

# **Assessment of Capacity Building of Member States of WHO South-East Asia Region in Global Health**

## **Background:**

The term “global health” has emerged as part of the larger political and historical process, replacing the term “international health” to imply a shared global responsibility for health and is also associated with the growing number and increased roles of other actors beyond governments, namely intergovernmental organizations and agencies, nongovernmental agencies, international and domestic stakeholders, civil society and academia. Globalization of public health is a promising development that allows for diffusion of technologies, information, ideas and values as all nations cooperate in areas of public health surveillance, research and intersectoral action.

UN General Assembly Resolutions A/RES/63/33 in November 2008 and A/RES/64/108 on Global Health and Foreign Policy in February 2010 were adopted by the UN General Assembly in New York, and progress report was submitted by the Director-General of WHO, in consultation with Member States, to the Sixty-fourth Session of UN General Assembly in September 2009, titled “Global health and foreign policy: Strategic opportunities and challenges”, highlighting the need to increase capacity of and raise levels of training of diplomats and health officials in global health diplomacy and develop training standards and open-source information for education and training purposes.

## **63<sup>rd</sup> Session of the WHO South-East Asia Regional Committee, September, 2010**

The Sixty-third Session of the WHO Regional Committee for South-East Asia was informed of the collaboration of WHO with Thai Health Global Link Initiative Programme (TGLIP) and the Ministry of Public Health Thailand. The Committee adopted a resolution SEA/RC63/R6.

This resolution urges Member States to establish policies and programmes for capacity building in global health of concerned staff who would be representing their respective governments at high-level policy and programme meetings, by strengthening their skills to actively contribute and participate in global health issues; to organize, with the support of the Regional Office, regional training courses and capacity-building on global health on a rotational basis; and to support and facilitate, as far as possible, an adequate number of competent members of a

delegation, preferably those who attended regional training courses and related capacity-building programmes on global health, to represent the national and regional views at all sessions of the World Health Assembly and at similar global policy meetings and forums.

**65<sup>th</sup> Session of the WHO South-East Asia Regional Committee, September 2012**

The Sixth-fifth Session of the WHO Regional Committee for South-East Asia requested WHO to develop standard models for the national and international training courses on global health and to conduct comprehensive evaluation with a view to further improving the quality of the training course. The Committee also noted the importance of institutionalization of capacity on global health and expressed the need for sustaining capacity on global health in the long term. Regional experiences clearly show that hands-on, in-service training at global health forums not only sustains capacity but also fosters the Regional 'one voice'. The Committee further noted that there are already several Master's of Public Health courses that include global health in their curricula.

**69<sup>th</sup> Session of the WHO South-East Asia Regional Committee, September, 2016:**

As part of the main Agenda Item 10: Progress reports on selected Regional Committee resolutions (SEA/RC69/18, Add.1, Add.2 & Add.3), a Sub-Agenda Item 10.4 on Capacity Building of Member States in Global Health (SEA/RC63/R6) was discussed by Member States. The Regional Committee was informed that capacity-building in Member States had helped to resolve global health issues and that global Investment in human capital, in particular the young generation of public health leaders, is a long-lasting investment, with substantial payoffs and returns. The Committee noted the recommendation of the High-Level Preparatory Meeting that Member States effectively engage in capacity-building in global health and support for greater participation in Governing Body meetings.

The Regional Director was requested to conduct an assessment of five-year experience (2011–2015) in capacity-building in global health in the Region in response to resolution RC63/R6 and to report to the Seventieth Session of the Regional Committee in order to obtain a more systematic understanding of the strengths, weaknesses and impact of activities, and to provide recommendations on effective management of capacity-building on global health.

### **Regional Training Courses on Global Health**

The First Regional Training Course on Global Health was organized by the Ministry of Public Health, Thailand in collaboration with the WHO Regional Office for South-East Asia and the Thai Health Global Link Initiative Programme (TGLIP), on 1–5 May 2010 in Nakhon Pathom. The main objective of this training course was to build up and strengthen the capacity of health and related professionals of Member States in global health, which could lead to the setting up of a global health agenda and policy formulation, taking into account the interest and concerns of Member States. The training was followed by the second module on practical experience and learning through attendance at the Sixty-third World Health Assembly from 17–21 May 2010 in Geneva. A wrap-up session – the third module – was conducted on 22 May 2010 in Geneva. The course focused on health issues that transcend national boundaries, are global in nature and are debated at the World Health Assembly.

The Second South-East Asia Regional Workshop on Global Health was conducted by the WHO Regional Office for South-East Asia, in collaboration with Thai Health and Rockefeller Foundation, in New Delhi on 7–12 May 2012. The objective of the workshop was to build up and strengthen the capacity of health and related professionals on global health, which could lead to the setting up of a global health agenda and policy formulation. The Third South-East Asia Regional Workshop on Global Health was held on 6–10 May 2013 in the Regional Office. The workshop was attended by almost all Member States of the Region besides observers from the People's Republic of China, India, Nepal and Viet Nam. The objective was to ensure that participants realize the evolution and importance of global health diplomacy.

In addition activities have been undertaken in Bangladesh, Sri Lanka and Thailand by the countries themselves and/or with support from other member states in the region.

