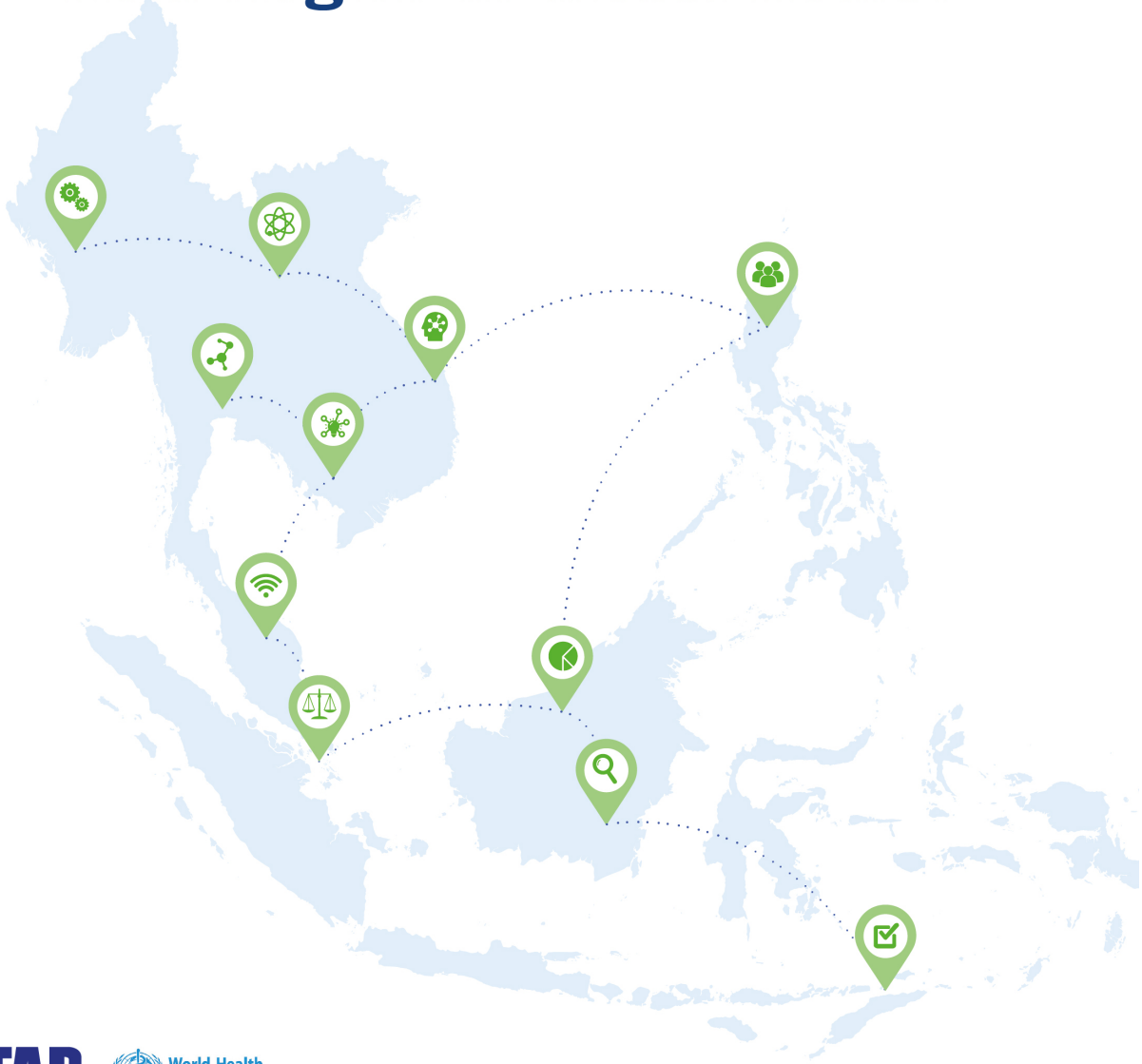
Final Report

Assessment of Capacity Building of Member States of WHO South–East Asia Region in Global Health



HITAP
Health Intervention and Technology Assessment Program

World Health Organization
Regional Office for South-East Asia

Final Report

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

August 2017

By

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Submitted to

The World Health Organization Regional Officer for South-East Asia

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Acknowledgement

The research team owes a great deal of gratitude to Dr. Suwit Wibulpolprasert, Vice Chair of the International Health Policy Program Foundation (IHPF) and Health Intervention and Technology Assessment Foundation (HITAF), and Dr. Viroj Tangcharoensathien, Senior Advisor at International Health Policy Program (IHPP), who have greatly supported the research team in accessing the key informants. We have benefitted greatly from Dr. Attaya Limwattanayingyong (Deputy Director, Bureau of International Health, Ministry of Public Health, Thailand), Dr. Walaiporn Patcharanarumol (Senior Researcher at IHPP), Dr.Warisa Panichkriangkrai (Researcher at IHPP) and Mahidol University Global Health (MUGH) for providing the important and necessary information to this study. Our great thanks also goes to SEARO and all SEAR countries for their kind cooperation.

