

# Visualizing a Healthy Village: UNESCO Fundamental Education Pilot Project in China

*Visualizando uma Aldeia Saudável: Projeto piloto de educação fundamental da UNESCO na China*

*Visualisation du village sain: Projet pilote de l'UNESCO sur l'éducation de base en Chine*

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## Abstract

Seven decades ago, UNESCO (United Nations Educational Scientific and Cultural Organization) concluded that health education was an integral element in educational programs that targeted holistic societal development and that health education was not only most needed in China but also universal in many colonial Asian societies and other underdeveloped countries. Against this backdrop, UNESCO and China cooperated in an experiment on public health education with audio-visual aids, the experience of which was considered valuable for vast underdeveloped countries and circulated via UNESCO clear house across the globe. Locating in a long history of transcultural dialogue on illness between China and the West, this article closely examines this UNESCO-China joint pilot project of “the Healthy Village”. This article illustrates how the verbal and visual representation of illness and scientific-medical knowledge was negotiated, accommodated, and mediated among UNESCO experts, Chinese local activists, and local villagers to build up a theater of medical truth during the production and application of audio-visual aids such as posters, booklets, film slides, and animation et cetera in this pilot project. With simple and vivid materials, this UNESCO-China joint project attempted to teach Chinese villagers basic medical knowledge and to practice personal and public hygiene in household and community activities. The goal was to prevent infectious diseases that could be spread between animals and humans and build physical fitness in the broader development framework. In this sense, “the Healthy Village” pilot project was a preliminary experiment with the idea of “One Health”.

**Keywords:** UNESCO, China, Fundamental Education, One Health, Educational Movie.

## Resumo

Sete décadas atrás, a UNESCO (Organização das Nações Unidas para a Educação Científica e Cultural) concluiu que a educação em saúde era um elemento integral em programas educacionais que visavam o desenvolvimento social holístico e que a educação em saúde não era apenas mais necessária na China, mas também universal em muitas sociedades asiáticas coloniais e outros países subdesenvolvidos. Neste contexto, a UNESCO e a China cooperaram numa experiência de educação em saúde pública com ajudas audiovisuais, cuja experiência foi considerada valiosa para vastos países subdesenvolvidos e circulou através da casa da UNESCO em todo o mundo. Localizado em uma longa história de diálogo transcultural sobre doenças entre a China e o Ocidente, este artigo examina de perto este projeto piloto conjunto UNESCO-China sobre “a Aldeia Saudável”. Este artigo ilustra como a representação verbal e visual da doença e do conhecimento científico-médico foi negociada, acomodada e mediada entre especialistas da UNESCO, ativistas locais chineses e moradores locais para construir um teatro de verdade médica durante a produção e aplicação de ajudas audiovisuais, como cartazes, folhetos, slides de cinema, animação etc., neste projeto piloto. Com materiais simples e vívidos, este projeto conjunto UNESCO-China tentou ensinar aos moradores chineses conhecimentos médicos básicos e praticar higiene pessoal e pública em atividades domésticas e comunitárias. O objetivo era prevenir doenças infecciosas que poderiam espalhar-se entre animais e seres humanos e construir aptidão física no quadro de desenvolvimento mais amplo. Neste sentido, o projeto piloto “Aldeia Saudável” foi um experimento preliminar com a ideia de “Uma Saúde”.

