Chapter 15
Thailand and Global Health

Health problems have changed rapidly over the past three decades or so due to changes in the global context such as convenience and rapidity in international transportation and communication, resulting in health problems in one country becoming problems in other countries across the globe within a short period of time. For example, the SARS epidemic in Asia became a global problem within a few days; particularly for developed countries, health issues are not only viewed for promoting the public's health, but also for security purposes. That is because whenever there is an epidemic in any region of the word, such an event will widely and rapidly affect the health conditions of their own populations, which may become a crisis as the forecast has shown that pandemic influenza H1N1 2009 may cause a large number of fatalities.

As health problems have become more increasingly important to the world, major changes have been made to cope with them such as the increase in health-care budget from various sources, the changes in the organizational structures of various relevant agencies, and the impacts resulting from changes in developing countries. Thus, it can be said that the global health system is a significant transition that all nations have to pay attention to and be prepared to respond to such changes.

1. The Transition of Health Concept: from within the country to the problem requiring inter-country collaboration and worldwide public-private sector cooperation

The concept of health has changed in accordance with changes in other sectors. In the era when travel and communication were limited only in a certain area, health problems were contained chiefly within each country's boundary. Since the 19th century, the health concept in the "public health" dimension, giving importance to disease prevention and holistic medical treatment for the people, defined "public health" as the actions for making people healthy, disease prevention, health promotion, and good environmental sanitation.

When there were more communications among countries, the health concept was extended to cover international health, which crossed the border of one country to another, focusing on resolving health problems of developing countries, taking into account the complexity of global and local factors related to health.

As international transportation and communication have progressed rapidly, resulting in rapid cross-border movements of health problems and requiring more complex solutions to such problems, the health problems have got a different dimension with the concept of "global health", which means the consideration of the health needs of the people of the whole planet is to be done beyond the concerns of particular nations[1] with more involvement of non-governmental mechanisms.

When considering the definitions of public health, international health and global health, we can see a number of overlapping points, all giving importance to people's health as a whole, focusing on disease prevention and concerns over the underprivileged. However, there are differences with respect to area coverage: "public health" deals with the problems in the national context, "international health" deals with health problems beyond one's own country with collaboration between/among two countries or more, while "global health" covers the common health problems of the entire world which require the collaboration of public and private mechanisms all over the world (Table 15.1).

Table 15.1 Comparison of public health, international health and global health

Aspect	Global health	International health	Public health
Area coverage	Focus on issues directly and indirectly affecting health beyond the border of any particular country.	Focus on health issues of other countries other than one's own country, particularly developing countries.	Focus on issues affecting health of the people within the country or community.
Level of cooperation	Development and operations for resolving problems require cooperation from several countries across the world.	Development and operations for resolving problems require bilateral cooperation.	Development and operations for resolving problems do not require cooperation from other countries at the global level.
Individual or population	Covering both disease prevention for the population and illness treatment for the individuals.	Covering both disease prevention for the population and illness treatment for the individuals.	Primarily focusing on disease prevention in population groups.
Access to health care	The major goal is to create equity in health for all the people in all countries throughout the world	Focus on assisting the people with problems in other countries.	The major aim is to create equity in health for the people within the country or community.

[1]Brown et al. The World Health Organization and the Transition From "International" to "Global" Public Health. AJPH: Jan 2006, Vol 96, No 1. http://www.ajph.org/cgi/reprint/96/1/62

Table 15.1 Comparison of public health, international health and global health

Aspect	Global health	International health	Public health
Breadth of technology used	High level of interdisciplinary and cross-disciplinary approach with cooperation also from non-health sectors.	Requiring some collaboration with other sectors, but not focusing on interdisciplinary approach.	Supporting interdisciplinary working approach particularly in the health and social science sectors.

Source: J P Koplan et al. Towards a common definition of global health Lancet 2009; 373: 1993–95.

2. Pluralistic Dimensions of Global Health

For the purpose of better understanding of global health, the following five dimensions are reviewed as follows:

(1) Global health as international policy. As the objectives of global health in this dimension focus on trade, economic growth, stability, democracy, and country's image, the high priority diseases in this group are infections diseases and HIV/AIDS; and the agencies giving importance to this dimension are, for example, international development agencies of developed countries such as the U.S. Agency for International Development (USAID) and the U.S. President's Emergency Plan AIDS Relief (PEPFAR) of the U.S. Department of State, the Department for International Development (DFID) of the United Kingdom, and the Japan International Cooperation Agency (JICA).