The Health Intervention and Technology Assessment Program (HITAP) is funded by the Thailand Research Fund (TRF) under a grant for Senior Research Scholar (RTA5980011).

August 2017

Executive Summary

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. The General Assembly of the United Nations highlighted the relations of “Global health and foreign policy and indicated the need to increase capacity of and raise levels of training of diplomats and health officials in global health diplomacy. In South-East Asia Region (SEAR), Member States were urged by the Regional Committee in 2010 to establish policies and programs for capacity building in global health of concerned staff who would be representing their respective governments at high-level policy and program meetings.

This study aims to provide an insight on the introduction of resolution (RC63/R6) on capacity building in global health of Member States during 2011 to 2015, in response to resolution RC63/R6 for reporting to the Seventieth session of the Regional Committee of the WHO South-East Asia Region, to be held in September 2017. The study used quantitative and qualitative approaches to explore the development and practice of global health capacity building in the region. It provides strengths, weaknesses and impact of capacity building activities in the region, and also enabling and impeding factors that affect capacity building in global health development.

It was found that SEAR Member States are aware of the need for strengthening their capacity in different policy areas concerning global health. Activities for building capacity in global health that have been conducted at national and regional levels have been successful, resulted in a significant number of actively countries’ delegations contributed to international policy forums. Clearly, collaborations between country representatives at the WHA have become closer as equal partnerships in the region are enhanced. Moreover, individual officers have benefited not only from the training programmes but also by learning at the site of global health policy making when they attend briefing sessions facilitated by SEARO staff.

Key impediments in the introduction of the regional resolution on capacity development in global health in the region include an inadequate financial support for the training programmes and lack of explicit policy framework for global health, which has resulted in the discontinuity of such activities, especially in SEARO. There are several proposed recommendations for SEARO and Member States can adopt to practice for sustainable of capacity building in global health in the region:

(1) Strategic frameworks for global health at the country and regional levels, both short- and longer-term, should be developed.

(2) A human resource plan should be integrated as a key component of a country’s long-term global health strategy.

(3) SEARO should be a leader in mobilizing resources inside and outside the region to address the shortage of experts and budget for capacity building of Member States in global health.

(4) SEARO should continue to build and maintain a platform for countries to create and expand their networks in the region.

(5) Standard courses for capacity building in global health still need to be developed, with a flexibility for future adjustment to shape the course according to the country's situation and needs.

(6) Monitoring and evaluation of the introduction of the regional resolution and country's strategy for global health should be established.

Abbreviation and acronyms

Abbreviation	Definition
ASEAN	Association of Southeast Asian Nations
BD	Bangladesh
BIH	Bureau of International Health
BT	Bhutan
DGHS	Directorate General of Health Services
DPM	Director of Program Management
EB	Executive Board
FPGH	Foreign Policy and Global Health Initiative
GH	Global Health
GHD	Global Health Diplomacy
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit
HITAP	Health Intervention and Technology Assessment Program
HIV	Human Immunodeficiency Virus
HSS & GH Cell	Health System Strengthening & Global Health Cell
ICCDR	International Centre for Diarrhoeal Disease Research, Bangladesh
ID	Indonesia
IHPP	The International Health Policy Program
IN	India
INNE	Individual-Node-Network-Environment
IRB	Institutional Review Board
JICA	Japan International Cooperation Agency
KP	Democratic People's Republic of Korea
Lao PDR	Lao People's Democratic Republic
LK	Sri Lanka
MFA	Ministry of Foreign Affairs
MHFW	Ministry of Health and Family Welfare
MM	Myanmar
MOPH /MOH	Ministry of Public Health/ Ministry of Health
MUGH	Mahidol Univesity Global Health
MU-SSIRB	Faculty of Social Sciences and Humanities' Ethical Review Board from Mahidol University
MV	Maldives
NAM CSSTC	the Non-Aligned Movement Centre for South-South Technical Cooperation
NP	Nepal
RC	Regional Committee
ROV	Regional One Voice
SDGs	The Sustainable Development Goals
SEAR	South-East Asia Region
SEARO	Regional Office for South East Asia
TB	Tuberculosis
TGLIP	Thai Health Global Link Initiative Project

Abbreviation	Definition
TH	Thailand
TL	Timor-Leste
UNAIDS	The Joint United Nations Programme on HIV/AIDS
UNICEF	the United Nations Children's Fund
USAID	The United States Agency for International Development
WHA	World Health Assembly
WHO	World Health Organization
WPRO	The World Health Organization Regional Office for the Western Pacific