**Palavras-chave:** UNESCO, China, Educação Fundamental, Uma só saúde, filme educacional.

## Résumé

Il y a 70 ans, l'unesco a conclu que l'éducation à la santé faisait partie intégrante des programmes éducatifs axés sur le développement social intégral et qu'elle était la plus nécessaire non seulement en Chine, mais aussi dans de nombreuses sociétés coloniales asiatiques et dans d'autres pays moins développés. Dans ce contexte, l'UNESCO et la Chine ont collaboré à une expérience d'éducation à la santé publique assistée par l'audiovisuel, dont l'expérience a été jugée précieuse pour un large éventail de pays moins développés, et qui a été diffusée dans le monde entier par l'intermédiaire du Centre d'échange d'informations de l'UNESCO. Dans la longue histoire du dialogue interculturel sur les maladies entre la Chine et l'Occident, Cet article présente une étude approfondie du projet pilote conjoint UNESCO - Chine "villages sains". Cet article présente des experts de l'UNESCO, des militants locaux en Chine, Dans ce projet pilote, un théâtre de la vérité médicale a été construit avec les villageois locaux lors de la production et de l'application d'aides audiovisuelles telles que des affiches, des brochures, des diapositives de films et des animations. Avec des matériaux simples et vivants, ce projet conjoint UNESCO - chine tente d'enseigner aux villageois chinois les connaissances médicales de base et de pratiquer la santé personnelle et publique dans le cadre d'activités familiales et communautaires. L'objectif est de prévenir les maladies infectieuses qui peuvent se propager entre les animaux et les humains et de développer la condition physique dans un cadre de développement plus large. En ce sens, le projet pilote "villages sains" est une première expérimentation de l'idée de "Une seule santé".

**Mots-clés:** UNESCO, Chine, Éducation fondamentale, Une seule santé, Film éducatif.

## Introduction

The social history of medicine has become a burgeoning field for interdisciplinary research. The global pandemic of COVID-19 has made this field even more relevant to the daily life of everyone. Scholars have demonstrated how humankind in history seeks to resolve the issue of international health and global health via international organizations such as the League of Nations Health Organization and the World Health Organization [1]. Recently, the idea of One World One Health has gained its popularity among the global actors such as international agencies, professionals, nation states and donors regardless of the vagueness of the concept [2][3]. Since the outbreak of the COVID-19 pandemic, the wet

market in Wuhan has aroused noticeable debates about the interface of virus, wild animals, domestic animals, human and the ecology [4]. China had long been represented as a hygienic, backward country [5]; during the Covid, the metaphor 'the Sick Man of East Asia' that implies China is a decaying country and populace with a dysfunctional political organization and cultural production has once gained popularity in international society. Historians from China and beyond have provided a rich account of the uneasy transformation and modernization of the health work in China [6]. Historians have also revealed the involvement of philanthropic organizations such as the Rockefeller Foundation and international organizations, including the League of Nations Health Organization (LNHO) in Republican China [7]. Recent research has revealed the activities of the World Health Organization in communist China that focused on eradicating smallpox [8].

Seven decades ago, the United Nations Educational Scientific and Cultural Organization (UNESCO) and China cooperated on an experiment on public health education, i.e., "the Healthy Village" in 1949. This project aimed at teaching local villagers basic knowledge and precautions for epidemic diseases such as tuberculosis, trachoma, smallpox, cholera, et cetera, with the help of audio-visual aids. The tested materials sought to convey the idea health was not just about human but about the dynamic convergence of human, animals and environment. This pilot project was considered valuable for many underdeveloped countries, and the experience was circulated via UNESCO house across the globe. However, this case has not yet been seriously researched by scholars. On the one hand, scholars working on the history of UNESCO rarely investigate UNESCO from the perspective of medical history and mainly look at the popular initiatives of UNESCO such as World Heritage, Lifelong Education, Man and Biosphere Program (MAB) et cetera. Some scholars have been studying the history of UNESCO Fundamental Education [9, 10]. Scholars have revealed a transatlantic network engaged in formulating and promoting this UNESCO initiative of Fundamental Education [11]. However, the scholars only briefly referred to China in studies about UNESCO's Fundamental Education and overlooked the role China played in this network till a recent publication by the author [12]. Even fewer scholars started to take a closer look at the visual aspect of UNESCO's activities. Canadian scholar Zoë Druick has vividly presented how global images of the sort produced under the auspices of UNESCO mapped a complex vision encompassing the

lofty goals of world civilization on the one hand and the formation of human or biological capital on the other [13, 14]. Unfortunately, Druick's analysis does not include the visual materials produced in the pilot project in China. On the other hand, although UNESCO has been fostering network for biomedical research and cooperated with WHO, FAO, and other UN organs in health issues, historians of medicine do not pay much attention to UNESCO either. In fact, many UNESCO initiatives in nature conservation and biosphere reserves such as World Heritage (natural) and MAB are highly relevant to the "One Health" that promotes the cross-cutting interdisciplinary cooperation to bring together human, animal, and environmental health.

