connections between individuals in this organization and other groups, including the Queen who gave them the city clinic space at a very low rent. The organization has found it important to keep their projects at a small, but effective size. Also members of the Association have strong links on professional levels.

The present services in the clinics of the TMWA are provided only to women. Services are free to the indigent and a small donation is collected from others. Drugs are sold at cost. Family planning and early cancer detection services have been going on now for ten years. Last year approximately 11,460 patients (both new and old) were seen at a cost of approximately \$6,000 in total expenses.

Clinic Statistics: (Downtown)

Services Provided	Work of Volunteers
1. Early Cancer Detection Clinic: Two Sessions per month (approximately 200 patients per session)	1. Six to ten doctors and approximately 20 nurses volunteering their services
2. Family Planning Clinic: One day every week of the year (approximately 50 per day)	2. Two to four doctors and approximately 4 nurses volunteering their services
3. Health Clinic: One day every week of the year (approximately 30 per day)	3. One doctor and two nurses per clinic

The Philippine Rural Reconstruction Movement has specific health programs in the barrios. They work with small rural units of 200 to 400 families which have been identified as the ones most in need of assistance, and where present government services do not exist. There are five categories of assistance; agriculture, home and personal improvement, health, education, and self government. Nearly 90 to 100 rural reconstruction workers, 50 percent of them women carry out these efforts on an average of one worker per barrio. Each rural reconstruction worker is trained and can call on the technical assistance division.

The PPRM has eight mobile units which provide family planning services. The unit consists of a doctor, a nurse, and a midwife who on a rotating basis visit a fixed number of barrios. The schedule is worked out by the local rural reconstruction worker and the local government officials.

d. Raising funds and financially supporting health work

Only a few direct examples of this activity were seen in those countries studied. The Community Chests of the Philippines are noteworthy among fund raising agencies. The Council on Social Welfare in Thailand should also be mentioned in this category.

The Vice-President of the Tuberculosis Association of Indonesia, Dr. Kasnadi who was the former head of the National Department of Health, is interested in using BCG vaccinations to deal with the large number of cases of infectious tuberculosis. However because of the great expense in operating such a program, and because its present appropriations are so limited it is not able to do this. The present joint approach is to set up demonstration areas which would show to local governments what might be done. However, even the local governments do not have sufficient funds and the technique must be to try to raise funds from individual neighborhoods to take care of the cases of tuberculosis found in their community. The approach to dealing with the neighborhoods to mobilize their financial resources is through the village organization which is evidently very highly developed in Indonesia. It is in this aspect of the work that the Tuberculosis Association is particularly helpful. There is quite evidently a close coordination between the Government tuberculosis program and the work of the Tuberculosis Association. The government program is being supplemented by the funds that the Tuberculosis Association is able to raise from the communities.

Dr. Chan Sae Lee, Vice-President of the Korean National Tuberculosis Association told of how the TB Association has a very close relationship with government in every area of TB control. There are three major areas where the Association works closely with government.

- I. BCG Vaccine: The TB Association collects public funds and pays the salary of workers who produce the vaccine. The government distributes the vaccine and provides the necessary inoculations.**

- II. **Case Finding:** The Association operates mobile x-ray teams and supports the expenses of these teams. The Government has taken over the responsibility of all hospital and urban based x-ray programs.
- III. **Treatment:** The TB Association provides and supports technical supervision for the government program and subsidizes some of the salaries of the physicians who are working in government TB programs.

More frequently though the VHOs raise funds from private or industrial donations and use these funds to support their own activities. Many activities complement those of government services.

The study team did not observe or hear of any outstanding examples of VHO financially supporting scientific research work in a particular area.

e. **Providing research, and pioneering.**

Many of the research aspects of the voluntary health organizations were undertaken to help the organization identify areas where it might provide services, or where as in the case of the professional or institutional associations, where they might develop a plan for solving a problem which related to their goals. Several of these examples have already been mentioned.

The concept of a VHO testing out an idea to determine whether it is a good one or not was not found to occur too frequently within the group of voluntary agencies under study. Perhaps this is due in part to the organizational need to develop programs which would guarantee some sort of income or public influence for the organization. The primary concern of nearly all of these voluntary organizations was to survive. There are no apparent signs that government was encouraging the VHOs to undertake pioneering activities, by providing them with funds. Government, however, did recognize the usefulness of such experimentation by VHOs especially in areas which were sensitive for government to enter, such as family planning.

Dr. Apelo of the Biological Research Institute of the University of the Philippines made the comment that he had never seen a VHO "fold" in the Philippines when government encroaches on it. Rather the VHO always pioneers into new areas.

A good example of the type of pioneering that can occur was seen in the Indonesia Planned Parenthood Association. The IPPA will soon begin a trial demonstration program of condom distribution through small shops in Central Java. This will be undertaken as a demonstration for the National Family Planning Board (Government). A Japanese industry is cooperating in producing a condom which will be market in the family planning experimental demonstration program. If the program proves successful, the National Board will consider expanding this concept into

Also in Indonesia, the Red Cross has instituted the interesting idea of providing a highway ambulance team utilizing medical students during their internship. This has been worked out in cooperation with both the Government and the schools of medicine to provide the medical students with some practical training in accident care. Presently this is done on a demonstration basis and is expanding into most of the hospitals in the metropolitan Djakarta area.

Another interesting example of pioneering and transfer occurred in the program activities of the Mental Health Association of Thailand. Dr. Cherd Vhanavanik, Director General of Medical Services of the Ministry of Health told the study team of how the Mental Health Association had begun a rural mobile team on a pilot demonstration basis. This idea has taken hold and now government sends these teams into the countryside each weekend. There are two objectives of the program:

First to educate physicians who are not psychiatrists.

Second to screen out some of the potential patients.

f. **Providing health education.**

Health education appears in a number of forms and combinations. There were specific educational posters, pamphlets, and courses, etc., designed to educate individuals or groups to various aspects of improved health. The Cancer Association of Thailand holds open sessions where physicians volunteered to discuss methods of early cancer detection and to educate the public to self detection. The Red Cross in each country teaches volunteers basic courses in emergency safety procedures. The Public Health Association of the Philippines is working closely with the Ministry of Health to design posters encouraging better sanitary measures. These posters were then printed and spread throughout the barrios of the country.

The Family Planning Association in each of the countries considered public education as one of its major activities. The Medical Association of the Philippines is working with the Family Planning Association to design many of the educational materials used in these courses such as home study manuals for physicians. Similar activities, oriented toward aspects of preventive care, are being run by many of these specialized voluntary health organizations; tuberculosis, cancer, leprosy, mental health.

Another area of health education involves the training activities of the voluntary health organizations. In Korea and in Indonesia the study team heard of the training of government workers in aspects of family planning as being one of the original goals of the family planning organization. Now that family planning has become a national policy and a national program in these countries, there has been a shift in goals within the family planning associations. The new focus is now oriented more on educating the public to be aware of family planning and to use the government services. Already this change is occurring in Thailand. During

the first year of the newly organized Planned Parenthood Association of Thailand, the organization initiated public education programs as its major activity. A team from the organization goes out on weekends to teach villagers the benefits of family planning. Contact is made first with the Governor to assure cooperation. Members of the Family Planning Association many of whom are professors, also work with and contact their former students who are working in these villages.

In Taiwan, the Red Cross is actively engaged with the Ministry of Health in operating a rural sanitation program designed upgrade the sanitary standards of the community. The Red Cross and its nursing program spend much of their time in training local leaders who work with the pilot community.

The third type of health education occurs mostly in the professional and institutional associations. Through journals, newsletters, and refresher courses, the professional associations are able to update and upgrade the technical information of their membership. This is especially important in most of these countries, since the trend is for government to absorb more and more of the health workers into its system. Quickly the private physician is disappearing in both numbers and in importance.

Conferences are also an important tool used by professional and institutional associations to educate their membership. The importance of these conferences has already been pointed out in Indonesia. In the Philippines the Council of Deans and Principals of Colleges of Nursing held a National Nurses Week. This convention was attended by most of the nurses living in the metropolitan Manila area. There was realization by the nurses that they were not involved in the *planning* of health services for the future. Also a dialogue was held to determine the future goals of nursing. The nurses express interest in joining political forces with their medical counterpart. Before doing so, however, they felt it was important for them to know clearly where they stood.

Influencing policy formation and legislation

In three of the countries Taiwan, Philippines and Indonesia, this activity is carried out by many of the organizations. However, in Korea and in Thailand the involvement of the organizations in this area was rather minimal.

Lobbying was evident in the Philippines more than any other country. The study team was impressed with the zest and the acknowledgement with which this activity was performed. One of the most controversial figures interviewed in the Philippines was Mrs. Paz Catolico, President of the National League of Puericulture Centers. Mrs. Catolico, whose husband had been a former politician, has developed some unique techniques in lobbying. She is also active in designing new legislation which will help improve the financial position of her organization.

Mrs. Catolico, admitted quite frankly, that she personally approved of very strong lobbying activities. An example, she said, was in relation to the new Congressional bill in which she lobbied to have nearly 12 million pesos directly appropriated to the National League of Puericulture Centers. Unfortunately the final vote on the bill was defeated and opponents accused her of being political. Mrs. Catolico wrote the original amendment to the bill and gave it to a sponsoring Congressman. Many of the wives of important politicians are involved in the Puericulture activities. Also many of the board members of the Puericulture Centers

In Indonesia the Sanitarians Association through its President sponsored legislation in the National Health Service Committee of which he is a government member. This legislation has since been approved and now requires a sanitarian to be placed in every new health center which is developed. His responsibilities are that of health education, as well as taking care of the water and wastewater supplies of the community.

The Veterinarian's Association of Indonesia has recently sent a resolution to the Ministry of Agriculture regarding the quarantine of animals which are brought into the country. The organization recognizes the need for strict quarantine measures to prevent any outbreak of disease. Presently no strong measures are being taken by government. The organization said the feeling is that if government would identify and give the organization a specific problem, the organization could make a useful contribution in terms of suggested solutions that would be helpful to government.

In Korea there is a feeling by the Tuberculosis and the Parasitic Eradication Association that government depended "too much on the voluntary agencies" and that the voluntary agencies should lobby to get more government involvement in the treatment of tuberculosis.

One of the activities of many of the professional associations in these countries is that of lobbying for better wages and better working conditions for their membership. These union activities are taken on behalf of the government employees. As mentioned before, the Government in Indonesia has established a labor relations board, the Bamuke, to deal with this problem. This appears to be a rather effective mechanism. Unlike the organizations in Latin America, the professional associations in this region usually do not have two separate organizations. Here labor interests and scientific interest coexist in the same organization.

3. Evaluation

Dr. Fe del Mundo, Director of the Institute of Maternal and Child Health had several interesting comments to make regarding her personal evaluation of voluntary health organizations in East Asia. Dr. del Mundo felt that the VHOs are able to conduct programs sometimes more effectively than government, because the VHOs are more flexible and therefore are in a position to cut red tape. She also felt that the public image of the VHOs, especially in the Philippines, is very positive. VHOs are considered by the public to be humanitarian, nonprofit, and dedicated to "higher attributes." Nongovernment agencies also have prestige. The public usually regards government workers as people who are always looking for more money.

In an interview with Mr. George Worth, Population Council Representative in Korea, he stated that in the family planning field the VHOs are useful for the following reasons:

1. They are flexible and can escape regular government red tape, especially the financial regulations.

2. They can pioneer, if the program is not successful then the government's image is not marred.
3. They have greater credibility than government in some areas. This occurs especially in the urban areas where working with people is an especially important part of the program.
4. External funding agencies like to use VHOs because it is easier to get some accountability for funds. Such accountability is not always possible when the money is given to government. Also, Mr. Worth felt there appears to be better management by VHOs. Some personnel in VHOs are former government officials.

In an interview with the Mr. Brian E. Copp, Peace Corp volunteer in the Planned Parenthood Federation of Korea the study team was given a brief outline of the various ways in which the Federation felt it could relate and cooperate with government. This list is a result of an internal study done by the Federation. Mr. Copp explained that the Planned Parenthood Federation of Korea could act as a:

1. **Catalyst and lobby**

The organization brought expertise into the field long before the Government. The role of the Federation was to convince government that family planning must be a national policy. These goals have been accomplished.