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Chapter 1 Introduction

1.1 Introduction

Global health is a term derived from public health and international health. While there is some overlap in certain areas with the other two more established disciplines – particularly on health issues – global health also extends to cross-country elements which have implications on population health [1]. In 2010, Beaglehole and Bonita [2] proposed a definition for global health: 'a collaborative trans-national research and action for promoting health for all'. Essentially, this can be explained as the involvement of more than two countries in addressing all health-related issues by developing evidence-based information to improve health and health equity; this may include those directed at the underlying social, economic, environmental, and political determinants of health in all countries. Global health is a long-term objective which is national, regional, and international in scope and requires sustained attention, commitment, and closer international cooperation [3]. The term 'global' in global health refers to the scope of problems, and as such may focus on domestic health disparities as well as cross-border issues and not on their location [1]. Therefore, issues in global health can range from epidemics, universal health coverage, and health workers to climate change and natural disasters [4].

Health is profoundly interconnected with many issues, especially social and economic development, national security, human rights, and foreign policy [5]. In 2009, a close relation between health and foreign policy was recognized by the United Nations where a resolution adopted by the General Assembly of the United Nations (UN) urged Member States to consider health issues in the formulation of foreign policy [3]. One of the important tools for implementing such policy to ensure peaceful relations with other states while safeguarding each country's own interests is diplomacy [6, 7].

Diplomacy is defined as the art and practice of conducting negotiations and maintaining relations between nations [8, 9]. The term "health diplomacy" encompasses not only international agreements on health but also efforts to promote the role of global health in foreign policy as well as the use of health interventions to support foreign policy objectives [10]. Global health diplomacy (GHD) – as defined by the World Health Organization (WHO) – 'brings together the disciplines of public health, international affairs, management, law, and economics and focuses on negotiations that shape and manage the global policy environment for health' [11].

Global health and GHD are multidisciplinary areas involving broad political, social, and economic implications of health issues. Consequently, this has resulted in the transfer of more diplomats into the health arena and more public health experts into the world of diplomacy. At the

same time, the importance of GHD continues to grow and its negotiators should be well-prepared [9]. In 2010, the General Assembly of the UN highlighted the importance of capacity building in global health and foreign policy. It encouraged Member States, the UN system, academic institutions, and networks to increase their capacity training on global health and foreign policy for diplomats and health officials, particularly those from developing countries. Best practices and guidelines for training and open source information should be developed in addition to educational and training resources [12, 13].

A similar concept was initiated in the South-East Asia Region (SEAR) where the Sixty-third session of the WHO Regional Committee (RC) adopted a resolution on building capacity in global health [14]. This resolution urges Member States to establish policies and programs for capacity building in global health of concerned staff who would be representing their respective governments at high-level policy and program meetings by: 1) strengthening their skills to actively contribute and participate in global health issues; 2) organizing regional training courses and capacity building on global health on a rotational basis with the support of the regional office; and 3) supporting and facilitating, as far as possible, an adequate number of competent members of a delegation, preferably those who attended regional training courses and related capacity building programs on global health, to represent the national and regional views at all sessions of the World Health Assembly (WHA) and at similar global policy meetings and forums.

The Regional Committee for South-East Asia requested the WHO to develop standards for national and international training courses on global health and to conduct comprehensive evaluations with the purpose of further improving training quality [15]. The Committee also noted the importance of developing strategy and planning on global health to address the increasing demand for well-trained public health professionals able to address the changing context of global health challenges including complex and persistent health issues, increasing inequities, new and emerging diseases, necessity for greater collaboration, and incorporation of social models and determinants [16]. The importance of the institutionalization of capacity and the need for sustaining capacity on global health in the long term were also expressed. Regional experiences have clearly shown that hands-on, in-service training at global health forums not only sustain capacity but also foster a regional ‘one voice’ [15]. Therefore, Member States should be encouraged and supported to engage in global health capacity building for greater participation in governing body meetings.

The Regional Director was requested to conduct an assessment of experiences in global health capacity building in the region over a five-year period (2011–2015) in response to resolution RC63/R6 and to report the results to the Seventieth session of the RC in order to obtain a more systematic understanding of the strengths, weaknesses, and impact of activities, as well as to provide recommendations on how to effectively manage global health capacity building.

This report reviews the development of capacity building activities in global health in the region in response to resolution RC63/R6 for reporting to the Seventieth session of the RC of the WHO South-East Asia Region, to be held in September 2017.

1.2 Objectives

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

1. To explore the 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. Moreover, if the activity involved training of respective personnel, the number of participants (by ministry), objectives, support from SEARO and other partners, training duration, main contents, training program review, and feedback/outcomes will also be explored.
2. To assess the strengths, weaknesses, and impact of these capacity building activities. These include reviewing the following issues in each Member State:
    a. Number of professional staff trained in global health and GHD
    b. Improved capacity and skills in global health and GHD of that country
    c. Contributions of the trained personnel to global health policy agenda setting and formulation at the RC, Executive Board (EB), and WHA sessions and other policy forums
    d. Strategies used by the country to sustain its GHD capacity
    e. Plans for future development and support required from SEARO
3. To explore the perspectives of SEARO executives/senior managers and country senior officers about the development of regional collective capacity on global health in safeguarding regional interests such as a regional one voice at the WHA
4. To provide recommendations on effective management and improvement of capacity building on global health and possible future actions on
    a. In-country capacity building,
    b. Regional capacity building

Chapter 2 Methodology

Quantitative and qualitative approaches were employed in this study. These include Internet- and email-based questionnaire surveys, in-depth interviews, and a document review.