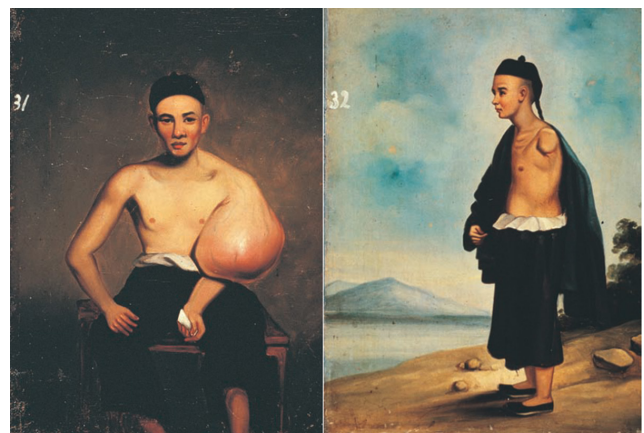
This article seeks to investigate the history of UNESCO from the perspective of the social history of medicine and visual studies. By highlighting the more prolonged historical encounter between China and the West, the cooperation, and the negotiation, this article will build a more nuanced history of the universalism and particularism that international organizations such as WHO and UNESCO constantly confront in their global enterprise. Drawing upon the history of visualizing the Sick Man of East Asia between modern China and the world, this article will focus on the iconographic analysis of the details of the audio-visual materials. This article will demonstrate how UNESCO Fundamental Education program inherited the legacy of social medicine practiced in interwar China and adopted a holistic approach towards education-hygiene-economic-society. Moreover, this article argues that the audio-visual materials of the pilot project emphasized the interrelatedness among humans, animals, and the environment. Hence this project experimented with the integrated approach that has much resonance with the "One Health" concept. By examining the UNESCO pilot project of "the Healthy Village" in China, this article aims to provide more empirical data for writing the social history of medicine in the 20th century.

## Visualizing The Sick Man of East Asia

In the early 18<sup>th</sup> century, the writings by European missionaries already perceived China as 'the original home of the plague' and a perceived source of cholera in Europe [15]. In fact, the essay *On Smallpox*, along with colorful illustrations of children with smallpox by Martial Cibot reached Paris around 1772. After that, James Carrick Moore, who wrote the *History of the Small Pox* to promote vaccination in 1815, con-

veyed the stereotype that smallpox has prevailed in China for at least 3,000 years [16]. The widespread opium addiction reinforced the impression that a decaying China was confronted by a series of crises in the late 18th and 19th centuries [17]. China became a hygienically 'backward' country riddled with plagues, indicating the full-scale deterioration that needed to be remedied [18]. Due to the failure in the military fights and at the requests from the West, inland China was open to the powers and therefore many missionary groups, ranging from Presbyterians, Methodists, to Congregationalists, arrived in China, attempted to 'help' the Chinese population, carrying out religious, humanitarian, and medical work in China [19].

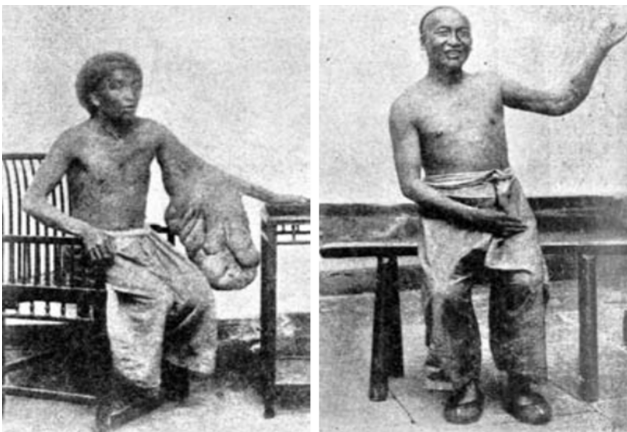
Around 1836-1852, the American medical missionary Reverend Peter Parker sponsored by the American Board of Commissioners for Foreign Missions (ABCFM), opened the Ophthalmic Hospital in Canton (Guangzhou), where he and his colleagues used Western surgical techniques to convert the Chinese people to Christianity, he applied visual aids i.e. oil paintings of his pre-operative patients by a Cantonese commercial artist Lam Qua [20, 21]. The formative languages of these paintings included the depiction of the paradoxical nature of their calm, impassive facial expressions; the distant landscape or seascape, sometimes with a hint of storm-cloud in the sky beyond, which mirrors or echoes illness and health, creating a pathological ecology [22]. Therefore, the patient in Lam Qua's paintings (Figure 1) becomes a sign of the pathology and barbarism, the Chinese identity, associating the image of the untreated pathology with the perceived weakness of indigenous medicine in China and placing Western observer in the dominant position over the indigenous patients [23].