Today, the organization must lobby constantly to keep government committed to this program. This is done through interpersonal relationships and publications.

2. **Pioneer in services**

During the first ten years, the organization specialized in training personnel. However, since then the Government accepted family planning program as a national program. The organization has helped the Government create a Family Planning Institute and government has now assumed the responsibility of training, evaluation, and research.

Also the first mobile vans and vasectomy programs were run by the PPFK. They have now been taken over by the Government. Presently, in 30 hospitals there is a joint government-PPFK tubal ligations program.

3. **Channel for international funds**

The IPPF and the Population Council (NYC) have channeled funds through the PPFK, because these funds can be accounted for and because there seems to be clearer administrative channels for feedback.

4. Agent for the Government (Ministry of Health) for acquiring international funds

Examples are grants from the UNDP, UNICEF, WHO, or other international organizations.

5. Education of the public in family planning

This is now the main purpose of the Federation. Education of the public and rural development programs highlight the activities of the Planned Parenthood Federation of Korea. In its new role the PPFK is trying to introduce the government program to the people. However, 87 percent of the PPFK's funds are presently from international sources. The question of the PPFK now is, "What should the PPFK do in the future to get more local funding?" The public views of the PPFK as a government organization. An example of this was pointed out at the bottom of a family planning poster which was designed by the PPFK, but which bore the label of the Ministry of Health. The present dilemma of the PPFK is where to get its funding and how to create a positive public image. If future funding is to come from the government, then there may be too much government control. The PPFK would like to see family planning put into a formal department directly responsible to the Minister of Health. If, possible the organization does not want to become involved in politics. In Korea such involvement could mean a lessened flexible of action and even a shortened life for the organization.

In a discussion with Dr. Chong Chin Lee, President of the Korean Association of Parasitic Eradication, he said that one of the major problems of many Korean VHOs is that of management. Persons involved in VHOs are dedicated, ambitious, enthusiastic specialists, but have very little professional competence in management. Government recognized this in the case of the Association of Parasitic Eradication. They ask Dr. Lee to intervene and take over on a temporary measure the management of the Association. Dr. Lee felt it might be important for the Ministry of Health to develop a health management expert, who could work with and develop the management capability of the VHO.

Evaluation of voluntary health activities is not necessarily done just by the organizations or by government. An example of an outside agency evaluating a national VHO occurred in the Philippine Tuberculosis Association. Here the voluntary health agency uses techniques which are considered old-fashioned. Because of the reluctance of the organization to change, these new techniques are not integrated into the service. The President of the Association favors the sanatorium method of dealing with tuberculosis rather than the more modern use of clinics. Dr. Dy, Regional Director of WHO for the Western Pacific in Manila came out in the newspapers during a recent fund raising campaign. He stated flatly that the Quezon Institute was outdated and that much more emphasis should be given to home treatment of tuberculosis and the use of BCG vaccine. Dr. Canizares, President of the Association, was deeply resentful of this and felt that it hurt the fund raising campaign of the Association. At present the Association still functions as before, but public pressures may affect this.

Members of the Thai Medical Womens' Association made a self evaluation of their organization and discussed the results with the study team. They believed that women in Thailand work better together than do men. Second they felt that keeping the projects of their Association at a small, but effective size proves to be more realistic and more useful. And third, they feel that strong professional and social links, both national and international, are most important in bringing new horizons and social connections to the members. Also they feel that the international relationships forced their organization to produce results in order to keep its image.

III. Relationships between Government and the Voluntary Health Organizations

A. Coordinating Mechanisms

The study team made a determined effort to discover organizational mechanisms intended to coordinate governmental and voluntary health work, but the results of this investigation were rather disappointing.

In no country visited by the study team was there a particular person appointed by the Ministry of Health to deal solely with the voluntary health organizations. Rather, in each country the general pattern is that each voluntary health organization deals with the appropriate department head. For example, in the government the Tuberculosis Association deals with the Tuberculosis Division of government; the Family Planning Association would work with the Family Planning Section of Government or with the Maternal and Child Health Division, etc.. Matters relating to conditions of work, remuneration, etc., go directly to the Ministry for action. Occasionally some administrative mechanisms are worked out (e.g. the Bamuke in Indonesia).

In Indonesia a Social Welfare Council was set up by government in which the voluntary health organizations and government are theoretically able to work together. In Taiwan, the government developed a National Science Council. Dr. S.C. Shu, was named chairman of this Council. The Minister of Health appoints the Chairman of the Council. The function of the Council is to deal mainly with government agencies offering them research grants. The Council does provide some subsidies to voluntary health organizations, but only for publishing their journals.

In the Philippines there are different coordinating bodies organized by discipline. There is a government coordinating body for tuberculosis which works with the various voluntary agencies in that field. There is also a Population Commission which includes members of various voluntary agencies.

In Indonesia, the Ministry of Social Affairs has a coordinating council which is in theory to work with the various voluntary organizations.

In Korea, as mentioned before, each of the voluntary agencies comes under a specific division within the Ministry of Health.

B. Government of Regulation of VHOs

In each of the countries studied voluntary organizations are required by law to register under a specific branch of the government. This was usually done for tax purposes and as a form of incorporation. In some countries it has a more restrictive nature.

In Thailand the Ministry of Interior through its Revenue Department had the police power to regulate all voluntary health organizations. It was mandatory that each voluntary organization be registered under this department.

Likewise in Taiwan all voluntary health organizations are required to register under the Ministry of Interior through its Department of Social Welfare. Dr. K.P. Chen, the project country representative did some investigating in the Department and was able to collect the names of 52 national voluntary health organizations.

In the Philippines all voluntary organizations are registered within the government. There were specific laws stating the maximum number of board members which can be in an organization, the limit was thirteen.

In Indonesia, all voluntary organizations are registered in the government and there were specific regulations for any voluntary health organization which is receiving material or equipment from a foreign donor. Complete approval by the appropriate Ministry of Health, Education etc., is necessary before the material can enter the country.

In Korea, each year the Ministry of Health inspects all professional associations with respect to their budgets and their documented materials. Also, there is frequently a review of the organization's projected plans. Fund raising is also strictly regulated by the Government.

During an interview in Korea with Dr. Moon Ki Lee, Bureau Chief of Medical Affairs in the Ministry of Health and Social Affairs, the study team became acquainted with the Medical Care Law Handbook. This book detailed specific regulations in almost all areas of health including:

- basic laws passed by Parliament
- Presidential Orders
- Ministerial Orders
- regulations, including those covering subsidies to the voluntary health organizations

C. Government Subsidies

Subsidies for the voluntary health organizations fell into two groups. The first group is direct subsidies money that is given to an organization to help it perform basic activities. A second type of subsidy is on a contractual basis for specific services provided by the organization.

In Thailand there were only a very few agencies which received direct subsidies from the Government. One of these is the Council on Social on Welfare Agencies which in turn distributes this money to some of its member organizations.

In Taiwan there is no mention of any direct subsidies being given to the voluntary health organizations by government. The same situation existed in both the Philippines and in Indonesia.

In Korea, however, there were several recognized voluntary agencies which are eligible for direct government subsidies.

Korea has the most disciplined way of handling the VHOs. Each of the four major health bureaus are responsible for a set number of voluntary health organizations. For example, the professional associations are under the regulation and jurisdiction of the Bureau of Medical Affairs. Five organizations came under the jurisdiction of the Department of Sanitation and so forth for the other two bureaus.

Direct government contracts with various voluntary health organizations for their services are more frequent. In Thailand, the government provides direct subsidies to the Red Cross for its hospital services. In the Philippines the government subsidizes the Cancer Association which provides the major statistical work for all government health activities in cancer. Unlike the situation in Latin America, however, the government did not appear to pay for the medically indigent persons who receive services from the different organizations.

D. Incentives Provided by Government

In their analysis of their East Asia field study, the APHA team discovered eight major areas where government is providing incentives for voluntary health activities. These eight areas include:

1. Tax exemption status for the voluntary health organization.
2. Tax deduction eligibility for the public or industrial donor.
3. Lottery or sweepstakes funds for VHO development.
4. Public taxes issued for VHO funds.
5. Mandatory membership by members of the profession.
6. Providing personnel and/or supplies for VHO projects.
7. Allowing VHOs to hold their Annual Meetings concurring or in connection with meetings scheduled for government employees.
8. Giving public recognition to certain voluntary health organizations as "official".

The tax exempt status is evident in Thailand for only a selected few organizations such as the Red Cross and the Tuberculosis Association. The same situation is also true in Korea. Information on the other three countries was incomplete and no specific laws were found.

Regarding tax deduction eligibility for donors, there are conflicting statement in the various countries as to whether this is possible or not. Various interviewees differed in their opinion and no laws were cited to clarify the situation.

Lottery and sweepstakes are being held in Thailand and in the Philippines, but no mention of them was made in Taiwan. In Indonesia it was openly stated by the Director of the Red Cross that there are no lotteries, sweepstakes or other forms of gambling in Indonesia because this is not proper. In Korea the study team also heard that there were no lotteries as yet.

In Thailand the Government has set up a distinctive system for distributing funds from the lottery. These funds may only be used by the voluntary organizations when they are constructing new buildings. Approval must first come from the Lottery Board, but there appears to be no coordination with the Ministry of Health. Organizations mentioning that they had received money from the lottery, included the Cancer Association, the Mental Health Association, and the Council on Social Welfare.

In a discussion concerning the Lottery Board, Dr. Kamdorn Suvarnakich, PCR, told the study team that the Lottery Board is a semigovernmental organization. The Prime Minister is on the Board. The staff is paid but they are nongovernment officials. Lottery proceeds are distributed in the following ways:

- 60 percent—prizes (excess goes to the Government)
- 10 percent—government taxes
- 10 percent—commission
- 5 to 10 percent—running expenses
- 10 to 15 percent—contribution to government fund earmarked for voluntary organizations

Dr. Kamdorn said that VHOs send in a request to the Lottery Board, and the request is approved on the basis of merit.

In the Philippines a similar situation occurred where the lottery and sweepstakes were also run by the Government. Funds received are given to the VHOs for constructing buildings. Several organizations mentioned they receive funds from this source, they included the Puericulture Centers, the Tuberculosis Association, and the Mental Health Association.

Specific taxes issued by government from which the revenue is turned over to voluntary health organizations are not found in any of these countries. However, some countries did allow the organizations to sell seals and in some countries semi-postal stamps are used by the more traditional organizations.

Mandatory membership within a professional association is found only in Korea. Apparently a law had been passed in the legislature which makes it mandatory for all professionals to register with and to become members of their appropriate associations. This guarantees the income for these professional associations. At present there is much discussion going on in Korea as to whether this regulation should be continued.

There are several examples in which government is providing either personnel or supplies to various voluntary health organization to assist their projects. In Taiwan, the Government provides personnel to aid the Red Cross with its mobile clinics, rural health villages, and health station projects. In Indonesia, the Government is paying the salary of a nurse and three midwives who were working in the maternity hospital being run by the Midwives Association.

Only in Korea the study team saw an official recognition of a selected group of voluntary agencies by government. This small group is made up of the Tuberculosis Association, the Leprosy Association, the Parasitic Eradication Association, and the Anti-Pollution Association. They are eligible both for government subsidies and they also receive government assistance in fund raising programs. Being recognized as "official" also provides these organizations with a degree prestige among their peers.

E. Government-VHO Attitudes

The late Director of Health Services in the Philippines, Dr. A. Cruz, made the following statement to the study team in discussing the future of voluntary health organizations. Dr. Cruz said, "Voluntary health organizations must play an important role in years ahead. They can be of value to government in developing a coordinated program to meet various health problems."

In their study of the five East Asia countries the study team recognized eight areas where government considers voluntary health organizations as being particularly helpful and useful. These areas include:

1. Participating on joint commissions or committees which deal with national health problems.
2. Providing testimony with regard to national health problems.
3. Providing education to the public.
4. Providing complementary services.
5. Providing an international showplace.
6. Acting as a political tool which one division of government could use to pressure another division.
7. Gathering international funds for national projects.
8. Operating activities which are too sensitive for government to undertake immediately.