2.1 Questionnaire surveys

2.1.1 Questionnaire development

The research team developed two sets of questionnaires. The first set (questionnaire set 1) (Appendix 1) aimed to gather information about the situation and awareness of capacity building activities on global health and other related issues at the country and regional levels. After the contents and questions in the questionnaire were developed, they were reviewed by an expert in global health who is also a resource person in capacity building services in Thailand. The questions consist of four main aspects of capacity building in global health as follows:

1. The importance of capacity building in global health;
2. Awareness and understanding on global health after the RC resolution (capacity building of Member States in global health: SEA/RC63/R6) was adopted in 2010;
3. The need for support in building capacity in global health;
4. Recommendations to improve global health capacity in the respondent's country and/or in SEAR.

Another questionnaire set (questionnaire set 2) (Appendix 2) was developed in fillable forms in Microsoft Word. This aimed to gather detailed information about capacity building activities in global health conducted in particular SEAR countries during 2011-2015.

In the questionnaires, participants were asked to indicate their level of agreement to the given statements using a five-point scale ranging from "Strongly Disagree" on one end to "Strongly Agree" on the other with "Neutral" in the middle.

2.1.2 Key informants

Three sets of Internet-based questionnaires were designed for different groups of key informants comprising focal persons of countries in the South-East Asia Region (SEAR), resource persons in capacity building activities, and participants in capacity building activities. The names of focal persons in each country were identified by the SEARO coordinating officer, while the names of resource persons and participants of capacity building activities were provided to the

research team via the questionnaires answered by country focal persons. The questionnaires were sent to all identified key informants.

Descriptions of key informant groups and number of respondents are presented in Table 1.

Table 1 Key features of expected respondents of the questionnaire survey

Approach	Respondents	Description	Expected number of respondents	Exact number of respondents
Questionnaire set 1 (situation and awareness of capacity building activities)	Country focal persons	Government officer or person who is authorized by the government to be responsible for global health issues	At least 11 respondents (one person per country)	15 respondents
	Resource persons in capacity building activities	Member of faculties of capacity building activities on global health at both country and regional levels	At least 5 respondents	None
	Participants in capacity building activities	Participants of capacity building activities on global health at both country and regional levels	At least 20 respondents	21 respondents
Questionnaire set 2 (information about capacity building activities in global health)	Country focal points	Government officer or person who is authorized by the government to be responsible for global health issues	At least 11 respondents	3 respondents

2.1.3 Questionnaire distribution and duration of the survey

The first questionnaire set was conducted by means of the “SurveyMonkey” online survey website. The questionnaire was distributed by sending a survey URL along with invitation emails to all identified study participants. The survey was conducted during June 20 to July 5, 2017, with two follow-ups on June 27 and July 4. The second questionnaire set was distributed to country focal points via email in the same period as questionnaire set 1.

2.1.4 Analysis

Descriptive statistics were used to analysed this part.

2.2 In-depth interviews

The interviews were conducted in July 2017 and involved representatives of SEAR countries who participated in global health capacity building activities supported by SEARO as well as SEARO executives. The qualitative data covered the following assessment issues:

- Enabling and impeding factors in the development of in-country and regional programs and activities;
- Strengths, weaknesses, and impacts of these capacity building activities as well as plans for future development and support required from SEARO; and
- Perspectives on the development of regional collective capacity on global health in safeguarding regional interests.

2.2.1 Key Informants

There were two groups of informants representing country and regional levels including (1) SEAR countries' senior officers in charge of global health policy and/or chief delegates to the WHA[1], and (2) SEARO executives and senior managers. The list of country senior officers and WHA delegates for 2015 were obtained from SEARO and summary records of the WHA [17]. Some of the potential informants were identified by the International Health Policy Program (IHPP), Thailand, which serves as the main partner and facilitator of SEAR global health capacity building. The assessment team contacted everyone on the list via e-mail and telephone, and a total of five country representatives (from Bangladesh, Nepal, Bhutan, Maldives, and Indonesia) and three WHO-SEARO representatives eventually agreed to be interviewed.