(2) Global health as a matter of security. Its principal goal is to fight bioterrorism, infection and drug resistance, major diseases (avian influenza, respiratory infection, multidrug-resistant tuberculosis and HIV/AIDS. The agencies recognizing the importance of this dimension are disease control agencies of developed countries, such as the U.S. Centers for Disease Control and Prevention (CDC), and private agencies, such as the Nuclear Threat Initiative (NTI).

(3) Global health as charity. Its principal goal is to resolve the problem of poverty which is related to droughts, famine, malnutrition, HIV/AIDS, tuberculosis, and malaria. The agencies dealing with this dimension are international development agencies of developed countries as mentioned in item (1) and private charities such as the Bill & Melinda Gates Foundation.

(4) Global health as investment. Its principal purpose is to enhance economic growth resulting form health development efforts in a full extent focusing on HIV/AIDS, malaria, maternal and child health, nutrition, occupational health, and health insurance, and involving such agencies as the World Bank, the International Monetary Fund (IMF), the International Labour Organization (ILO), and some private businesses.

(5) Global health as public health. Its principal purpose is to make every human being on earth healthy to the full extent, dealing with the issue of burden of disease and involving agencies such as the World Health Organization, specific disease control agencies and private agencies.

Table 15.2 Comparison of five global health dimensions and focuses

Principle or dimension	Goal	Priority diseases	Lead agencies
Global health as international policy	Trade, economic growth, stability, democracy, country's image	Infections diseases and HIV/AIDS	International development agencies of developed countries such as USAID, PEPFAR, DFID, SIDA, CIDA and JICA
Global health as security	The fight against bioterrorism, infection and drug resistance	Avian influenza, respiratory diseases, MDR tuberculosis and HIV/AIDS	Disease control agencies of developed countries such as U.S. CDC and private charities such as Nuclear Threat Initiative.
Global health as charity	Ending poverty	Droughts, famine, malnutrition, HIV/AIDS, tuberculosis, and malaria	International development agencies of developed countries and private charities such as the Bill & Melinda Gates Foundation.
Global health as investment	Economic development on the full extent	HIV/AIDS and malaria	The World Bank, IMF, ILO and private businesses
Global health as public health	Healthiness to the full extent	Global burden of diseases	WHO as well as specific disease control and private agencies

Source: David Stuckler, Martin McKee, Five metaphors about global-health policy, Lancet 2008; 372.