Governments frequently establish various types of commissions or councils on which the voluntary organizations have membership. In the Philippines, an example of this occurs in the National Food and Agricultural Council which is made up of 45 different agencies, including the Government Institute of Food and Nutrition, and the Philippines Association of Nutrition.

In the Philippines as was pointed out earlier an ad hoc committee chaired by the Director of Medical Services is presently making a study of the future health care system. The membership of this group includes several voluntary health organizations.

Also in the Philippines the newly organized and government sponsored Population Commission works with government and nongovernment agencies. The Commission clears all national family planning project requests before they were integrated into the health care system. Membership on this Commission includes representatives from the:

- Department of Social Welfare
- Department of Education
- Department of Labor
- Department of Health
- The Institute of Maternal and Child Health
- University of Philippines
- Population Institute
- Public Health Institute
- Religious Groups
- Family Planning Organization of the Philippines
- Philippine Medical Association
- National League of Puericultures

Nearly all of the financial support for the Population Commission comes from the United States Agency for International Development through the Philippine National Economic Council.

During an interview with Dr. Elpidio Panganiban, Director of the Philippine Association of Nutrition, the study team heard of a law permits the Philippine Medical Association to submit to the President of the Philippines a list of nominees for important government posts in the health field. Dr. Elpidio said that the President appears to ignore this list.

In Thailand, the Ministry of Health prepared a proposal suggesting methods to prevent the migration of nurses to the United States and other countries. They sent this proposal to the Nurses Association for their comment. From information gathered in an interview with the Nurses Association, the study team felt that the recommendations returned by the Nursing Association were appreciated and several were adopted by the Ministry of Health.

In Indonesia, the recently formed National Family Planning Board is made up almost entirely of government agencies in the family planning field. The function of the Board is to coordinate all activities and to establish policies in the family planning area. Attached to this Board are a group of implementing agencies one of which is the Family Planning

Association of Indonesia. The Association adopts these new policies into its programs. The Family Planning Association can however make suggestions to the Board before new policies are established.

Dr. Chan-Sae Lee, Vice-President of the Korean National Tuberculosis told to the study team that, "The TB Association has a very strong relationship with government, and in every aspect of TB control it is a co-worker with the Government." In establishing new policies, works through the Government TB council which is made up of 15 members with the Vice Minister as Chairman.

Members of voluntary agencies in the Philippines often as experts before various Congressional Committees. In an interview with Mr. Varata, Executive Director of the Family Planning Organization of the Philippines, he said that testimony by experts is welcomed by the Philippine Congress. It works on a committee system similar to that of the United States Congress.

Government representatives commented that they feel that the most important role of the voluntary health agencies in the future will be that of educating the public. Dr. Kamdhorn Suvarnikich, PCR in Thailand, also said in the future of voluntary health organizations will increase in importance. He is currently President of the newly founded Nutrition Association, the goal of which is to educate the public to become aware of the problems associated with malnutrition.

During an interview Dr. Sirwabessy, Minister of Health of Indonesia, said that participation of the community in solving some of its own problems should be encouraged, and voluntary health organizations should act as a complement to government. VHOs are mainly concerned with curative medicine because it is easier to get public financial support for these activities.

Dr. Mercedes Concepcion, Director of the University of the Philippines Population Institute, said that government realizes it has limited funds, and it sees the voluntary health organizations providing an important part of the total package of health services.

In the Philippines, a Presidential Order stipulates that the Provincial Health Officer and the President of the Provincial Medical Society are to work closely together on both clinical and administrative matters.

His Excellency, Dr. Sumbun Phong-Akasara, Deputy Minister of Public Health and also Acting President of the Anti-Tuberculosis Society of Thailand, comment on voluntary health organization service activities. He said there is a need for a generalized VHO approach toward better health. Dr. Sumbun also said that the VHOs do not duplicate government service, but supplement it. For example he said, the TB Association will send volunteers to a village. If TB cases are identified by the volunteers, they will be reported to government which will send appropriate services.

Another interesting comment regarding VHO services was made by Dr. Komol Pengsritong, Undersecretary of State for Public Health. In Thailand VHOs he said are performing medical services which are of great significance to the government. An example is that they provide convenience to patients who can pay and relieve the burden from government hospitals.

The study team interviewed Mrs. Mahar, President of the Crippled and Mental Retarded Children's Association (JPAT) and wife of the Dean of the Medical School. The comment was made that JPAT is considered by the Government as a showplace for foreign dignitaries. She indicated that government officials frequently bring visiting dignitaries to JPAT to see the humanitarian work which is being done by local volunteers.

Occasionally divisions of government use a voluntary organization as a political tool to pressure other divisions of government. This was seen earlier in the description of the Philippine Public Health Dental Association. The Dental Division of government uses the Public Health Dental Association to lobby for higher budgetary allocation for the Government Department of Dentistry.

International funds frequently come into a country through voluntary health organization. This is very much the case in almost all of the family planning associations which received some form of international assistance. This is also true of some of the professional associations which have links with international counterparts. In Thailand the government approves and sometimes encourages local voluntary health organizations asking for international assistance.

Government is often confronted with the situation of developing a new health program which has a sensitive political nature. In such situations government looks to the voluntary health organization to initiate at least the first phase of such a program. This is certainly true in almost every family planning program in these countries. This partnership has been of great importance and government has now been able to establish national family planning programs and policies in each of the countries studied. Another interesting aspect of this same situation occurs in Korea where the Hospital Association was asked by government to accredit the hospitals. This took much of the political overtone off of the government's shoulders.

A discussion was held in Korea with Dr. Joon Suck Oh, an elected member and Chairman of the National Assembly Committee for Health and Social Affairs. He stated that VHOs can be very important in offering health education programs and in working with the people. Dr. Oh is an elected politician on the national assembly. As a politician he highly approved of this activity.

Occasionally, government has questions with regard to the quality of the activities of a voluntary health organization. Such was the case in the Philippine Tuberculosis Association which was illustrated earlier. There, the reluctance of the organization to change its services to more modern methods proved to be of concern to the government.

Problems are mentioned by government officials with regard to voluntary health organizations transferring their programs over to government once the programs have been accepted by government on a national level. There are many problems which must be dealt with in this transfer process, including smooth administration changes, reorganization of goals for the voluntary health organization, etc..

Most government officials feel that the voluntary health organizations have their own planning process, but that VHOs were too narrow in scope. In Thailand the VHOs are brought in at the individual program levels, but not at the master level of the 5-year plan. Perhaps in the future opportunities will open allowing the voluntary organizations to contribute some of their knowledge in this plan.

The voluntary health organizations complain of difficulties in working with government especially in terms of defining responsibilities within a program area. The organizations feel that they know what they can best undertake. This conflicts with some of existing government or programs and plans. Voluntary health organizations also mentioned the problem of responsibility and timing when one of their programs is eventually taken over by government. They complained that government does not assign a new task nor does government work with the voluntary agency to define a new goal.

Two particularly interesting interviews were held in Thailand which brought some comments on this same point. In a discussion with Mr. Sam Keeny, East Asian Representative for the Population Council, Mr. Keeny said that particularly in the family planning sector the VHOs must redefine their role when government comes in to take up family planning as a national program. Mr. Keeny felt that education and the delivery of information to the public are the two main future opportunities for the voluntary health organizations.

Dr. Allen Rosenfield, Population Council Representative for Thailand, also reconfirmed many of the comments of Mr. Keeny, pointing out that the VHOs and government frequently have disagreements regarding one another's domain. It is important to try to get the two groups together, but at present there are few coordinating mechanisms developed to do this effectively.

In an interesting interview with Mrs. Djoewari, Secretary General of the Indonesian Planned Parenthood Association, reference was made to this point of government take-over of a voluntary health organization's activities. In relation to the process of transfer, Mrs. Djoewari said that if an organization has done a good job and government decides to take over that responsibility, it is the job of the leader of the voluntary health organization to satisfy the membership of that organization by providing them with a new "toy". For example in the Family Planning Association in Indonesia it was necessary for her to exchange the new "field worker project" for the clinical services project which the organization had carried out, but which was now being absorbed by government.

Voluntary health organizations in Korea in particular said that too much government control is bad for a voluntary health organization. They felt it restricts their flexibility, it gives them a public image that the organization is governmental and this in turn makes it very difficult for the organization to collect funds from the public. This often leads to an increasing political involvement which in Korea could easily mean a short life for the organization.

IV. Important Influences in Voluntarism

There was no question that exposure of members of a voluntary health organization to a foreign ideas is of great value to both the individual and his organization. The Womens' Medical Association of Thailand, The Nutrition Association of the Philippines, and The Parasitic Eradication Association of Korea are three outstanding organizations which have benefited in this way. International exposure has brought new concepts and new techniques to an organization. This exposure developed important international bonds between the local organization and its foreign counterpart.

In Thailand, the Red Cross is modeled after the Japanese Red Cross. Also the Diabetic Association was modeled after its English counterpart. In Taiwan, the Hospital Association was modeled after the American Hospital Association which the Association President had visited several years before on an exchange basis. In the Philippines, there are three cultural influences. Parts of the language still reflect the Spanish influence, the Spanish who had colonized the islands, and the American and Japanese both of whom had militarily occupied the Philippines for many years. Indications of the American influence were seen in organizations such as the Nutrition Association which was modeled after Dr. King's Nutrition Foundation in the United States, and also the Red Feather which is the symbol of the Community Chest in Manila. During the American occupation of the Philippines, large numbers of school teachers from the United States came to the Philippines to teach in the rural areas. This is undoubtedly has had a great effect on the formation of voluntarism.

Dr. Nugent, Indonesia Country Representative of the World Health Organization, pointed out that the Dutch influence is still relevant in Indonesia especially in the administration and education. The result is that every decision goes through an endless process of red tape.

Mr. George Worth, Population Council Representative in Korea, feels that there is a strong Japanese influence in Korea.

In looking at the various national cultural influences affecting the formation and continuation of voluntarism, the study team divided their findings into four major categories:

1. Royal or high government officials influences.
2. Religious influences
3. Social or group influences
4. Individual or personal influences

In Thailand the study team most dramatically felt the influence of the Royal Family in regard to various aspects of voluntarism. In several interviews it was seen that to be successful, a voluntary health organizations must involve the public. In Thailand, most VHOs are organized and run by government officials. It is also characteristic of Thai VHOs to include influential persons on their Boards if they hope to be successful in achieving their objectives. This comment was made by Dr. Chitt Hemachudha, Director General of Health. The study team felt that government officials in Thailand were most influential.

In Thailand, an interview with the Project Country Representative, Dr. Kamdorn, revealed that the King gives special awards in the form of titles to the women who have given outstanding service. There are a large series of these different titles, but they are limited in number. One example, there is the title of Khun Yint which is similar to the title of Lady which is given in England. The recipient of this title is presented with a medal called the Chulachonklao. The person receiving this medal is honored to wear this on special occasions. There are only 500 of these medals awarded by the King. Apparently the influence of this is very great and motivates many women to take part in different voluntary health organization activities. Another very important Royal influence is that of the Queen who is President or Honorary Chairman of many of the voluntary health organizations in Thailand.

During an interview with Dr. Mercedes Concepcion of the Philippines, the study team learned more about the role of Mrs. Marcos, the wife of the President. Dr. Concepcion pointed out that if Mrs. Marcos says "yes" to an activity, the activity is immediately begun. Mrs. Marcos acts as a very important catalyst and can help guide the voluntary movement.

Religious influences on voluntarism are found to some extent in almost every country. Buddhism was the primary religious group in most of these countries. In Thailand, the Buddhist religion has a significant influence on voluntarism. Several of the persons interviewed feel that within the Buddhist culture there was the belief that "one must do good for others." An example of this is illustrated in the Buddhist Temple building in the villages, where groups of volunteers assist the project. Government has tried to build on this concept of voluntarism by developing district water supplies or health centers adjacent to these Temples. Dr. Kamdorn said that this has worked out well in several areas.