**Figure 1:** Lam Qua, Po Ashing, before and after surgery, oil on canvas, 24 x 18 in, c.1837. Yale University, Harvey Cushing/John Hay Whitney Medical Library, New Haven, Connecticut. See Heinrich, L. *The After-life of Images: Translating the Pathological Body between China and the West*. Durham, NC: Duke University Press; 2008, Plate 4 and 5

More noticeably, these paintings applied by contrasting the landscape in the “before” and “after” format, i.e., the comparison between the dark, encumbered self and environment to a spacious, light and calm one, the paintings implied a move from isolation and social ostracism to reintegration and harmony with nature and a normal life; thus, they conveyed the audience the “possibility of the socially and spiritually reintegrated life that surgery can bring” [24]. The paintings depicted the portrait of Chinese patients who have terrible tumors, their portrait of “before” and “after” surgeries to demonstrate the dramatic healing potential of Western medical practice brought by Christian missionaries [25].

As China was forced to open, more missionaries set up more hospitals in big port cities and even small towns; they even began to train Chinese doctors with their standards by setting up colleges or sending Chinese broad to study Western medicine [26]. The missionaries set up these medical journals, such as the *China Medical Missionary Journal* in which they published medical illustrations in the form of woodcut and lithograph reproductions followed the format of before-after [27]. After photography was introduced, this portraiture and before-and-after model still consisted of the style of early medical photography [28].



**Figure 2:** C. C. Elliott, “Molluscum Fibrosus. Before operation and after operation”. First published in the *China Medical Missionary Journal*, 22: 4 (July 1908), p. 115. See Heinrich, L. *The Afterlife of Images: Translating the Pathological Body between China and the West*. Durham, NC: Duke University Press; 2008, p. 97

Chinese and foreign elites who wanted to reform China welcomed a medicalized view of the country’s problems and embraced a medicalized solution to the deficiencies of the Chinese state, Chinese society, and Chinese body in the first half of the twentieth century [29].

In 1917, the Rockefeller Foundation sponsored the establishment of the Peking Union Medical College (PUMC) based on the American medical school mo-

del of John Hopkins University [30]. With American money, experts particularly Selskar Gunn and John B. Grant, PUMC became one of the most important institutes for promoting modern medical science in China and helped to train generations of health workers for China [31]. China also embraced the technical assistance from the League of Nations when the League of Nations Health Organization (LNHO) was eager to project a global health program by providing expertise to its member states that needed such guidance [32]. To help reorganize Chinese health services, the LNHO sent the Polish health expert Ludvik Rajchman and two Yugoslavian public health experts Berislav Borčić and Andrija Štampar from the School of Public Health in Zagreb in the mission to China (1933-1936) [33]. They assisted the organization and development of a central field health station, a central hospital, and establishing a national quarantine service accompanied by counterpart institutions in port cities, et cetera [34, 35]. In fact, the correlation between body and nation, the notion of public health as a critical element of modernity and nationhood, was also prevalent in colonial Asian societies [36].