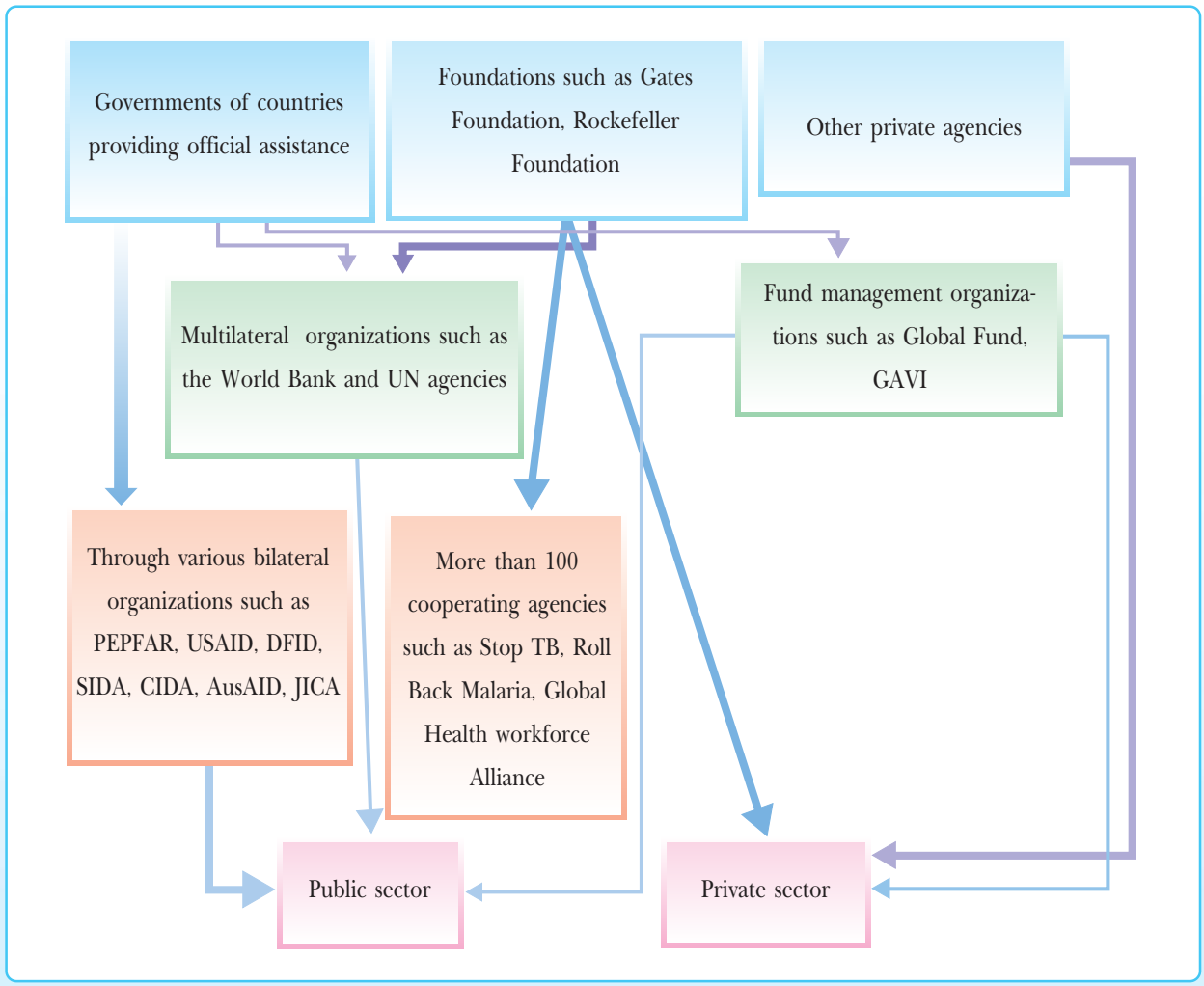
It is noteworthy that "global health" has several dimensions and purposes; and participating agencies have different purposes. Thus, creating a good understanding about global health is more complicated than that for the former health issue which primarily focused on health. However, when considering certain illnesses that fall within all groups or dimensions, such as HIV/AIDS, the evolution of such common illnesses has obtained more support than other diseases, resulting in a higher investment on such efforts.

Nevertheless, global health is not limited only to communicable diseases, but over the past few years, non-communicable diseases have gained more attention as their burden of disease has contributed to over two-thirds of the overall burden of disease in all countries worldwide. As a result, the NCD Summit will be held in April 2011 in Moscow and at the United Nations in September of the same year. At the meetings, there will be a specific agenda on NCDs, which requires intersectional and international cooperation for resolving such problems, including those related to alcohol and tobacco consumption, migrants' health and global warming.

3. Global Health Governance

As global health has several dimensions and purposes, many more agencies have given importance to such issues; several public and private global health organizations were established over the past 20 years. Such agencies include funding agencies, fund management agencies, cooperation agencies and operational agencies, resulting in the organization and mechanisms for global health governance becoming more complicated. When existing agencies such as UN agencies, bilateral organizations, foundations, private organizations and technical agencies are taken into account, all such global health agencies are numerous. When each of them tries to achieve their own objectives, they have set up their own working and performance reporting mechanisms. Despite strong efforts being made, the cooperation among such agencies has been extremely difficult.

Figure 15.1 Linkages among global health agencies providing management and financial support



Source: The global health landscape.

4. Changes in the Roles of Global Health Agencies

With the transition of health concept and global health dimensions, the roles of relevant agencies have changed. Agencies that used to be important in dealing with health issues in the world such as WHO and UNICEF have had a markedly decreasing role, in terms of policy-making and funding support. The establishment of new agencies, so-called Global Health Initiative, since 2000, was partly due to WHO itself, especially its management inefficiency and its budgetary system chiefly dependent on the contributions from developed countries. Thus, WHO's operations are carried out under the influence of developed countries that make contributions with specified conditions or activities. This is apparent in the fact that in 1997, two-thirds of WHO's budget was received from Member States' assessed contributions, thus being able to set its own policies. But at present more than 80% of its budget is obtained from the contributions of developed countries with specific conditions for activities of their interests. Thus, WHO lacks the independence in its operations, causing the concept of creating new agencies for dealing with global health for better efficiency in management and truly resolving global health problems. The establishment of several health agencies has resulted in WHO's declining role.