### **Assessment of five-year experience (2011-2015):**

In pursuance of the above decision, an Assessment needs to be carried out of the five-year experience (2011–2015) in capacity-building in global health in the Region in response to resolution RC63/R6 for reporting to the 70<sup>th</sup> Session of the Regional Committee of WHO South-East Asia Region to be held in September, 2017.

**Objectives:**

This project aims to get an insight on the introduction of resolution RC63/R6 for capacity building of Member States during 2011 to 2015. The specific objectives are as followed:

1. To explore chronological development of in-country and Regional programs and activities for capacity building in global health. Enabling and impeding factors of such development will also be identified.
2. If the capacity building activity in objective 1. involved training of respective personnel, the elements of study include number of participants (by ministry), objectives, support from SEARO and other partners, training duration, main contents, training program review and feedback/outcomes.
3. To assess the strengths, weaknesses and impact of these capacity building activities. These include the reviews of the following issues in each Member State:
  - Numbers of professional staff trained in global health and global health diplomacy
  - Improved country's capacity and skills in global health and global health diplomacy
  - Contributions of the trained personnel to global health policy agenda setting and formulation at the Regional Committee, EB and WHA sessions and other policy forums
  - Strategies used by country to sustain its global health diplomacy capacity
  - Plan for future development and support required from SEARO
4. To explore the perspectives of SEARO executives/senior managers and country senior officers on the development of regional collective capacity on global health in safeguarding regional interests such as regional one voice at the WHA
5. To provide recommendations on effective management and improvement of capacity-building on global health and possible future actions on
  - In country capacity building,
  - Regional capacity building.

## **Study framework**

This study adopts the INNE model for capacity building, which Thaiprayoon and Smith (2014) used to assess the capacity building on global health diplomacy of Thailand's trade and health, as a study framework. This model comprises four aspects of capacity building: individual, node, network and enabling environment.

### *Individual capacity (I)*

This aspect will assess a capacity on global health issues of the persons who have been trained as individuals. This aspect will assess knowledge and capability of individuals in terms of global health diplomacy, which include their technical, negotiation and communication skills.

### *Node (N) or Organization*

In terms of regional assessment, Node will be assessed in a larger scale beyond organization. The capacity of countries will be investigated as institutional capacities in order to negotiate or protect their country's health and other related benefits at the global level. Also, the ability of the countries in building capacity of individuals will be assessed.

### *Network (N)*

In this aspects, Regional One Voice will be examined. The Regional One Voice (ROV) is an agreement of each country in South-East Asia to negotiate, make resolutions, or address any issues as a representative of every country in the region. Pattern, frequency, and results of the ROV will be assessed too. In addition, the collaborations, both formal and informal, between countries in the region in terms of global health diplomacy will also be assessed.

### *Enabling Environment*

The enabling environment covers institutional, sociopolitical, economics, and environmental contexts that make the capacity building on global health diplomacy works well and produces good results as reflected in individual, node, and network.

## Methodology

Quantitative and qualitative methods will be employed in this study

Issues of assessment	Data collection methods	Sources of information and key informants
(1) Chronological development of in-country and Regional programs and activities for capacity building and the number of staff trained in global health	Internet-based survey (and document review, if necessary)	<ul style="list-style-type: none"> <li>• Country focal points</li> <li>• Regional officer</li> </ul>
(2) Enabling and impeding factors of the development of in-country and Regional programs and activities	In-depth interview*	<ul style="list-style-type: none"> <li>• Country senior officers in charge of global health policy</li> <li>• SEARO executives and senior managers</li> </ul>
(3) Training: number of participants (by affiliation), objectives, support from SEARO and other partners, training duration, main contents, training program review and feedback/outcome	Internet-based survey (and document review, if necessary)	<ul style="list-style-type: none"> <li>• Country focal points</li> <li>• Regional officer</li> <li>• Training facilitators (feedback on the strengths, weaknesses and outcome of the trainings)</li> <li>• Trainees (feedback on the strengths, weaknesses and benefits of the trainings)</li> </ul>
(4) Strengths, weaknesses and impact of capacity building activities, as well as plan for future development and support required from SEARO	In-depth interview*	<ul style="list-style-type: none"> <li>• Country senior officers in charge of global health policy</li> <li>• Country chief delegates to WHA and other global health forums</li> </ul>
(5) Perspectives on the development of regional collective capacity on global health in safeguarding regional interests	In-depth interview*	<ul style="list-style-type: none"> <li>• Country senior officers in charge of global health policy</li> <li>• Country chief delegates to WHA and global health forums</li> <li>• SEARO executives and senior managers</li> </ul>
(6) Recommendations on effective management and improvement of capacity-building on global health and possible future actions	Synthesis by the researchers	

Note: \* Interviews could be conducted through teleconference or written questionnaires

## **Timeline**

15 March 2017 – 30 July 2017

## **Deliverables**

A clear report consisting of the following chapters

- Activities conducted on global health capacities development in country and at regional levels
- Contribution of these capacity building actions to improved global health diplomacy/negotiations capacity in individual member states
- Strengths, weaknesses and impacts of the activities undertaken
- Recommendations for effective management and improvement of capacity-building on global health in the Region

## **Research team**

1. Dr. Sripen Tantivess
2. Mr. Songyot Pilasant
3. Ms. Akanittha Poonchai
4. Dr. Natthani Meemon
5. Dr. Thammarat Marohabutr
6. Dr. Seung Chun Paek