More commonly though social or group influences are important for motivating changes in voluntary organizations. In Taiwan, Mr. Tsai, President of the Red Cross Association, felt that the Chinese culture provides several important reasons for participating voluntary activities. Above all it provided a form of personal happiness. It also is a "Christian feeling" to serve the people. Mr. Tsai also emphasized that in Taiwan especially voluntarism is related to strong nationalism. That is the concept of working as much as you can to build your country.

In the Philippines, there seems to be almost an endless supply of answers on why voluntary organizations exist there. Mrs. Pansy Belling, Regional Director of the Pathfinder Fund, emphasized that in the Philippines everybody gets organized for something. Many other individuals followed up this statement by saying that voluntary support is *ingus kugan*, like a brush fire (i.e. beginning with a spark and quickly spreading, but soon over). Dr. Mercedes Concepcion said that lobbying is a characteristic of the Philippine people. And Dr. Gonzales, President of the Philippine Dental Association said, "Filipinos are famous for lobbying."

Mrs. Pansy Belling said that nongovernmental organizations are more flexible and government workers can be "liberated" from government channels. They can thus better effect change when they are not under the threat of a boss.

Mr. D.L. Szanton, an anthropologist at the Ford Foundation had just completed a study of a rural fishing village in the Philippines. From his observations he recognized that there are a number of formal voluntary organizations with a constitution and by-laws and a full set of officers. He found 20 or 25 such organizations. These organizations often build around a single leader and survive as long as the leader is on the scene. They raise funds by benefit dances and things of this kind, and usually the organization has some kind of beneficial sponsor. Mr. Szanton also mentioned the *Bya Nilan* spirit which is the idea of working together. There is in the Philippine rural areas a definite work exchange program such as house moving and cropping activities. This is a kind of reciprocal work program. When one neighbor joins in to help another do his job, he expects to have this favor returned when he has need of such help.

In Indonesia, there are a large and increasing number of middle class women many of whom are educated often having professional degrees. Many of these women are free during the day and are interested in learning more about themselves and their family. For this reason they have become interested in various aspects of health.

In Thailand the leadership of a single individual who had a personal desire to push ahead in one particular activity often provides much of the motivation behind a particular voluntary organization. Such is the case in the Cancer Association and the Anti-Diabetes Association developed.

Also in Thailand the concept of "merit-making for the afterlife" goes through all levels of society.

In Taiwan it was heard during an interview with the Tuberculosis Association that Chinese people are not public minded, but they think of their family first.

In the Philippines Dr. Valenzuela stated that historically loyalty to the family is more thought about than actual nation building. Frequently individuals are most interested in what is best for themselves and for their families.

In an interview with Mrs. Pansy Belling of the Pathfinder Fund, the study team heard of an interesting example of motivation for an individual to become involved with voluntary health organizations. Mrs. Belling stated that the President of the Senate, Gil Puyat, ran on a civic platform. Mr. Puyat had many connections with voluntary health organizations whose electoral support helped him greatly to retain this office.

In their analysis of the VHOs in Eastern Asia, the study team was also looking for examples of what might be called "pure" voluntarism on the part of the people who are involved with the organizations. Pure voluntarism was considered to be when individuals or groups carry out action or deeds for a national VHO without consciously expecting to received some financial reimbursement.

Voluntarism of this type was most apparent in the activities of the board members of these voluntary health organizations. Time and effort spent prior to, during, and after the meeting was, to our knowledge, never compensated for by any of the organizations interviewed. Many of the members of these voluntary health organization boards were extremely busy in their governmental or private positions, and this was indeed a great voluntary service on their part.

Another common form of this "pure" voluntarism is exemplified by the voluntary public donations which are received by many of these organizations. Although Korea might prove an exception to this in that government officials at times would go out and collect donations from the public, in most cases, the public would respond to the requests from the voluntary health organizations in a manner free from compulsion.

In some organizations there are individuals who volunteer their time for some of the VHO related activity; for example, writing journal articles, assisting in office activities, working in service programs, etc.. There is a varying degree of recognition for some of these volunteers. Women involved in the Mental Health Association in Indonesia, frequently hold

social gatherings where they honored membership involvement on a voluntary basis. In Thailand, Dr. Cherd Vhanavanik, Director-General of Medical Services, provided an interesting government evaluation of some of these voluntary services. Dr. Cherd said that there are a few women hospital volunteers in Thailand. They are organized, and most are in Bangkok. They do very simple work like rolling cottonballs in the Red Cross Hospital, "only because they are looking for some recognition or reward from the King."

V. Concluding Remarks

The preceding findings are only preliminary and should not be considered as conclusions. Compared to previous field studies, they contain more accurate information. The high return rate of the questionnaires coupled with the enthusiastic support of the Project Country Representatives are the primary reasons for this improvement in the data collection.

On his return trip, Mr. Morgan stopped at Okinawa, where he had an opportunity to view the VHO activity. The American influence is notable, and it is most impressive to see the cooperation that exists between the various voluntary organizations and government.

A good example of this cooperation and coordination occurred in a rural health project sponsored by the Okinawa Public Health Association. Several villages were chosen as demonstration areas. In one village the combined health education efforts of the various VHOs (TB, cancer, parasitic eradication, etc.) provide such a stimulus that many citizens began to adopt measures of personal health care. In one instance, during an outbreak of cholera at a nearby institution, the villagers mobilized and insisted government provide the preventive measures to them and to the adjacent villages. Several of these villages were so impressed that they now want to become demonstration areas.

The example illustrates the potential and need for further investigations in East Asia. Indeed many important questions have been raised and need to be answered if a total picture is to be analyzed. During Phase II many of these specific aspects of voluntarism will be dealt with in detail.

VI. Appendix

APPENDIX A

Major Characteristics of National Voluntary Health Organizations

QUESTIONNAIRE RETURNED	CLASSIFICATION OF THE ORGANIZATION BY SPECIFIC CATEGORY	ORGANIZATION NAME/YEAR FOUNDED	DEFINITIONS					ORGANIZATION STRUCTURE									
			NON-GOVERNMENT	NON-PROFIT	DEMO. ORGANIZED			BOARD		EXECUTIVE DIRECTOR		ADMIN. STAFF		WORKERS			
					MEET PERIODICALLY	ELECT OFFICERS	DETERMINE POLICY	PAID	VOLUNTARY	PAID	VOLUNTARY	PAID	VOLUNTARY	PAID PROFESSIONAL	VOLUNTARY PROFESSIONAL	PAID NON-PROFESSIONAL	VOLUNTARY NON-PROFESSIONAL
		HEALTH AGENCIES:															
✓	A-1.5	1. Thai Cancer Society 1962	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
✓	A-1.9	2. Diabetic Association of Thailand 1966	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
✓	A-1.11	3. Raj-Pracha Foundation (Thai Leprosy Association) 1961	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
✓	A-1.19	4. Anti-Tuberculosis Association of Thailand 1935	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
✓	A-3.6	5. Mental Health Association of Thailand 1959	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
✓	A-3.8	6. Planned Parenthood Association of Thailand 1970	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
✓	A-3.9	7. Thai Red Cross 1893	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
✓	A-3.15	8. The Nutrition Association of Thailand 1964	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
		PROFESSIONAL ASSOCIATIONS:															
✓	B-1.2	9. Dental Association of Thailand 1945	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
✓	B-1.4	10. Thai Womens' Medical Association 1939	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
✓	B-1.4	11. Medical Association of Thailand 1921	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
✓	B-1.6	12. Nurses Association of Thailand 1927	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
✓	B-1.11	13. The Sanitarians' Association of Thailand 1962	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
		¹ Contributions for Journal															

MAJOR CHARACTERISTICS OF NATIONAL VOLUNTARY HEALTH ORGANIZATIONS (VHO's)

Interviewed in THAILAND from 25 October 1971 to 3 November 1971

PROGRAMS																	FUNDING						ANNUAL BUDGET													
TRAINING			EDUCATION			HOSPITALS/ CLINICS		SERVICES			OTHERS								NATIONAL			INTER- NATIONAL			1970 AMOUNT IN LOCAL CURRENCY (EQUIVALENT U.S. DOLLARS) \$1.00 U.S. = 20 Baht	PERCENTAGE FROM INTERNATIONAL SOURCES										
Volunteers	Paid Workers	Others	Formal Courses	Fellowship Grants	Text Book Program	Build	Financially Support Administer	Paid by the Client	Paid by the Organization	Paid by the Government	Distribution of Commodities	Distribution of Information	Financial Campaigns	Emergency/Disaster Relief	Rehabilitation	Meetings/Resolutions	Research	Licensing	Money Grants	Working with Government to Develop Programs	Influence National Legislation	Governmental	Taxes	Individual Contributions			Industrial Contributions	Service Projects	Lottery: Building Only	Stamps	Bilateral	Multilateral	Other			
																																			264,193 B.T. (\$13,210)	
																																			128,580 B.T. (\$6,430)	
																																			520,142 B.T. (\$26,007)	
																																			1,000,000 B.T. (\$50,000)	
																																			24,000 B.T. (\$1,200)	
																																			1,600,000 B.T. (\$80,000)	
																																			62,730,493 B.T. (\$3,136,525)	
																																			15,455 B.T. (\$773)	
																																			55,673 B.T. (\$2,784)	
																																			232,638 B.T. 20% (\$11,632)	
																																			400,000 B.T. (\$20,000)	
																																			400,000 B.T. (\$20,000)	
																																			35,000 B.T. (\$1,750)	

JOB CHARACTERISTICS OF NATIONAL VOLUNTARY HEALTH ORGANIZATIONS (VHO's)

Interviewed in TAIWAN from 3 November 1971 to 6 November 1971

PROGRAMS															FUNDING							ANNUAL BUDGET													
TRAINING		EDUCATION		HOSPITALS/ CLINICS		SERVICES		OTHERS							NATIONAL			INTER- NATIONAL		1970 AMOUNT IN LOCAL CURRENCY (EQUIVALENT U.S. DOLLARS) \$1.00 U.S. = 40 N.T.	PERCENTAGE FROM INTERNATIONAL SOURCES														
VOLUNTEERS	PAID WORKERS	OTHERS	FORMAL COURSES	FELLOWSHIP GRANTS	TEXT BOOK PROGRAM	BUILD	FINANCIALLY SUPPORT	ADMINISTER	PAID BY THE CLIENT	PAID BY THE ORGANIZA- TION	PAID BY THE GOVERNMENT	DISTRIBUTION OF COMMODITIES	DISTRIBUTION OF INFORMATION	FINANCIAL CAMPAIGNS	EMERGENCY/DISASTER RELIEF	REHABILITATION	MEETINGS/RESOLUTIONS	RESEARCH	LICENSING			MONEY GRANTS	WORKING WITH GOVERNMENT TO DEVELOP PROGRAMS	INFLUENCE NATIONAL LEGISLATION	GOVERN- MENTAL	NON-GOVERNMENTAL				BILATERAL	MULTILATERAL	OTHER			
																							DIRECT SUBSIDIES	TAXES	INDIVIDUAL CONTRIBUTIONS	INDUSTRIAL CONTRIBUTIONS	SERVICE PROJECTS	LOTTERY	STAMPS	OTHER: INTEREST/RENT					
	✓		✓			✓	✓	✓	✓	✓		✓	✓	✓			✓						5%												4,700,000 N.T. (\$117,500)
	✓		✓			✓	✓	✓	✓	✓		✓	✓	✓			✓						40%			25%								1,300,000 N.T. (\$32,500) 19%	
													✓				✓	✓					2%			3%							1,000,000 N.T. (\$25,000)		
			✓						✓			✓	✓				✓	✓					✓			60%			10%				220,000 N.T. (\$5,500)		
												✓	✓				✓	✓					41%			40%	6%	6%					103,614 N.T. (\$2,590)		
			✓			✓	✓	✓	✓	✓		✓	✓				✓	✓							100%								320,140 N.T. (\$8,004)		