There were two approaches in their work: the vertical biomedical approach embraced by the dominant officials in the Rockefeller Foundation emphasized the eradication of specific diseases, and the horizontal societal approach embraced by Gunn, Grant and the LNHO experts particularly Štampar [37]. Informed by the metaphor of “society as an organism”, the leading public health experts in Europe saw diseases as pathology deeply rooted in society and embraced an organic approach to society and diseases at the turn of the 20<sup>th</sup> century [38]. Via the circulation of medical knowledge, personnels and practice between the United States and Europe, Gunn and Grant accepted the idea of social medicine promoted in Europe, particularly in Yugoslavia that placed diseases and health work in the comprehensive societal, economic, even cultural contexts and called for multidisciplinary cooperation [39]. For them, the James Yen-led Mass Education Movement (MEM) in Dingxian, Hebei became an impressive and successful experiment of social medicine because MEM not only developed a medical program to build up a primary health service system for the poor, undeveloped rural areas but also implemented systematic programs of literacy, public health, citizenship, agriculture, and economic cooperatives [40, 41]. In fact, the missionaries



who had the tradition of preaching via medical work were also part of this movement of social medicine, for instance, Hugh W. Hubbard from ABCFM went beyond mere literacy campaigns and developed programs of agriculture, health, et cetera to help the local farmers [42]. All these actors applied to varied degrees visual materials such as models, lantern slides, photography, posters, booklets, pamphlets, calendars, et cetera in their work [43].

### **UNESCO Entering the Field: Educating a Healthy Village**

The Marco Polo Bridge Event in 1937 called a stop for everything, and Rajchman, Borčić, and Štampar had to leave China while Rockefeller Foundation and James Yen had to relocate to West China, keeping their activities at a much smaller scale. As the WWII concluded, the LNHO transformed into the WHO with Štampar as one of the founding fathers, while UNESCO inherited the legacy from the International Committee of Intellectual Cooperation (ICIC) and its executive agency, the International Institute of Intellectual Cooperation (IIIC), and emerged from the wartime Conference of Allied Ministers of Education (CAME) [44, 45]. When the idea of global health was considered as essential for the welfare of humankind, the importance of education, science, and culture as means to build solidarity and global peace was also widely recognized by the founding fathers of UNESCO [46]. Health is the mandate of WHO instead of UNESCO, however due to the lobby of the British biologist Joseph Needham, UNESCO became the only UN agency dealing with science which covers the medical science. Moreover, UNESCO's work was soon tied with the broader agenda of developing the backward areas in which health work were as indispensable as education [47].

Recognizing the pioneering work of MEM, UNESCO considered China a pioneer in systematically experimenting with education and rural development [47]. Chinese were actively involved in the formulation of UNESCO's initiative Fundamental Education, for which UNESCO cooperated with China in organizing a regional study conference in Nanjing and implementing a pilot project in China [49]. In September 1947, the UNESCO Regional Study Conference on Fundamental Education in the Far East was inaugurated in Nanjing [50]. Delegations from many member states in the Far East attended the Nanjing Conferen-

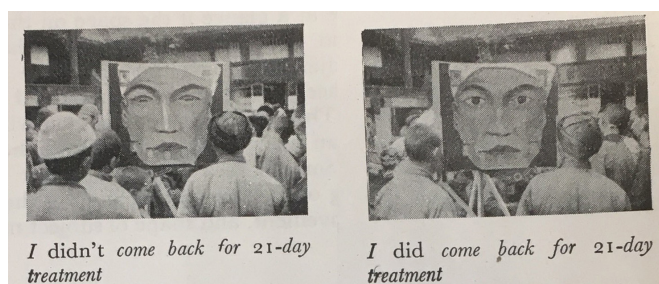
ce, and the Congregational missionary Hubbard who was involved in the rural development in China also participated as a UNESCO representative [51]. The delegates had broad discussions during the Nanjing Conference, however, Fundamental Education remained loosely defined and basically modelled on the all-encompassing program of MEM [52]. However, the situation deteriorated due to the civil war in China, and UNESCO decided to do a smaller experimental project with the topic that is often the scope of action of WHO, i.e., "The Healthy Village" [53].