At present, there are more than 100 organizations working on Global Health Initiatives such as the Global Fund to Fight AIDS, Tuberculosis and Malaria, the Global Alliance for Vaccines and Immunization (GAVI), and the World Bank Multi-Country AIDS Program (MAP), which are major agencies having received a lot of contributions from several funding sources for health projects. According to the World Bank, funding contributions for health rose from US$ 2.5 billion in 1990 to US$ 14 billion in 2005 and many bilateral agencies also increased their contributions from US$ 8.5 billion in 2000 to US$ 13.5 billion in 2004, while the Global Fund to fight AIDS, Tuberculosis and Malaria has received contributions from various countries and agencies in a cumulative amount of more them US$ 20 billion.[2] In addition to increased contributions from various governments, many private agencies have also increased their contributions for health; for example, the Bill & Melinda Gates Foundation has donated US$ 6.6 billion for projects related to Global Health. [3]

As HIV/AIDS is a common problem for all dimensions of global health, the proportion of budget for HIV/AIDS is highest; for example, in 2007 of the total contribution for health of US$ 14.5 billion, US$ 5.1 billion, or 35%, was allocated for HIV/AIDS while only 5% was allocated for tuberculosis and malaria programmes.[4]

When considering the budget allocated to various agencies, the amount provided for UN agencies such as WHO, UNICEF, UNAIDS and UNFPA dropped from 32.3% of the total funds for health in 1990 to 14% in 2007, while the proportion donated to the Global Fund and GAVI rose from 1% of the total funds for health to 8.3% and 4.2%, respectively, over the same period. The largest expansion was noted for bilateral assistance, especially from the U.S.A. and Japan, which have given less importance to multilateral assistance mechanisms.

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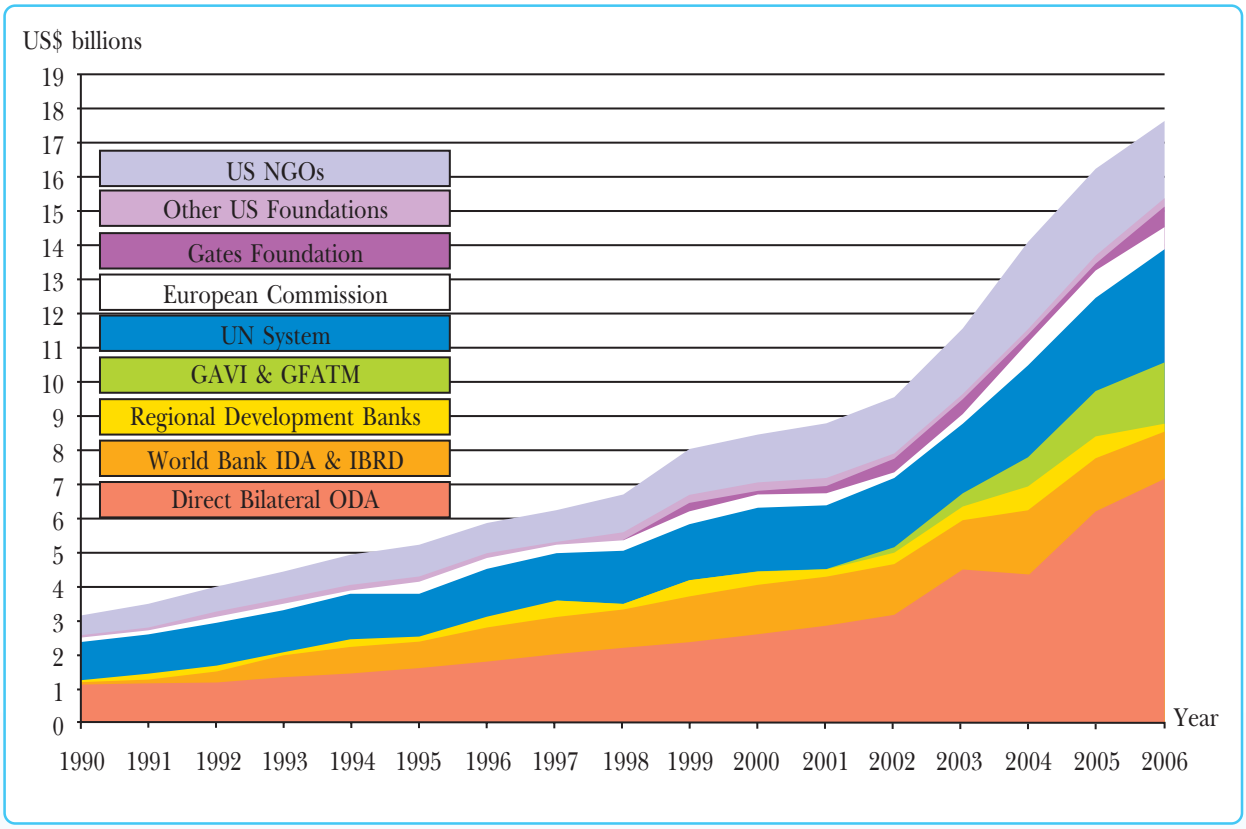
[2] http://www.theglobalfund.org/documents/pledges__contributions.xls access on March 7, 2010

[3] Laurie Garrett. The Challenge of Global Health, Foreign affairs. January /February 2007.