QUESTIONNAIRE RETURNED	CLASSIFICATION OF THE ORGANIZATION BY SPECIFIC CATEGORY	ORGANIZATION NAME/YEAR FOUNDED	DEFINITIONS					ORGANIZATION STRUCTURE											
			NON-GOVERNMENT	NON-PROFIT	DEMO. ORGANIZED			BOARD		EXECUTIVE DIRECTOR		ADMIN. STAFF		WORKERS					
					MEET PERIODICALLY	ELECT OFFICERS	DETERMINE POLICY	PAID	VOLUNTARY	PAID	VOLUNTARY	PAID	VOLUNTARY	PAID PROFESSIONAL	VOLUNTARY PROFESSIONAL	PAID NON-PROFESSIONAL	VOLUNTARY NON-PROFESSIONAL		
		HEALTH AGENCIES:																	
✓	A-1.5	1. Philippine Cancer Society 1957	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
✓	A-1.15	2. Philippine Association of Nutrition 1947	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
✓	A-1.19	3. Philippine Tuberculosis Society 1910	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
✓	A-3.2	4. Health Education Association 1952	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
✓	A-3.5	5. National League of Puericulture 1961	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
✓	A-3.6	6. Philippine Mental Health Association 1949	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
✓	A-3.8	7. Family Planning Organization 1969	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
✓	A-3.9	8. Philippine Red Cross 1947	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
✓	A-3.15	9. Philippine Rural Reconstruction 1947	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
		PROFESSIONAL ASSOCIATIONS:																	
✓	B-1.2	10. Philippine Dental Association 1908	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
✓	B-1.2	11. Asian Dental Federation 1955	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
✓	B-1.4	12. Philippine Medical Association 1903	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
✓	B-1.6	13. Philippine Nurses' Association 1922	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
✓	B-2.1	14. Philippine Public Health Association 1947	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
		INSTITUTIONAL ASSOCIATIONS:																	
✓	C-1.1	15. Philippine Hospital Association 1949	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
✓	C-1.3	16. Medical Colleges Association 1967	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
✓	C-1.3	17. Nursing Colleges Association 1957	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

¹From the Office of the President

JOB CHARACTERISTICS OF NATIONAL VOLUNTARY HEALTH ORGANIZATIONS (VHO's)

Interviewed in the PHILIPPINES from 8 November 1971 to 15 November 1971

PROGRAMS														FUNDING										ANNUAL BUDGET																		
TRAINING	EDUCATION			HOSPITALS/ CLINICS		SERVICES		OTHERS														NATIONAL					INTER- NATIONAL					1970 AMOUNT IN LOCAL CURRENCY (EQUIVALENT U.S. DOLLARS) \$1.00 U.S. = P 6.25	PERCENTAGE FROM INTERNATIONAL SOURCES									
	PAID WORKERS	OTHERS	FORMAL COURSES	FELLOWSHIP GRANTS	TEXT BOOK PROGRAM	BUILD	FINANCIALLY SUPPORT	ADMINISTER	PAID BY THE CLIENT	PAID BY THE ORGANIZA- TION	PAID BY THE GOVERNMENT	DISTRIBUTION OF COMMODITIES	DISTRIBUTION OF INFORMATION	FINANCIAL CAMPAIGNS	EMERGENCY/DISASTER RELIEF	REHABILITATION	MEETINGS/RESOLUTIONS	RESEARCH	LICENSING	MONEY GRANTS	WORKING WITH GOVERNMENT TO DEVELOP PROGRAMS	INFLUENCE NATIONAL LEGISLATION	GOVERN- MENTAL	TAXES	DIRECT SUBSIDIES	INDIVIDUAL CONTRIBUTIONS	INDUSTRIAL CONTRIBUTIONS	SERVICE PROJECTS	LOTTERY/SWEEPSTAKES	STAMPS	INVESTMENTS/RENT			BILATERAL	MULTILATERAL	OTHER						
			✓			✓	✓	✓	✓	✓																												P400,000 (\$64,000)				
			✓	✓					✓																													P8,000 (\$1,280)				
			✓	✓		✓	✓	✓	✓	✓																												P9,049,060 (\$1,447,850)				
			✓	✓																																		P40,000 (\$6,400)				
			✓	✓		✓	✓	✓	✓	✓																												P42,000 (\$6,720)				
			✓	✓		✓	✓	✓	✓	✓						✓	✓	✓																				P394,687 (\$63,150)				
✓	✓	✓	✓	✓		✓	✓	✓	✓	✓																												P3,425,844 (\$548,135)	95%			
✓	✓	✓	✓	✓		✓	✓	✓	✓	✓																												P3,612,628 (\$578,020)				
✓	✓	✓	✓	✓		✓	✓	✓	✓	✓																													P1,100,000 (\$176,000)	20%		
			✓						✓																														P37,150 (\$5,944)			
																																								P21,700 (\$3,472)		
																																								P240,000 (\$38,400)		
																																								P95,000 (\$15,200)		
																																									P9,000 (\$1,440)	
																																								No response		
																																									P300,000 (\$48,000)	90%
																																									P2,000 (\$320)	

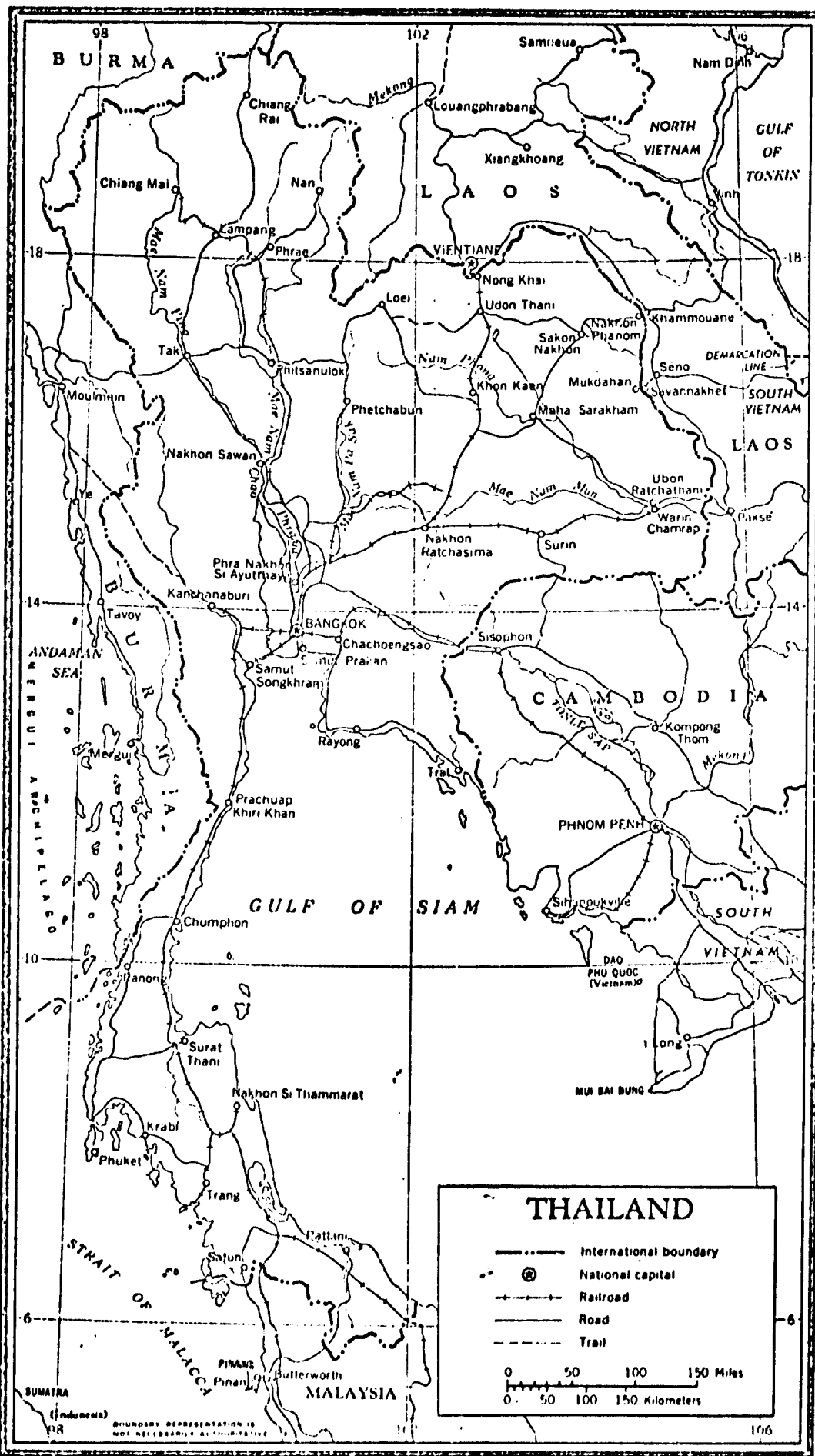
MAJOR CHARACTERISTICS OF NATIONAL VOLUNTARY HEALTH ORGANIZATIONS (VHO's)

Interviewed in KOREA from 29 November 1971 to 8 December 1971

PROGRAMS															FUNDING								ANNUAL BUDGET														
TRAINING			EDUCATION			HOSPITALS/CLINICS			SERVICES			OTHERS						NATIONAL				INTER-NATIONAL				1970 AMOUNT IN LOCAL CURRENCY (EQUIVALENT U.S. DOLLARS) \$1.00 U.S. = ₩100	PERCENTAGE FROM INTERNATIONAL SOURCES										
VOLUNTEERS	PAID WORKERS	OTHERS	FORMAL COURSES	FELLOWSHIP GRANTS	TEXT BOOK PROGRAM	BUILD	FINANCIALLY SUPPORT	ADMINISTER	PAID BY THE CLIENT	PAID BY THE ORGANIZATION	PAID BY THE GOVERNMENT	DISTRIBUTION OF COMMODITIES	DISTRIBUTION OF INFORMATION	FINANCIAL CAMPAIGNS	EMERGENCY/DISASTER RELIEF	REHABILITATION	MEETINGS/RESOLUTIONS	RESEARCH	LICENSING	MONEY GRANTS	WORKING WITH GOVERNMENT TO DEVELOP PROGRAMS	INFLUENCE NATIONAL LEGISLATION	GOVERNMENTAL	NON-GOVERNMENTAL				BILATERAL	MULTILATERAL	OTHER							
																							DIRECT SUBSIDIES	TAXES	INDIVIDUAL CONTRIBUTIONS	INDUSTRIAL CONTRIBUTIONS	SERVICE PROJECTS	LOTTERY	STAMPS	INTEREST/Rental							
		✓								✓	✓	✓	✓	✓			✓	✓	✓			✓	5%		✓	✓								₩4,815,811 (\$120,040)			
			✓						✓	✓	✓	✓	✓	✓			✓	✓					30%		✓									₩82,541,400 (\$26,354)			
												✓	✓	✓			✓	✓					3%		✓	✓		✓	✓					₩1,114,132 (\$2,785)			
						✓	✓	✓	✓	✓	✓	✓	✓	✓			✓	✓					✓		✓				✓	✓				₩366,070,400 (\$915,176)			
		✓								✓	✓	✓	✓	✓			✓	✓					2%		✓	✓	✓								₩34,524,700 (\$86,312)		
												✓	✓	✓			✓	✓					7%		✓										₩2,500,000 (\$6,250)		
✓										✓	✓	✓	✓	✓			✓	✓					✓		✓									₩920,000 (\$2,300)			
		✓										✓	✓	✓			✓	✓					80%		✓	✓	✓								₩72,000,000 (\$180,000)		
		✓										✓	✓	✓			✓	✓					10%		✓	✓	✓								₩211,242,000 (\$528,105)	87%	
✓	✓	✓								✓	✓	✓	✓	✓			✓	✓					✓		✓	✓	✓								₩1,224,217,146 (\$3,060,543)		
		✓										✓	✓	✓			✓	✓					✓		✓	✓	✓								₩1,825,000 (\$4,563)		
												✓	✓	✓			✓	✓					✓		✓	✓	✓								₩9,583,164 (\$23,958)		
												✓	✓	✓			✓	✓					✓		✓	✓	✓								₩66,901,440 (\$167,254)		
✓	✓											✓	✓	✓			✓	✓					✓		✓	✓	✓								₩14,300,000 (\$35,750)		
												✓	✓	✓			✓	✓					✓		✓	✓	✓								₩14,371,980 (\$35,930)		
												✓	✓	✓			✓	✓					25%		✓	✓	✓									₩1,000,000 (\$2,500)	
												✓	✓	✓			✓	✓					✓		✓	✓	✓								₩11,137,466 (\$27,844)		
												✓	✓	✓			✓	✓					✓		✓	✓	✓								₩5,895,903 (\$14,742)		