2.2.2 Interview instruments

Semi-structured interview guidelines were developed to meet the assessment objectives. There were two sets of interview questions to acquire country-level and regional-level information:

- At the country level, country representatives were requested to provide information on the implementation and participation in capacity building activities on global health at the country and regional levels and to identify the enabling and impeding factors that affected the development of global health capacity building; strengths and weaknesses of the global health capacity building programs; future development for global health capacity building; and support required from SEARO.
- At the regional level, SEARO representatives were requested to describe the development of capacity building programs and their perspectives on the development of regional collective capacity on global health in safeguarding regional interests in addition to the extent that they were aligned with global health agenda of

[1] Initially, the country's representatives included two separated groups of country senior officers and delegates to the WHA. However, most of the country-level informants with the exception of Bhutan indicated that they had participated in the WHA, and hence could represent both groups.

each individual country. Moreover, they were also asked to identify factors that contributed to the success (or failure) of the global health capacity building in each country and among the region.

The interview guidelines are provided in Appendix 3. In addition, there was a form developed for collecting information from those who preferred to give information in written from instead of giving an interview (Appendix 4).

2.2.3 Data collection

A formal invitation letter to participate in the interview was sent via e-mail to each potential informant from 11 countries and WHO-SEARO along with an information sheet, a consent form, and interview guidelines. The potential informants were asked to provide their preferred mode of interview (by phone, video call, or e-mail) and their available dates and times for interview. On the first attempt, there were no responses from any potential informants at the country level. The assessment team then tried to reach the informants by phone and used a snowball approach by asking the WHO officer located in each country to identify a person who could participate in the interview. In addition, the IHPP provided assistance in communicating with some country senior officers. If no response was received within 2 weeks, a follow-up to the potential informant was conducted by either e-mail or telephone call.

The length of the telephone interviews ranged from 40 – 60 minutes. For any key informant who requested to answer the email in written form, the fillable form would be sent so they could provide their answers.

Table 2 shows the information about the interviewees, their country of representation and organization, and the interview method.

Table 2 : Key features of interviewees

No.	Level of representation	Country of representation	Organization	Current position of the informant	Mode of interview
1	Country level	Bangladesh	Ministry of Health and Family Welfare	Technical Specialist	Telephone
2		Bhutan	Policy and Planning Division, Ministry of Health	Senior Planning Officer	E-mail
3		Indonesia	Department of Public Health, Ministry of Health of Republic of Indonesia	Director General of Public Health	E-mail
4		Maldives	Policy Planning and International Health, Ministry of Health	Deputy Director	Telephone
5		Nepal	Policy Planning and International Cooperation Division, Ministry of Health	Chief, PPIDC	E-mail
6		Thailand	International Health Policy Program, Ministry of Public Health	Senior Advisor	Face-to-face interview
7		Thailand	Bureau of Internal Health Ministry of Public Health	Director	Face-to-face interview
8	Regional level	WHO-SEARO	Department of Health System Development	Director	Telephone
9			Director Programme Management	Director	E-mail
10			Partnerships, Interagency Coordination, Resource Mobilization and Governing Bodies (PIR)	Technical Officer	E-mail

2.3 Document review

The document review aimed to assess in-country and regional collective capacity on global health in safeguarding both in-country and regional interests as well as to evaluate the contributions of the trained personnel to global health policy agenda setting and formulation at these policy forums.

This review included the summary records of meetings of committees and reports of committees at the WHA, summary records of the EB, and reports of the RC for South-East Asia from 2005-2015. This review aimed to quantitatively illustrate the contribution of the translation of the resolution (SEA/RC63/R6) into action in SEAR Member States. Outcomes were measured at both national and regional levels. At the national level, the outcome was measured by reviewing the difference in the number of interventions made in each SEAR country against the agenda set in each respective year between WHA58 (2005) and WHA68 (2015), with the purpose of trying to determine whether there were any noticeable changes before and after 2010 – the year in which the resolution was adopted. The number of interventions was then calculated per total agenda in each respective year of the WHA and converted into a percentage. At the regional level, the

outcome was similarly determined by counting the number of agendas in which SEAR delivered in unison (‘one voice’) at the WHA before and after the resolution was adopted in 2010.

2.4 Ethical approval

Since in-depth interviews are a major approach for data collection in this study, approval from a respective institutional review board (IRB) must be obtained. This study was approved by the Faculty of Social Sciences and Humanities’ Ethical Review Board from Mahidol University (MU-SSIRB) on May 19, 2017. The approval letter can be found in Appendix 5

Chapter 3 Results

3.1 Development of global health capacity building activities in South-East Asia Region (SEAR)

Global health has been taught as a study programme in higher education institutes in developed countries for decades. In the past, this area of study was known as international health and introduced as an individual course, especially as a master's course, or inserted as one module in public health or other related courses. Students in global health learn and build their capacity in different disciplines, e.g. public health, health economics and financing, health and foreign policy, and human rights and conflicts. Therefore, when discussing about capacity building in global health, it should cover all areas related to health in terms of a country's needs and common problems among nations. For SEAR, it is stated in the resolution of the WHO RC on *Capacity Building of Member States in Global Health* (SEA/RC63/R6) [18] that the capacity in global health needs to be built for their concerned staff, especially those who would be representing state governments in order to actively contribute and represent national and regional views at the WHA or other international forums. This means that apart from technical knowledge on specific health topics, another required capacity is the skill of negotiation, which is necessary for a country's delegation at international forums, especially the WHA [19].