UNESCO concluded that health education was most needed in China and universal in many colonial Asian societies and other underdeveloped countries [54]. As laid out, this UNESCO-China joint project was to experiment with simple and vivid materials to teach Chinese peasants the knowledge of hygiene and protection against disease, the experience of which was supposed to be applied in other underdeveloped member states. In January 1949, UNESCO officially authorized the starting of the pilot project [55]. Although UNESCO cooperated with WHO including setting up the Council for International Organizations of Medical Sciences (CIOMS) in 1949 [56], and UNESCO intended to cooperate with WHO and FAO in promoting Fundamental Education, it was not very common that UNESCO implemented a project on public health campaigns. While Štampar managed to insert the societal dimension of health work in the Constitution of WHO, it was WHO carried on the interwar practice of social medicine in post-war China. The MEM and the College of Rural Reconstruction, both of which were led by James Ye, provided essential physical and personnel assistance for implementing the pilot project. In February 1949, Hubbard began to recruit member staff including MEM health workers, MEM fieldworker and Methodist missionary health workers [57]. Then Norman McLaren, the Canadian expert on film production, who was the head of the Animation Department of the National Film Board of Canada engaged in a four-month assignment [58]. He flew to China in August 1948 as a special technical adviser to train Chinese artists in the techniques of making animation and cartoon films dealing with the causes of and protection against diseases [59]. He cooperated with the Audio-Visual Centre of the College, located in Hsieh Ma Chang (Xie Ma Chang in Pinyin) in photographic work and making filmstrips [60].

## Visualizing The Healthy Village

To teach Chinese townsfolk and villagers about hygiene and health, the international group of UNESCO-China joint pilot project produced diverse materials on diseases prevalent in China, such as trachoma, smallpox, tetanus, et cetera. These aids included educational posters, booklets, calendars of different sizes, filmstrips, and animations with different techniques, et cetera. They were displayed in schools, health centers, and public places [61]. To appeal to and teach Chinese villagers, the Hubbard-led group had to demonstrate the efficacy of knowledge of health and hygiene in a way that should be acceptable to the audience. In other words, they had to create a theater of medical truth to demonstrate a convincing narrative that vividly shows the causality, the effects of unhealthy behaviors, and the effects of the medical intervention so that the audience could be persuaded into specific hygienic actions.

As Latour's studies on French biologist Louis Pasteur's promotion of vaccines among the herd indicate, the setting up of a chain of proof could rely upon the perceptual judgment by demonstrating the difference and conviction with extremely simple perceptual contrasts such as absence/presence, living/dead and particularly the before/after comparison [62]. The pilot project inherited the tradition of using the contrasting before-after format prevailing in the late 19th and the early 20th century. Furthermore, they developed techniques to generate visual persuasion by displaying the effects of proper medical treatment. The group produced mobile two-way posters that demonstrate "Do-and-Don't", "the good way" versus "the bad way", the dirty versus the clean comparisons in dealing with diseases such as trachoma and smallpox vaccination [63]. In a two-way poster (Figure 3) on trachoma, position 1 appears to have bad eyes because "I didn't come back for treatment", while position 2 shows good eyes because "I came back for 21-day treatment".



**Figure 3:** Details of the project. See UNESCO. *The Healthy Village: An Experiment in Visual Education in West China*. Paris: UNESCO, 1951, p. 61

To render the simplicity in a convincing causal link, the materials produced by the UNESCO pilot project were very simple in their visual presentation and had obvious captions instructing the audience on how to avoid certain illnesses and build up a healthy body, which was a practice dating back to the Western-style visual materials used in public health campaigns in China in the 1920s or even 1910s [64]. After gradual adaptation and Sinicization, the visual materials applied in Chinese health campaigns, especially by foreign missionaries, had become more adapted to Chinese culture and life. The images of the UNESCO pilot project used bold lines that portray a human figure with a little shadow to create a sense of volume. Every poster had an informative, instructive but straightforward, catchy, and rhythmic sentence explaining how to avoid certain illnesses. One poster (Figure 4) depicted a man using his towel in a restaurant or a teahouse while someone offered him a towel. At the top of the poster, there was one sentence in Chinese characters saying that to avoid trachoma, do not use a shared towel to rub your eyes (要免沙眼, 不用公共手巾擦眼).