APPENDIX B

National Statistics Summary Sheets



Country Thailand

Capital City Bangkok

NATIONAL STATISTICS

Population: (in Thousands)

1960-27,000

1970-36,898

1980 (projection)-45,000

Birth Rate: 42 per 1000 population (1970)

Death Rate: 9 per 1000 population (1970)

Infant Mortality (0-1 yr.): 68 per 1000 live births (1970)

Average Life Expectancy at Birth: 56 years

Rate of Population Growth: 3.3 percent

Land Area (sq. km.): 514,000

Density (sq. km.): 64

Percentage of Population Urban: 15

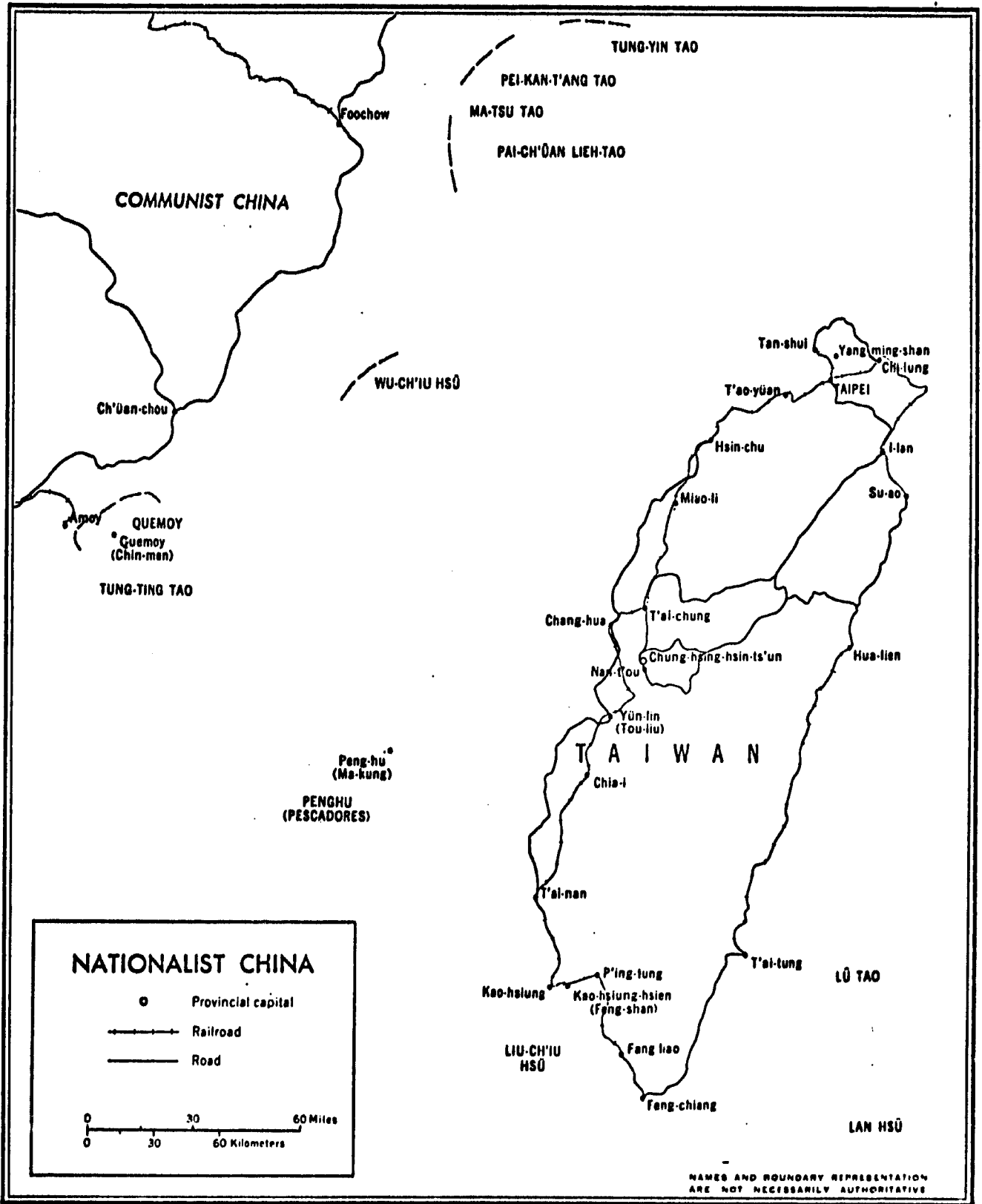
Per Capita GNP: \$173.00

Population (in thousands) per specific health worker:

Doctor-1.4

Midwife-2.5

Nurse-1.3



Base 57742 7-68

Country Taiwan

Capital City Taipei

NATIONAL STATISTICS

Population: (in Thousands)

1960-13,512

1970-14,533

1980 (projection)-17,200

Birth Rate: 28 per 1000 population (1970)

Death Rate: 5 per 1000 population (1970)

Infant Mortality (0-1 yr.): 19 per 1000 live births (1970)

Average Life Expectancy at Birth: 67 years

Rate of Population Growth: 2.3 percent

Land Area (sq. km.): 13,885

Density (sq. km.): 360

Percentage of Population Urban: 64

Per Capita GNP: \$334.00

Population (in thousands) per specific health worker:

Doctor-2.3

Midwife-5.1

Nurse-7.7

Country Philippines

Capital City Manila

NATIONAL STATISTICS

Population: (in Thousands)

1960-27,087

1970-37,766

1980 (projection)-53,700

Birth Rate: 44 per 1,000 population (1970)

Death Rate: 11 per 1,000 population (1970)

Infant Mortality (0-1 yr.)-82 per 1,000 live births (1970)

Average Life Expectancy at Birth: 51 years

Rate of Population Growth: 3.4 percent

Land Area (sq. km.): 299,400

Density (sq. km.): 116

Percentage of Population Urban: 34

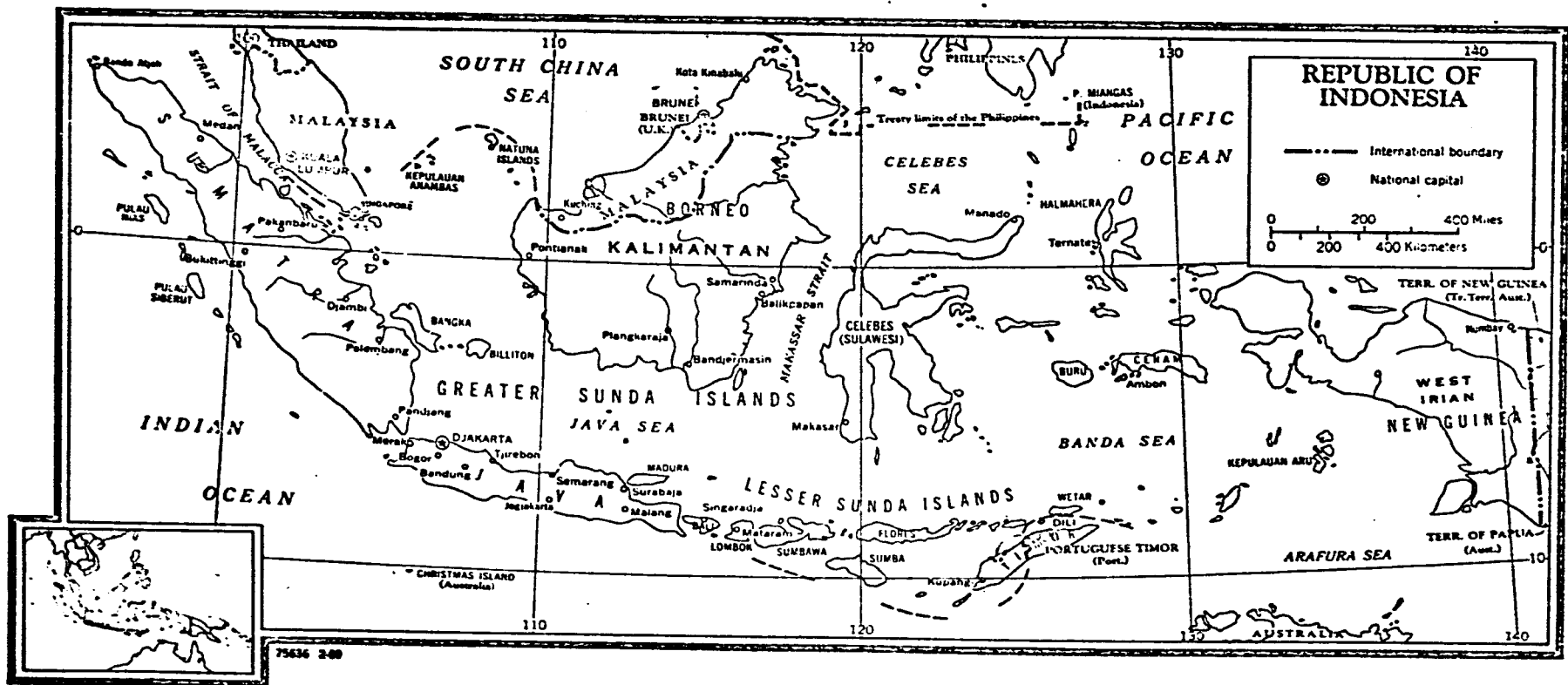
Per Capita GNP: \$219.00

Population (in thousands) per specific health worker:

Doctor-1.4

Midwife-2.5

Nurse-1.3



Department of State Publication

Country Indonesia (including West New Guinea)

Capital City Jakarta

NATIONAL STATISTICS

Population: (in Thousands)

1960-97,019

1970-118,156

1980 (projection)-148,000

Birth Rate: 44 per 1,000 population (1970)

Death Rate: 19 per 1,000 population (1970)

Infant Mortality (0-1 yr.): 140 per 1,000 live births (1970)

Average Life Expectancy at Birth: 47.5 years

Rate of Population Growth: 2.6 percent

Land Area (sq. km.): 1.9 million

Density (sq. km.): 74

Percentage of Population Urban: 17

Per Capita GNP: \$104.00

Population (in thousands) per specific health worker:

Doctor-29.5

Midwife-19.8

Nurse-5.3

Country Korea (South)

Capital City Seoul

NATIONAL STATISTICS

Population: (in Thousands)

1960-29,159

1970-31,431

1980 (projection)-43,400

Birth Rate: 31 per 1,000 population (1970)

Death Rate: 9 per 1,000 population (1970)

Infant Mortality (0-1 yr.): 41 per 1,000 live births (1970)

Average Life Expectancy at Birth: 52.7 years

Rate of Population Growth: 2.2 percent

Land Area (sq. km.): 98,431

Density (sq. km.): 302

Percentage of Population Urban: 38

Per Capita GNP: \$228.00

Population (in thousands) per specific health worker:

Doctor-2.5

Midwife-5.0

Nurse-3.2

APPENDIX C

Interview Schedule

INTERVIEW SCHEDULE

THAILAND
(October 26-November 3,1971)

DATE	TIME	PERSON(S) INTERVIEWED TITLE(S)	ORGANIZATION NAME/ADDRESS AND TEL. NO.
October 26	9 AM	Prof. Dr. Amnuay Smerasuta President	Thai Cancer Society 1909/86 Ruam patana Charunsanitwong Road Tel: 6-0270
	11 AM	Dr. Anek Yuvachitti Secretary General	Anti-Diabetes Assoc. of Thailand Kitti Khachora Building Army Hospital Tel: 81-9118
	2 PM	Mrs. Duanpen Chatikmond President Miss Solinee Svetalekha Secretary General	Nurses Assoc. of Thailand 21/12 Soi Rangam Paja Prarop Road Tel: 51-9048
	4 PM	Dr. W.S. Smith Deputy Director Dr. A.P. Haynal Advisor	USAID Health Population Division
October 27	9 AM	Prof. Dr. M.L. Kashetra Snidvongs Secretary General	Thai Red Cross Society Boripatra Building Chulalongkorn Hospital 1873 Rama IV Road Tel: 5-7973
	1 AM	Prof. Madame Suparb Visessurakarn Secretary General	Planned Parenthood Assoc. of Thailand Rang Gantarat Building Chulalongkorn Hospital
	2 PM	H.E. Dr. Sombun Phong-Aksara Deputy Minister of Public Health Dr. Cholvit Chutikom Deputy Under Secretary of State for Public Health	Ministry of Public Health Anti-Tuberculosis Assoc. of Thailand
	4 PM	Dr. Ray Hill Director-AID Dr. J.E. Kennedy Director	USAID Health Population Division