3.1.1 Development at the regional level

After the adoption of resolution in 2010, the WHO office for SEARO made significant efforts to provide technical and policy support to Member States in order to achieve the ultimate goal of this resolution. There were 2 significant activities organized by the WHO in order to support countries in the region to build the capacity of their staff in global health: workshops on global health diplomacy capacity building and briefing sessions for Member States at international forums.

The very first global health capacity building activity in South-East Asia was a training workshop held in May 2010 – before the RC resolution was issued in September. The programme was a collaboration between SEARO, the Ministry of Public Health, Thailand, and the Thai Health Global Link Initiative Programme (TGLIP)[2]. It aimed to build and strengthen the capacity of health

[2] Thai Health Global Link Initiative Program or TGLIP is a programme that operated between 2004-2006 with support from the Thai Health Promotion Foundation. The main objective of the TGLIP was to strengthen the capacity of Thai scholars and people working related to health promotion to play key roles in international health forums and other mechanisms. This programme was organized by the Institute for Population and Social Research, Mahidol University.

and related professionals in different areas of global health. Such capacity would be beneficial when the trainees are assigned to advocate for global health agenda setting or participate in global policy formulation while taking into account the interests and concerns of their countries [20]. The course consisted of 3 sequential modules: (1) introduction to global health; (2) hands-on experience; and (3) debriefing and reflection on lessons learned. In the first module, general knowledge about global health and GHD was discussed and shared by resource persons with participants. The second module involved hands-on experience where participants who attended the first module would be able to understand the practical aspect of global health by being delegates for their countries in the Sixty-third WHA in 2010. The last module required those participants who passed the first and the second modules to provide their opinions about course activities and lessons learned to faculty.

Feedback from participants in the 2010 workshop suggested that this programme yielded good results. Participants remarked that learning about global health negotiation theory and experience sharing, role-plays as well as exercises on making interventions and negotiation were all very useful and practical for their preparation for and participation in the WHA. Success from the workshop together with a request from the RC as part of the resolution endorsed in September 2010 convinced SEARO to continue organizing similar workshops in the following three consecutive years, i.e. 2011, 2012 and 2013 [20-24]. However, this training programme was subsequently discontinued even though one of the requests from the RC to the Regional Director of SEARO was to provide support to Member States in organising regional training courses on global health on a continuous basis; this may possibly be due to financial constraints.

Since the adoption of the resolution in 2010, the RC assessed the outcomes of the resolutions in 2012 and 2016. In the Sixty-fifth session of the RC [15], the results of regional workshops in 2010-2012 could be seen through the vast improvement in the quality of interventions made by representatives of Member States at governing body meetings. According to the report of the Sixty-ninth session of the RC for South-East Asia, these capacity building activities helped to resolve global health problems. Moreover, it was also a long-lasting investment in human capital in terms of substantial payoffs and returns, particularly by investing in the young generation of public health leaders [25], for which they may be able to contribute greatly on global health issues. However, in order to claim this as a success, a systematic and comprehensive long-term monitoring and evaluation system needs to be developed. The RC also requested the WHO to develop standard models for national and international training courses on global health [15]. However, there is currently no such standard course.

Table 3 summarizes the key features of regional capacity building workshops held by SEARO during 2011-2013. It can be seen that the number of countries that participated continually increased from 7 in 2011 to 10 in 2013. Furthermore, delegates from countries outside

SEAR – namely China and Vietnam – were involved as observers in the last workshop. During this period, the main content and training approaches were not changed, and it was expected that trainees would be able to develop their capacity including the essential skills for protecting their countries' health interest when taking part in policy agenda setting and formulation in international forums, especially the WHA sessions. These skills include developing evidence-based arguments for use as a country's interventions, as well as diplomatic negotiations and networking with delegations from like-minded countries. Although this training programme targeted government officials in health and non-health organizations, all of the participants represented health ministries of Member States.