**Figure 4:** Poster used in the UNESCO-China joint project. See UNESCO. *The Healthy Village: an Experiment in Visual Education in West China*. Paris: UNESCO, 1951, p.42

Another simple poster (Figure 5) depicts a baby with a smiling face. Her sleeves are rolled up above her arm, which indicates that it has been vaccinated.

The caption below the smiling vaccinated baby was vernacular and straightforward in instructing parents to get their baby vaccinated.



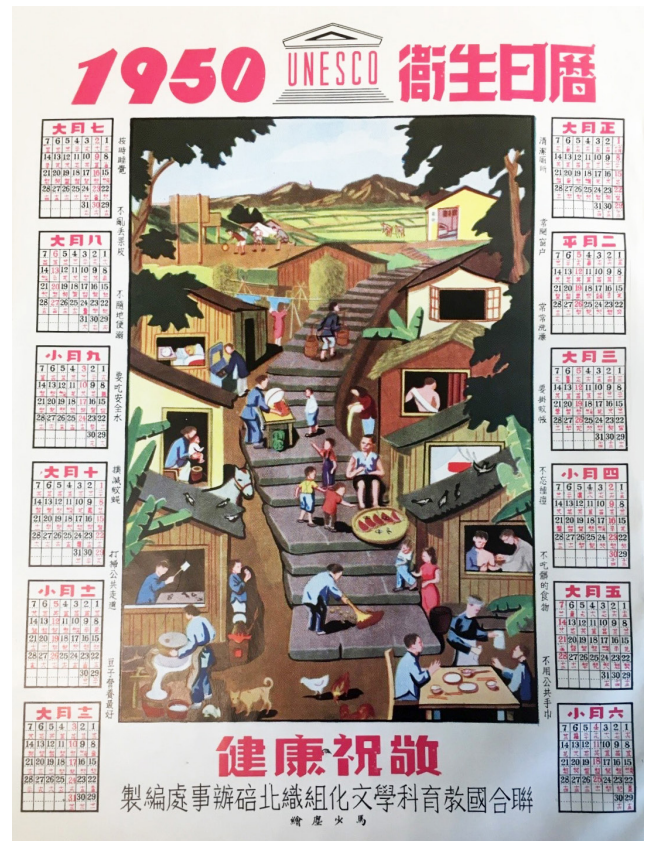


**Figure 5:** Poster used in the UNESCO-China joint project. See UNESCO. *The Healthy Village: an Experiment in Visual Education in West China*. Paris: UNESCO, 1951, p.42

In addition to the public exhibition, the project also designed the health calendars for interior decoration so that the country folks could look at the calendar all year round rather than one or two glance. They made the calendar attractive so that it could adorn the pictureless walls of the villagers’ homes and rich in detail to teach health ideas.

A health calendar (Figure 6) depicted the hilly landscape in West China, particularly in Beibei, where the experiment was located. Furthermore, to adjust the habits of the Chinese, the calendar combined the Gregorian calendar with the lunar calendar that was commonly used in China, especially in Chinese villages. The calendar has two columns, starting with lunar January on the right-top edge and lunar July on the left-top edge, leaving the central space for various scenes of health habits. Between the two columns on the edge and the visual scenes in the center, the artist added 14 sentences about health instructions referring to each scene in the middle. 14 scenes arranged according to the rule of perspective are connected by the main road running from the middle-bottom, winding towards the farming field at the top.

Hugh Hubbard, the medical supervisor, nurses and doctors, and more field workers traveled to local areas, exhibited, and tested these materials [65]. Often, they found a place in an old temple, unpacked their equipment, set up an impromptu outdoor film theatre, and began to exhibit the posters, booklets, and broadcast the



**Figure 6:** Health Calendar in the UNESCO-China Joint Project. See UNESCO. *The Healthy Village: an Experiment in Visual Education in West China*. Paris: UNESCO, 1951, preface

filmstrips that show how to recognize, prevent, and take care of certain widespread diseases in China. Meanwhile, they would sit at tables and offer consultation, examination and vaccination for the townsfolk, farmers, and children. UNESCO described the medical staffs as “field soldiers in the war of modern science against the old plagues of endemic and epidemic illness in the Chinese countryside” [66]. As UNESCO courier puts it, “they reaped the harvest of the seeds of knowledge that the filmstrips had shown” [67]. As the final records of activities in one of the towns indicated, the group examined 9,514 or 70% of the entire population of 13,158, found 2,665 cases of trachoma, and gave 1,965 smallpox vaccinations during the spring of 1949 [68].