October 28	9 AM	Dr. Chitt Hemachidha Director General of Health Department	Ministry of Public Health Leprosy Assoc. of Thailand
	10 AM	Dr. A. Rosenfield Representative	Population Covacie (NYC) Ministry of Public Health Building Tel. 81-5611 or 81-5826
	11 AM	Dr. G.C. Stott Country Representative	World Health Organization Ministry of Public Health Building
	2 PM	Mrs. Khunying Samnieng President	Mental Health Assoc. of Thailand Mental Hygiene Clinic Rajdamnern Road Tel: 81-6280
October 29	9 AM	Dr. Komol Pengsritong Under-Secretary of State for Public Health	Ministry of Public Health Anti-Warcoric Drug Abuse Assoc.
	10:30 AM	Dr. Cherd Vhanavanik Director General of Medical Services	Ministry of Public Health
	11:30 AM	Mr. Sukhom Sema Senior Sanitarian	Sanitarians Assoc. of Thailand Ministry of Public Health Building
	2 PM	Dr. Preecha Vichitbandha Secretary General	Pediatric Society of Thailand Department of Pediatrics Faculty of Medicine Siriraj Hospital Tel: 3-3818
	3 PM	Dr. Prasert Nilprabhassorn	Radiological Society of Thailand Department of Radiology Faculty of Medicine Siriraj Hospital Tel: 66-2374
November 1	9 AM	Prof. Dr. Boonsom Martin President	Medical Assoc. of Thailand 67/9 Soi Soonvichai New Pejburi Road Tel: 91-1333
	10 AM	Prof. Dr. Tongchai Papasacathorn Assistant Dean Prof. Dr. Debhanom Muangman Lecturer, Public Health Admin.	School of Public Health Mahidol University 420/1 Rajvithi Road Tel: 810033 or 817966

November 1	12 Noon Prof. Dr. Tranakchit Harinasuta President Dr. Tuangphark Dharmapany	The Thai Medical Women's Assoc. 225 Larnluang Square Tel: 81-9224
November 2	9 AM Mr. Pui Rochanaburanond President	National Council of Social Welfare Department of Social Welfare Ministry of the Interior
	11 AM Dr. J.E. Kennedy Director	USAID Health: Population
	2 PM Prof. Dr. Kamdhorn Suvarnakich President and Project Country Representative to VHO Study Prof. Dr. Charoong Chardenpitaks Assistant Advisor to VHO Study and Regional Health Inspector	The Nutrition Assoc of Thailand Ministry of Public Health Building
	3 PM Dr. Somboom Vachrotai Secretary-General Dr. Saph Thiraveja Treasurer	Thai Health Assoc. Ministry of Public Health Building
	3:30 PM Mrs. Vina Vivavaidhya Secretary General	Nutrition Assoc. of Thailand

INTERVIEW SCHEDULE

TAIWAN
(4 November-6 November, 1971)

DATE	TIME	PERSON(S) INTERVIEWED AND TITLE(S)	ORGANIZATION NAME/ADDRESS AND TEL. NO.
November 4	9:30 AM	Mr. Shih-June Chin President	Hospital Association of the Republic of China 1-Changteh Street Taipei Tel.
	11:00 AM	Dr. Hooyao Wei Dean, College of Medicine President, Formosan Medical Association	Formosan Medical Association No. 1, Sec. 1, Jen-ai Road Taiwan Tel.
	2:30 PM	Mrs. Tze-Kuan Shu Kan Secretary-General Mrs. Yen Wu Jen Asst. Secretary-General	Family Planning Association of China 1 Lane 160 Fu Hsin South Road, Sec. 2 Tel. 71-73-04
	4:00 PM	Mr. P. H. Tsai President Miss Julia Liao Volunteer Chief Nurse	Red Cross Society of the Republic of China, Taiwan Chapter No. 3 Jen-Ai Road, Sec. 1 Taipei Tel. 2-82-32
November 5	9:00 AM	Dr. S. C. Hsu Chief	Joint Commission on Rural Reconstruction Rural Health Division Address: Tel.
	10:00 AM	Dr. C. H. Yen Director-General Dr. C. M. Wang Deputy Director-General	National Health Administration Division Ministry of Health Address: Tel. 38-18-07
	11:30 AM	Prof. C. P. Hsu President	Taiwan Environmental Sanitation Association 232 Tunghsin Street Nankang, Taiwan Tel.

November 5	2:00 PM	Miss Julia Lico Public Health Nursing Specialist	Site visit to see Village Health Improvement and Family Planning of Community Development Program in Taiwan A. Hsinpu and Chungpu Village Health Improvement 1. Personal hygiene 2. Family health-cleanliness, orderliness and beautification 3. Home sanitation and fly control 4. Water supply, toilet, drainage and road improvement 5. Family Planning B. Tsoyuan Farmer's Association and its activities Nurses Association of the Republic of China 89 Nin Chiang Street Taipei Tel. National Tuberculosis Association of the Republic of China 104 Min Chuan West Road Taipei Tel. Institute of Public Health National Taiwan University College of Medicine Address: Taipei Tel.
November 6	9:30 AM	Miss Hsin Hsin Chung President	
	11:00 AM	Dr. H. H. Meng Deputy Secretary-General	
November 6	4:00 PM	Dr. Kung-Pei Chen Professor and Director (Project Country Representative)	

INTERVIEW SCHEDULE

PHILIPPINES
(November 8-November 15, 1971)

DATE	TIME	PERSON(S) INTERVIEWED AND TITLE(S)	ORGANIZATION NAME/ADDRESS AND TEL. NO.
November 8	9:30 AM	Sister Cornelia De Marie Chairman	Council of Deans and Principals of Colleges and Schools of Nursing St. Paul College Herran Street, Ermita, Manila Tel. 58-35-44, 50-66-26
	10:00 AM	Mrs. Pansy Belling Director	The Pathfinder Fund 1036 M. H. del Pilar Ermita, Manila Tel. 40-48-73, 47-45-83
	1:30 PM	Dr. Stanislas Flache Director of Health Services Dr. George M. Emery Regional Advisor on Organizational Medical Care Dr. S. T. Han Regional Advisor on Community Health Services	World Health Organization Western Pacific Regional Office U.N. Avenue, Manila Tel. 59-20-41
November 9	10:00 AM	Mr. Charles Terry Director	US Agency For International Development and Population Division Ramon Magsaysay Center Roxas Boulevard, Manila Tel. 59-80-11
	12:00	Dr. Stanislas Flache Director	See Above
November 10	8:30 AM	Dr. Benjamin D. Cabasa Dean	Institute of Public Health University of the Philippines 625 Herran, Manila D-406 Tel. 50-27-03

November 10	9:30 AM	Dr. Elpidio Panganiban President	Philippine Association of Nutrition c/o Food and Nutrition Research Center Herran Street, Ermita, Manila Tel. 59-51-13
	9:30 AM	Dr. Conrado Pascual Director	Food and Nutrition Research Center Herran Street, Ermita, Manila Tel. 59-51-13
	12:00	Dr. Ramon Paterno President Mrs. Zoraida Yaera Administrative Assistant	Philippine Cancer Society San Rafael Street San Miguel, Manila Tel. 48-27-50
	2:00 PM	Mrs. Paz Catolico President	National League of Puericultural Centers 1836-A Leon Guinto Street Manila Tel. 50-55-51, 59-29-25
	2:00 PM	David L. Szanton Assistant to the Representative	The Ford Foundation Dna. Narcisa Building Makati, Rizal (Paseo de Roxas, Ayala Avenue) Tel. 89-44-31
	4:00 PM	Dr. Edgardo Caparas President	Philippine Medical Association 834 Rizal Avenue Manila Tel. 47-51-93
	4:00 PM	Dr. Mercedes Concepcion Director	Population Institute University of the Philippines Padre Faura Street Manila Tel. 40-43-83
November 11	10:00 AM	Dr. Enrique Virata Executive Director	Family Planning Organization of the Philippines Katigbak Building, Cor. T. Kalaw and Mabini Streets Ermita, Manila Tel. 49-58-76

November 11	10:00 AM	Dr. Generoso Rivera Project Consultant	Philippine Rural Reconstruction Movement Rm. 71, Elena Apartments 512 Romero Salas Street Ermita, Manila Tel. 59-87-81, 59-51-47
	2:00 PM	Dr. Amadeo H. Cruz Secretary of Health	Department of Health San Lazaro Compound Rizal Avenue, Manila Tel.
	2:00 PM	Dr. Clemente Gatmaitan Under-Secretary of Health	
	2:00 PM	Dr. Ruben Apelo Director	Reproductive Biology Center U.P.-P.G.H. (College of Medicine) Herran, Manila Tel. 59-38-34
	4:00 PM	Dr. Generoso Caridad Director, Medical Services	Philippine National Red Cross U.N. Avenue Ermita, Manila Tel.
	4:00 PM	Dr. Victor C. Valenzuela Public Health Advisor	U.S. Peace Corps 7th Floor, Cardinal Building Herran Street, Manila Tel. 59-24-21
November 12	9:00 AM	Dr. Fe Del Mundo Director	Institute of Maternal and Child Health Bahawe, Quezon City Tel. 61-18-47, 61-38-66
	9:00 AM	Dr. Primo Gonzales President	Philippine Dental Association Rm. 601, AIU Building Ayala Avenue, Makati, Rizal Tel. 88-20-61, 89-59-65
	10:30 AM	Atty. Pedro Siojo President	Philippine Mental Health Association 18 East Avenue, Quezon City Tel. 99-66-18, 93-29-11
		Miss Rizalina Ramosa Associate Director	
	10:30 AM	Dr. Francisco J. Dy Regional Director	World Health Organization Western Pacific Regional Office U.N. Avenue, Manila (P.O. Box 2932) Tel. 59-20-41

November 12	12:00	Mrs. Nelida Castillo President	National League of Nurses Department of Health San Lazaro Cpd., Rizal Ave. Manila Tel. GT 44-25-16
	1:30 PM	Dr. Jesus C. Azurin President and Director Miss Nelsie C. Tabudlong Health Educator, Bureau of Quarantine	Philippine Public Health Association and Bureau of Quarantine Port Area, Manila Tel. 99-82-17 (H) 40-57-71 (Office)
	3:30 PM	Atty. Crisology Ramirez Executive Director	Community Chest 815 Remedios Street Ermita, Manila Tel. 50-53-83, 50-25-45
	3:30 PM	Dr. Enrique Castillo Officer-in-Charge	Bureau of Dental Health Services Department of Health Quiricada Street, Manila Tel. 48-66-04
	4:30 PM	Dr. Benilda Corpuz President	National Association of Public Health Dentists Department of Health c/o Bureau of Dental Health Services Quiricada, Manila Tel. 48-66-04
November 15	9:00 AM	Dr. Jose Cuyegkeng Executive Director	Association of Philippine Medical Colleges c/o College of Medicine, U.P. Herran Street, Ermita, Manila Tel. 59-84-84
	9:00 AM	Dr. Miguel Canizares President	Philippine Tuberculosis Society Quezon Institute, Quezon City Tel.
	12:00	Dr. Jesus Azurin President	Philippine Public Health Association c/o Bureau of Quarantine Port Area, Intramuros, Manila Tel. 40-57-71

November 15

3:00 PM Dr. R. W. Engel
Nutrition Advisor

US Agency for International
Development and Population
Division
Ramon Magsaysay Center
Roxas Boulevard, Manila
Tel. 59-80-11

4:00 PM Dr. Benjamin C. Cabreza
Dean

Institute of Public Health
University of the Philippines
625 Herran Street, Manila
Tel.

