

# Just Statistical Data on Swine Flu

By Noboru HATAKEYAMA

I am writing this essay on swine flu, formally known as Influenza A (H1N1), at the end of August. By the time this essay is published in November, the world landscape around swine flu will have become much fiercer with most developed countries in the northern hemisphere going into winter. Even as of now, when the severely hot summer has not finished yet, the numbers of confirmed swine flu patients are increasing day by day in Japan and many other countries. Officials in charge of the novel flu strain must be all extremely busy. The World Health Organization (WHO) stopped asking each government to report the number of confirmed patients in order to release those officials from obligations to do so, enabling them to engage in more substantial work to combat the new H1N1 flu. In addition, how accurate those numbers are remains to be seen. Having said this, however, those numbers are still interesting. On August 21, the Ministry of Foreign Affairs of Japan published a report on swine flu spread in the world with numbers of patients and victims based on each country report submitted to the WHO before it was stopped.

Depending on the report, I calculated the numbers of H1N1 flu patients per 100,000 population of each country.

We can see interesting rankings in the outcome of the calculation. First, Brunei, which keeps a low profile except for oil and natural gas production, occupies the number one position here. Second, four Pacific island countries are among the top 10 with Palau ranked No. 2, the Marshall Islands No. 6, Tuvalu No. 7 and Samoa No. 8. Populations of these four Pacific island countries are small, with the biggest being 187,000 in Samoa and the smallest only 11,000 in Tuvalu. This factor might be one of the causes of such high rankings along with many visitors coming in from outside to appreciate beautiful nature, including oceans.

Third, Australia and New Zealand rank No. 3 and No. 4. Located in the southern hemisphere, they were in the winter until recently. It is rather surprising to see countries in Oceania occupy positions from No. 2 to No. 8 except for No. 5, which is Chile.

By the way, there is a free trade agreement called the Pacific Four (P4), consisting of Brunei, Chile, New Zealand and Singapore. As I already described, the first three countries happen to rank No. 1, No. 4 and No. 5, and Singapore 13th. The P4 is now called the Trans-Pacific Partnership Agreement (TPP) and negotiations have started with Australia, Peru and the United States to have them join the TPP. Peruvian and US rankings are

not too low, occupying the Nos. 24 and 25 positions respectively. Perhaps the high rankings of these countries are the results of active engagement in international activities partly shown by the fact of being or negotiating to be members of the P4 or the TPP.

The number of H1N1 flu patients per 100,000 population of developed countries represented by OECD members was 12.7 while that of developing countries represented by non-OECD members was 1.4, one-ninth that of the rich countries. However, some developing countries might not be able to grasp accurate numbers. Of course, they are more fragile in containing transmission of epidemic diseases than developed countries. Therefore, the H1N1 issue should be taken into consideration in the context of the United Nations' report and declarations and decisions of other international meetings and organizations.

For example, although the UN report for 2009 on Millennium Development Goals (MDGs) referred to HIV/AIDS, malaria and tuberculosis, it did not mention H1N1 specifically.

Leaders of Japan and Pacific Islands Forum (PIF) countries met for the Fifth Pacific Islands Leaders Meeting (PALM) May 22-23, 2009, in Hokkaido, Japan. The meeting was attended by leaders and representatives of Japan, Australia, New Zealand and 14 Pacific island countries, including Palau, the Marshall Islands, Tuvalu, Samoa, Tonga and Fiji. They underlined the importance of promoting human security, with a particular focus on capacity building to ensure greater access to healthcare. However, there was no specific reference to H1N1, although half the 16 countries represented at PALM other than Japan ranked high in my calculation.

The WTO Ministerial Conference held in Doha, Qatar, in November 2001 adopted a special independent statement titled "Declaration on the TRIPS Agreement and Public Health." In the declaration, it is written to the effect that each member has the right to grant compulsory licenses to a company wishing to produce generic vaccines for HIV/AIDS, tuberculosis, malaria and other epidemics. H1N1 may be included in the category of "other epidemics" although it is desirable to be singled out. **JS**

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