Apart from the workshops mentioned above, the interviews in this study revealed that SEARO also provides a series of global health capacity building activities to Member States through several briefing sessions. During these sessions, technical departments prepare briefs and make presentations on important topical issues which are being considered. The briefings include highlights of the WHO programme priorities, both global and regional, for aiding the Member States' delegates in effectively participating in discussions or negotiations. Countries in SEAR have been utilizing the EB and WHA briefing platforms to arrive at a consensus on important items and develop Regional One Voice (ROV) statements which reflect a common regional position and priorities. These briefings include:

1. A briefing for representatives of all Member States that is held in SEARO, New Delhi, every January prior to the EB meeting. All important technical and other agenda items are discussed. An opportunity is provided to Member States to forge a consensus on important items so that Member States representing SEAR in the EB can make an ROV statement on the relevant items.
2. A similar briefing is held every May in SEARO for all Member States prior to the WHA. All technical and other agenda items on the WHA agenda are discussed. An opportunity is provided to Member States to identify items that would require intervention because of importance to the region or to multiple countries. The Member States then allocate among themselves items for intervention together with designating a lead country and a support country, and jointly develop a ROV statement.
3. At the WHA in Geneva, a special briefing session is organized every morning for all Member States. The purpose of the session is to provide an opportunity for Member States to discuss important issues that may come and to fine-tune the ROVs. The capacity building element involves identifying the right issues to discuss and make interventions, the content and language of the ROVs, and procedures in governing bodies meetings.
4. SEARO also organizes a high level preparatory meeting for the RC every July. All Member States are invited with discussions of the RC's agenda items. By

participating in the meeting and the resolution drafting group, Member State delegates have the opportunity to learn about global issues of relevance to their context and then work on the resolutions to address important issues.

In order to introduce the above-mentioned programmes, financial support was required from various sources. The regional workshops were funded by SEARO through the Director of Program Management (DPM) work plan. The workshops also received partial financial support from the Rockefeller Foundation. However, the cost of participation of the invited participants and resource persons was mainly supported by SEARO or the WHO country office budget and at times by the WHO headquarters at the global level. Finally, funding for participation in the WHO governing bodies meeting, namely the EB and WHA, comes from the national budget of each country.

3.1.2 Development at the country level

SEAR Member States prioritize different facets of global health depending on many factors such as public health urgency, domestic political situation, and economic situation. For instance, many of them inserted global health issues into their national health policy or other specific policies, e.g. communicable diseases, emergency medicine, health information system, or climate change [26, 27]. In some countries, taking Thailand as an example, global health is separately established as an explicit individual policy – the Thailand Global Health Strategic Framework 2016 - 2010 [28]. This framework aims to promote national policy coherence on global health between health and non-health agencies. It can be applied to the implementation of global health projects at the national level as well as in international cooperation related to socio-economic collaboration, trade negotiations, and Thailand's commitment to international agreement concerning health. Capacity building of officials and institutions is set as one of its strategic actions in order to support global health work in a continuous manner. However, not only is global health important on the Ministry of Public Health's side, it is also an important foreign policy issue.

Evidence showing that Thailand was actively involved in global health issues can be seen in 2006 when the country became a part of the Foreign Policy and Global Health Initiative (FPGH), which was formed in 2006 during the UN General Assembly. In 2011, the Global Health Policy Advisory Committee was established to be a policy body at the ministerial level [29]. For capacity building in global health, since health-related trade issues and trade negotiation were of concern to the Ministry of Public Health (MoPH) for many years [30, 31], the country paid more attention to global health diplomacy and how to build capacity for its staff. In the past, Thailand used an informal approach – learning by doing – to build capacity of its staff and network in

negotiating health-related trade issues. As such, the first national workshop on GHD was conducted in 2010.

The first workshop on global health diplomacy for Thai officials was jointly conducted in 2011 by the International Health Policy Program (IHPP), MoPH, and MUGH. Thus, since it was hosted by the same organizations that hosted the regional workshop in GHD in 2010, it shared the same structure as the regional workshop that was conducted in Thailand in 2010; the minor differences were in terms of content and approaches as the organizers had to revise it to make it suitable for the situation. The workshop aimed to build and strengthen capacity of health and health-related professionals on global health agenda setting and policy formulation. The workshop focused on training Thai delegates who would attend the WHA to be ready for making interventions actively and effectively at the WHA, especially in negotiating and revising interventions. As such, the programme was designed to be practice-based rather than lecture-based. Similar to the regional training course introduced by SEARO, it consisted of 3 modules: (1) introduction to global health; (2) hands-on experience; and (3) debriefing and reflection on lessons learned. The workshop has continually been conducted every year since.

The principle of building capacity in global health diplomacy in Thailand is based on the INNE model. This model comprises capacity building at four different levels: individual, node or organization, network, and enabling environment. With this model, the organizers tried to gather individual participants from diverse organizations – including those from non-health sectors – in order to enhance capacity in global health of those organization themselves and to link them together as a network. This networking is not limited only within country but is also connected with other countries bearing the same interests; thus, in later years, participants in the national workshop on global health also came from other Asian countries [32-34]. Essentially, Thailand has built its network by helping other countries arrange global health diplomacy workshops.