4:00 PM Prof. (Dr.) Teodora V. Tiglao
Project Country
Representative

Institute of Public Health
University of the Philippines
625 Herran, Manila D-406
Tel. 59-38-59 (Office)
70-55-53 (Home)

Mr. William Crews
Associate Project Country
Representative

INTERVIEW SCHEDULE

INDONESIA

(November 23-November 28, 1971)

DATE	TIME	PERSON(S) INTERVIEWED AND TITLE	ORGANIZATION NAME/ADDRESS AND TEL. NO.
November 23	8:00 AM	Dr. Nugent, Director	World Health Organization Djl. Waringin 52 Djakarta Tel. 46392
		Dr. Keya, Deputy Director	
	9:00 AM	Dr. G. Siwabessy Ministry of Health	Ministry of Health Djl. Prapatan #10 Djakarta Tel:
	9:30 AM	Dr. Dradjat Director General Dr. Sumbung, Director of Foreign Relations	Ministry of Health Djl. Prapatan #10 Djakarta Tel:
	10:30 AM	Dr. Satrio, Chairman	Indonesia Red Cross 66 Djl. Abdulmuis Tanah Abang Djakarta Tel: 44849
	1:00 PM	Dr. Mahar Mardjono Dean	University of Indonesia Faculty of Medicine Djl. Salamba #6 Djakarta Tel:
November 24	8:00 AM	Dr. Sudarto President-Elect	Katan Dokter Indonesia Indonesian Medical Association Djl. Samratulangi 29 Djakarta Tel: 81822
	8:30 AM	Mr. Wahyu Widodo, President Mr. Paulus, Secretary	Ikatan Kontrolir Kesehatan Sanitarian Association CDC--Pertjetakan Negara Djakarta Tel: 81817

November 24	10:00 AM	Mrs. Siregar, Public Relations	Basa Keordinasi Kesajaran Social Social Coordinating Agency Djl. moh yamin #5 Djakarta Tel:
	10:30	Mr. Idie Sumitapradja Chairman Mr. Aliambar, Secretary	Ikatan Perawat Indonesia Nurses Association Djalan Kimia No. 8 Djakarta Tel: 81796
	1:00 PM	Dr. Kusnadi, Vice President	Tuberculosis Association and Mul:ammadijan Teuku Umar #30 Pav. Djakarta Tel: 49767
	1:00 PM	Mrs. Untung, President Mrs. Hendrawarsita Secretary	Ikatan Bidan Indonesia Midwives Association c/o Romah Bersalin I.B.I. Kaju Awet Djakarta Tel: 81116
	2:30 PM	Dr. Jarret Clinton Family Planning Advisor	U.S. Agency for International Development c/o U.S. Embassy Djakarta
	5:00 PM	Mrs. S. P. Soenarso, President Mrs. T. Soemarso, Vice President Mrs. Undijasara, Treasure	Dharma Santi Mental Health Society Djl. Petodjo Binato 11/23 Djakarta Tel:
November 25	8:30 AM	Mr. Tan Thong-Kie Chairman	Jajasan Klinik Mata Keliling Mobile Eye Clinic Djl. Musium No. 8 Djakarta Tel:
November 25	9:00 AM	Mrs. Soerjamihardjo President	Jajasan Asaili Bodi Retarded Children Association Djl. Meudut 13 Djakarta Tel:

- | | | |
|--------------------|---|---|
| | <p>10:30 AM Dr. Tamboenan, Chairman</p> | <p>Jajasan Pemberantasan
Penjakit
Cancer Society
Djl. Tjokroaminoto 37
Djakarta
Tel: 49533</p> |
| | <p>10:30 AM Mrs. Mahar, Secretary-General</p> | <p>Jajasan Pemeliharaan Anak
Tjatjat Perwakilan
Rehabilitation of Disabled
(Crippled and Cerebral Palsy)
49 Dj. Hanglekiu III
Block F-V
Djakarta
Tel: 73123</p> |
| | <p>1:00 PM Mr. Soekirman, President</p> | <p>Persatuan Ahli Gizi Indonesia
Nutritionist Association
Hang Djebat Block F
Academy Gizi
Djakarta
Tel:</p> |
| | <p>1:00 PM Drs. Soekarjo, President
Drs. Muslim Amaludin
Vice-President</p> | <p>Indonesian Pharmaceutical
Association
Djl. Hassanuddin No. 1
Djakarta
Tel: 49854</p> |
| <p>November 26</p> | <p>8:30 AM Dr. Soedarsono
Vice-Chairman</p> | <p>Perkumpulan Penjantung
Mata Tunanetra
Eye Bank
Prapatan 10
Djakarta
Tel: 81178</p> |
| | <p>8:30 AM Mr. Albert Siahaan
Chairman</p> | <p>Ikatan-Fisiotherapi-Indonesia
Physiotherapist Association
c/o Ministry of Health
Department of Medical Services
Djakarta
Tel: 49801</p> |
| | <p>10:00 AM Dr. Widodo Talogo, President
Dr. Karimuddin
Dr. Ewan
Dr. Gambiro</p> | <p>Ikatan Ahli Kesehatan
Masjarakat Indonesia
Public Health Association
Pegangsaan Timur 16
Djakarta
Tel: 81006</p> |

	12:00	Dr. Suharto Herdjan President	Santikara Mental Health Foundation Prof. Moh. Jamin S Djakarta Tel: 45487
	12:00	Dr. Soewarno Past-President	Association of Private Medical Colleges Djl. Salak #8 Djakarta Tel:
	2:30 PM	Mr. Jack J. Bresnan Representative	Ford Foundation Taman Kebon Sirih 1/4 P.O. Box 2030 Djakarta Tel: 48156
November 27	8:30 AM	Mrs. Djoewari Secretary-General	Perkumpulan Keluarga Berentjana Planned Parenthood Association Djl. Dr. Kusumah Atmadja S.H. 85 Djakarta Tel: 45671
	10:30 AM	Dr. Irawan S. Santoso Vice Chairman	Jajasan Kardiologi Indonesia Heart Foundation Djl. Diponagoro 69 Djakarta Tel: 40888
	1:00 PM	Dr. Soeratno, Chairman	The Indonesian Veterinary Association c/o Fakultas Kedokteran Hewan 1 Tama Ade Irma Surjani Bogor Tel:
November 28	2:00 PM	Mrs. Brooks Ryder Project Country Representative	Djl. Widjaja III/6 Kebajoran Baro Djakarta Tel: 74890

INTERVIEW SCHEDULE

KOREA

(November 29-December 8, 1971)

DATE	TIME	PERSON(S) INTERVIEWED AND TITLE(S)	ORGANIZATION NAME/ADDRESS AND TEL. NO.
November 29	4:00 PM	Dr. Jae-Mo Yang, Project Country Representative	Department of Preventive Medicine and Public Health Yonsei University College of Medicine I.P.O. Box 1010 Seoul, Korea Tel: 32-0171 Ext. 49 (Office) 26-5829 (Home)
		Dr. Kit C. Johnson Associate Project Country Representative	
		Mrs. I. Soonja Kim, Project Administrative Assistant	
November 30	9:30 AM	Dr. Chan-Sae Lee Vice-President Dr. Jung Sun Sohn Secretary-General Dr. Hal Ho Song Acting Director	Korean National Tuberculosis Association 59-11, 3-ka, Chungmoo-ro, Choong-ku, Seoul Tel: 26-6181 - (4)
		11:30 AM	
	4:00 PM	Dr. Chong Chin Lee President	Korean Association For Parasitic Eradication C.P.O. Box 5440 Seoul Tel: 74-6727 (Office) 74-7210 92-0144 (Home)
		9:30 AM	Mr. Choong H. Kang President Mr. C. S. Nam
December 1	10:30 AM	Mr. Keenan, Health and Population Advisor	U.S. Agency for International Development 82 Sechongro, Chongro-ku, Seoul Tel: 72-2601

	11:30 AM	Dr. Hong Kee Kim President	Korean Hospitals Association 28, Yeunkeun-dong, Chongro-ku, Seoul Tel: 72-9524
	2:00 PM	Hon. Joon Suk Oh Assemblyman Prof. Duck Chin Chang	National Assembly Committee for Health and Social Affairs 250-8, Hualm-dong, Yongsan-ku, Seoul Tel: 42-9616 (Home)
	4:00 PM	Mr. Kyu Bang Jun Vice-President Mr. J. Y. Chung General Secretary	Korean Pharmaceutical Association Pharmacists Building 18-2 Kwan-chul-dong, Chongro-ku, Seoul Tel: 74-0203 (Office) 72-3164 (Home)
	5:00 PM	Dr. E. Lilsburg Advisor	World Health Organization Tel:
December 2	9:30 AM	Miss Shin Young Hong President	Korea Nurses Association 88-7, Sangrim-dong, Choong-ku, Seoul Tel: 52-9186 52-0490
	11:00 AM	Mr. George Worth President (Population Council Representative)	Korean Association of Voluntary Agencies I.P.O. Box 1641 Seoul Tel: 23-3797
	2:00 PM	Dr. Young Tai Choi President	Korean Industrial Health Association 89-4, Kyungwun-dong, Chongro-ku, Seoul Tel: 74-7643 (Office) 77-4295 (Home)
	3:00 PM	Dr. Young Je Kim Chairman	Korean Association of Medical Colleges c/o Dean's Office Catholic Medical College 89-4, Kyungwun-dong, Chongro-ku, Seoul Tel:

	4:00 PM	Dr. Sang Whan Shim President	Korean School Health Association c/o Department of Preventive Medicine Seoul National University 28, Yeunkeun-dong, Chongro-ku, Seoul Tel:
		Dr. H. J. Park, Member Board of Trustees	
December 3	11:00 AM	Dr. Jong Kuk Hong Vice Minister	Ministry of Health and Social Affairs Seoul Tel: 74-0180 (Vice-Minister)
		Dr. Myung Wha Lee Bureau Chief of Public Health Affairs	75-7121 (Bureau Chief of Public Health Affairs)
	12:00	Dr. Moon Ki, Lee Bureau Chief of Medical Affairs	Ministry of Health and Social Affairs Seoul Tel: 75-7122
	2:30 PM	Dr. Won Bae Chun, Chief Department of Sanitation	Ministry of Health and Social Affairs Seoul, Korea Tel: 73-5081
	3:30 PM	Dr. Yang Shik Shin Bureau Chief Pharmaceutical Affairs	Ministry of Health and Social Affairs Seoul Tel: 73-7123
December 4	:30 AM	Dr. Hak Song Lee President	Korean Leprosy Association 311, Shinsungsang-ka, Inhyun-dong, Choong-ku Seoul Tel: 27-1239
		Dr. Oktae Paik Vice-President	
	:30 AM	Dr. Jae Mo Yang, President Dr. Chong Chin Lee Board Member Mr. Brian E. Copp Peace Corps Volunteer	Planned Parenthood Federation of Korea 88, Kyungun-dong, Chongro-ku Seoul Tel: 75-8537 75-7277

December 6	9:30 AM	Dr. Mohamed Ilyas	World Health Organization WPRO School of Public Health Seoul National University Seoul Tel: 72-0223
	9:30 AM	Dr. H. T. Lin TB Advisor in Korea	World Health Organization Office of TB Section Ministry of Health and Social Affairs Seoul, Korea
	11:00 AM	Dr. Yun Joo Kim, Director Health Service Department	Korea National Red Cross 32, 3-ka, Namsan-dong Choong-ku, Seoul Korea Tel: 6318
	2:00 PM	Dr. Myung Ho Kim Professor	Department of Preventive Medicine and Public Health College of Medicine Yonsei University Seoul, Korea Tel: 33-8361 - 51
December 8	11:00 AM	Dr. Jae Mo Yang, PCR Dr. Kit C. Johnson, APCR Mrs. I. S. Kim, P Administrative Assistant	Department of Preventive And Public Health Yonsei University College of Medicine I.P.O. Box 1610 Seoul Tel: 33-2921