[4] Nirmala Ravishankar, et al. Financing of global health: tracking development assistance for health from 1990 to 2007, Lancet 2009; 373: 2113-24.

Figure 15.2 Investments in health of various agencies, 1990–2006



Source: Institute for Health Metrics and Evaluation, University of Washington, Seattle.

The much increase in the budget for global health agencies has resulted in both positive and negative impacts. On the positive side, the increased budget has helped expand the coverage of medical and health services; for example, more HIV-infected persons have received antiretroviral therapy and more bednets have been distributed for malaria prevention purposes. Meanwhile, there have been problems and the health system, i.e. inequities in health services because of the limited resources for such purposes in developing countries are allocated for the programmes on certain diseases, resulting in other important problems receiving inadequate budget and thus, decreasing the service quality in order to reach the established quantitative targets. As for the countries receiving such financial support from external sources, they might reduce their own investments on health, while the policy has been made by external funding agencies, other health problems may received a lower priority, resulting in decreased budget and personnel which may have been drawn to implement the projects with higher levels of funding. The negligence of unfunded projects and the investment on specific diseases, not the entire health system, has resulted in less development of the health system.

The changes in health-related organizations in Thailand are similar to those at the global level; many autonomous non-MoPH agencies with better management efficiency have been established over the past 10 years such as the Health Systems Research Institute (HSRI) in 1992, the Thai Health Promotion Foundation (ThaiHealth) in 2001, the National Health Security Office (NHSO) in 2002, and the National Health Commission Office (NHCO) in 2007. With the existence of such agencies, the proportion of MoPH's budget on health, previously being the lead agency in health, has decreased in relation to the overall national budget; and the role of MoPH in policy-making has also declined. Thus, WHO and MoPH should adjust their roles by giving more importance to technical matters to serve as the central agency in establishing standards and national health policy/direction, promoting interagency coordination, providing knowledge, and representing the country in global health forums. In this connection, the capacity building of personnel has to be urgently undertaken.

5. Thailand's Role in Global Health Forums

Thailand has played a leading role in a number of global health forums as it has got success stories about sustainable health development such as primary health care, family planning, maternal and child health, policies on national drug and national list of essential medicines, rural health-care system development, disease prevention especially against HIV/AIDS, and universal health care.

5.1 The Role in the World Health Organization

1) The Thai delegation has played a leading role in the meetings of the Regional Committee of WHO/SEARO and the World Health Assembly (WHA) and has been invited to serve as a member of several major committees.

The Thai delegation has played an outstanding rate at the WHA for more than 10 years, especially in preparing recommendations and making comments on numerous agenda items of the meeting, and negotiating various resolutions. Thailand's role in the WHA is recognized by other Member States and, in many instances, was invited to chair a working group on drafting important resolutions such as resolution WHA 60.28 on sharing of influenza viruses and access to vaccines and other benefits. Besides, Thai delegates played a significant role in a meeting the Intergovernmental Working Group on Public Health Innovation and Intellectual Property (IGWG), responsible for drawing up a global strategy and plan of action in response to the development of new drugs and making drug prices affordable and accessible by the people; and a Thai delegate was appointed as vice chairperson of a committee on public health emergency under the International Health Regulations and chairperson of the Conference of the Parties to the WHO Framework Convention on Tobacco Control.

2) Pushing for the election of a Thai citizen as the Regional Director of the WHO South-East Asia Region. Dr. Samlee Plianbangchang of Thailand was re-elected as the Regional Director of WHO/SEAR for the second 5-year term beginning on 1 March 2009.

3) The role in international health coordination among Member States of WHO's South-East Asia and Western Pacific Regions. For example, serving as the coordinator of the Asia-Pacific Action Alliance on Human Resource for Health (AAAH), the Mekong Basin Disease Surveillance Network (MBDS) and the ASEAN+3 Field Epidemiology Training Program Network. In addition, Thai delegation has coordinated the establishment of the Asian Partnership on Emerging Infectious Disease Research (APEIR) and the Regional One Voice for WHO/SEAR Member States at global health forums, especially the WHA.