The project only managed to survive in 1949; it was short lived, yet, it was a classic model for UNESCO to experiment with fundamental education or specifically public health education at the grassroots level. This project overlapped with the work of WHO. However, as the intellectual spearhead of the UN, UNESCO also foretold the holistic approach towards health in this small pilot project. In the calendar, the artist Ma Shaochen (马少尘) presented the daily life facilities in “the Healthy Village” ranging from a clean road, tidy houses with open window, to modern toilet and trash can.

A healthy village also requires healthy behaviors such as safe drinking water, nutritious diet, sports, regular showers, garbage collection, and vaccination et cetera. Moreover, the calendar also implies the existence of nonhuman actors. The scientific truth of the agency of animals in health such as mosquito was illustrated in the filmstrip produced in the project “The Malarial Mosquito”. In this filmstrip, a mosquito becomes infected with malaria after it bites a malaria carrier, and then the malarial mosquito transmits the disease to another man who gets ill with symptoms such as chills and fever and recovers after receiving the examination from a doctor taking the medicine prescribed by the doctor. The filmstrip educated the audience “To prevent malaria, first, use mosquito net; second, dispose of dirty water; third, burn mosquito punk; fourth, spray insecticide”. [69] There are dogs, chickens, and horses in the calendar, but above the soymilk scene, a man is trying to stamp out the fliers and mosquitos inside the room, outside which a man is drinking boiled-safe water by the boiler, that is to kill the bacteria. Outside the house where the doctor or the nurse is vaccinating a child, a child is trying to prevent another child from eating watermelon because some fliers are circling above. As indicated by the calendar and the filmstrip, a healthy village could include trees, mountains, farmland, plants, farmers, male and female villagers, children, doctors, dwellings, and animals, some of which are welcome while some are not. Necessary boundaries and harmonious interactions among them are both important in a vibrant, healthy, and prosperous village. In other words, it is essential to recognize that the health of humans, domestic and wild animals, plants, and the wider environment (including ecosystems) are inextricably linked as argued by a recent UNESCO online course [70].

## Conclusion

This article locates the pilot project “the Healthy Village” under the auspices of UNESCO and the medical visuality in the longer social history of medicine in modern China. As pointed out by scholar, “One Health” was not new, its roots date back to the late 19th century when the biologist and epidemiologists such as Louis Paster developed

vaccines to protect poultry, domestic animals and humans from rabies, cholera, anthrax, and smallpox et cetera [71]. This article proposes to bring in the practice of social medicine in 1930s and 1940s prior to the emergence of “One Medicine” in 1960s. As demonstrated in the article, the medicalized view of health, hygiene, society, nation, and state very much related to the theory of social organism that had resonance in the Europe and China during the early 20th century and incarnated in the promotion of social medicine by international actors such as LNHO experts and Rockefeller Foundation representatives, and Chinese actors in interwar China. In attempting to experiment with Fundamental Education in post-war China, “the Healthy Village” carried on previous practice of social medicine. This article also argues that UNESCO entered the field of rural hygiene and health partly due to the broader scope of action legitimized by its inclusion of science in its mandates and partly due to the holistic, vague, and loose definition the Fundamental Education. This article argues that to a reasonable extent, this short-lived project of “the Healthy Village” experimented with what later would be coined as “One Health”. Given that UNESCO has interests and records in promoting biomedical science, nature conservation, and biodiversity, it is advisable for the future dialogue of “One Health” to engage more with UNESCO and vice versa.

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## Conflicts of interest

The author declares that there are no conflicts of interest.

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