4) Framework Convention on Tobacco Control (FCTC). Thailand notified the WHO FCTC, as the 36th country out of 147 countries, which came into force on 27 February 2005, becomes a binding treaty for all FCTC parties (members). In this connection, Thailand hosted the Second Conference of the Parties of the FCTC (COP II) and a Thai delegate was elected as chairperson of COP III; and Thailand has continuously played a leading role at such an international forum.

5.2 Role in Other Global Health Forums

1) Administrators and academics from Thailand have been selected as leaders in several organizations such as:

- The Global Fund to Fight AIDS, Tuberculosis and Malaria: A Thai delegate was selected as a member and vice chairperson of the Executive Board of the Global Fund from January 2003 to March 2004 and as chairperson of its Committee on Policy and Strategy for 2010–2011
- The Global Alliance for Vaccine and Immunization (GAVI). Thai delegates once served as chairperson of GAVI's programme review committee and a member of its evaluation committee.
- The Intergovernmental Forum on Chemical Safety (IFCS). A Thai delegate served as its President between November 2003 and September 2006.
- Chairperson, Council on Health Research for Development (COHRED).
- Vice chairperson of the Board, Alliance for Health Policy and Systems Research.

2) Hosting of meetings on issues related to global health

Thailand has been the host of international meetings on issues related to global health, the important ones including the 2004 International AIDS Conference, the 2006 Global Conference on Health Promotion, and the 2010 First WHO Global Forum on Medical Devices, for most of which Thailand was requested by the international agencies concerned to co-host such events.

The international conferences that are initiated by Thailand are getting more numerous and the one that has been held annually since 2007 is the Prince Mahidol Award Conference. The Conference is co-hosted by the Prince Mahidol Award Foundation, the Thai Ministry of Public Health, Mahidol University and several other Thai agencies as well as other international agencies invited to co-host the event such as WHO, the World Bank, the Rockefeller Foundation, and the China Medical Board. For each conference, the important topics or issues will be selected by Thai partner agencies for knowledge sharing and exchange of ideas among 300–500 participants from all over the world. Besides, in 2013, Thailand will host the 21st IUHPE World Conference, which will be the largest global health promotion conference to be co-hosted by the Thai

Health Promotion Foundation and the Ministry of Public Health together with other agencies.

3) Bilateral cooperation

Thailand holds meetings on bilateral cooperation agreements with all neighbouring countries every year, resulting in closer cooperation for the control and prevention of communicable diseases.

6. Capacity Building for Thai Personnel to Work on Global Health

1) Capacity building through attendance at international meetings. Thailand has given importance to the capacity building for Thai personnel to work on global health issues for more than 10 years. The mode of such an effort emphasizes actual practices under the mentorship of experts. Major international forums of such endeavour include the World Health Assembly, for which Thai technical officials with good potential from MoPH and other agencies are selected to attend, with the preparedness of the Thai technical team in seeking Thailand's positions before departure for the meeting. During the Assembly, the Thai delegation holds meetings to establish a clear position of the country, assess other countries' positions and determine how to conduct negotiations. Having technical officials from various agencies attend the WHA is a way of creating a working network among agencies concerned; and this capacity building mechanism is praised and adopted by many other countries.

2) Secondment of Thai officials to overseas agencies. Thailand has selected a number of officials with international working capability to work in various agencies abroad such as WHO, the World Bank, and the Rockefeller Foundation. Since 2005, 12 Thai officials have gone through this mechanism and returned to work effectively for the benefits of their respective agency and the country.

3) Training in Global Health Diplomacy. Thailand and WHO/SEARO organized a training cruse on Global Health Diplomacy to enhance the capacity of Thai officials in global health in terms of issues, mechanisms and organizations as well as negotiation skills through a series of lectures, case studies and practices at the WHA. It is hopeful that Member States of WHO/SEAR will have good capability to participate in the WHA and push for adoption of certain policies for the region's benefits in the future.

7. Global Health and In-country Networking

The trends in global health have made many Thai agencies become interested in this matter. Many academic institutions have offered a curriculum or programme on global health as well as a short course and research. However, there has been no cooperating mechanism among them to create collaborative actions. Therefore, a network for in-country cooperation should be established so that complex problems can be jointly resolved more effectively.