Besides Thailand, Indonesia is a country that has placed global health as a priority on national agenda. Although global health is not documented explicitly as a strategy or policy, the actions taken by high-level executives in the Indonesian government implied that Indonesia has given priority to global health issues, especially GHD [35]. The Indonesian role in global health diplomacy was clearly seen in 2008 when the government negotiated with developed countries and drug companies about refusing to share bird flu virus-containing specimens and reporting incidence of the disease unless they were granted access to affordable vaccines derived from their samples [35]. The role of Indonesia on GHD became larger when the country was the Chair of the Association of South-East Asia Nations (ASEAN) in 2011 [36]. For capacity building activities, Indonesia was the first country in the region that conducted a workshop on global health diplomacy with technical support from the Graduate Institute, Geneva, the Non-Aligned Movement

Centre for South-South Technical Cooperation (NAM CSSTC), and its Ministry of Foreign Affairs and Ministry of Health, and financial support from the Rockefeller Foundation [37].

An Indonesian Executive course in global health diplomacy did not target only its own officials but was also extended to health professionals and diplomats from other countries in ASEAN. The content of this course ranged from key concepts in global health and linkages between global health and foreign policy to case studies in health negotiations. This course also required participants to learn and understand the importance of the regional role at international forums. As such, participants also had to work towards the development of an action plan for strengthened regional cooperation on global health issues. This course was conducted again two more times in Indonesia in 2011 and 2013 [38, 39]. In addition, Indonesia held one more workshop on global health diplomacy in 2013, which was hosted by Mahidol University Global Health (MUGH)[3] with financial support from the WHO [40]. This course was different from the one that was held by the Graduate Institute, Geneva, in which the former was a practice-based workshop while the latter was lecture-based. The course organized by the MUGH had a similar structure to the ones held at the regional level as well as in Thailand.

Apart from Thailand, the Thai MoPH, MUGH, and IHPP conducted a workshop in Bangladesh, Maldives, and Sri Lanka. The workshops that were conducted in Maldives and Sri Lanka in 2014 had the same structure and objectives as the Thai and Bangladesh workshops. Details of the national workshop can be found in Table 4.

The information from the surveys reported that the regional resolution on capacity building in global health urged Bangladesh to place high priority in capacity building for young professionals in the area of global health. The country established a Health System Strengthening & Global Health Cell (HSS & GH Cell) - which is affiliated with the Directorate General of Health Services (DGHS), Ministry of Health and Family Welfare (MHFW) - to be responsible for global health capacity building in the country. The DGHS initiated a project on *"improving country capacity in global health diplomacy"* where it received support from the Rockefeller foundation with the aim of building capacity in GHD for Bangladesh through different activities. This project also had a plan to organize a GHD training to build up an effective team of GHD experts in Bangladesh; therefore, a technical committee of the project decided to arrange a GHD training programme in 2012. The DGHS, in collaboration with the MUGH and IHPP, conducted a GHD workshop in July 2012. The format of the workshop and resource persons in the workshop was similar to the workshops arranged in Thailand. Like the first national workshop in Thailand, this

[3] Mahidol University Global Health or MUGH was a university-based Global Health initiative committed to bringing collaboration among our network of global health partners to move forward actions on global health to achieve health equity for better health for all. MUGH had operated from 2012 to 2017.

workshop aimed to support young staff who passed to participate in the WHA or other international forums.

Table 4 and 5 summarizes the key features of a country's activities for capacity building in global health. All of the activities were GHD workshops supported technically by Thailand. The main objectives were to build up and strengthen the capacity of health and health-related professionals in global health diplomacy. For some countries such as Maldives, objectives were more specified to prepare delegates for participating in international forums. In addition, networking among participants and between participants and resource persons were also part of the main objective. Most of the workshops arranged in SEAR countries received financial support from organizations outside their countries; most of the support came from the WHO and some were from the Rockefeller Foundation. All of the workshops targeted health or health-related professionals in the Ministry of Public Health. However, for Indonesia, the target participants were specifically youth health professionals. The number of participants ranged from 17 to 32. All the participants in Indonesia and Sri Lanka were from the Ministry of Health, while the participants from Bangladesh and Maldives were from various departments. Most resource persons were from the Ministry of Health and from IHPP, Thailand. All workshops also had the same main contents. Regarding programme evaluation, the workshops in Bangladesh, Maldives, and Sri Lanka did not have evaluation processes. Thailand, however, utilized 2 approaches: (1) qualitative, where resource persons observed and interviewed participants, focus group discussions were held among participants; and (2) quantitative, where questionnaires were used to evaluate the usefulness and logistics arrangement of the workshop.

In general, at the country level, capacity building activities were managed by multiple affiliations. National and international agencies, academic institutions, and government assumed the responsibility of managing global health issues. The national organizations provided local level training to different members at the domestic level, while other international agencies such as Japan International Cooperation Agency (JICA), Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) of Germany, and International Centre for Diarrhoeal Disease Research, Bangladesh (ICCDR, B), took lead roles in training. In addition, one thing that can be noticed is that most of the activities at both the national and regional levels received financial support from organizations outside the host countries.

Taking into consideration the suggestions in the regional resolution on capacity building in global health, two additional concerns were raised. The first one is conducting capacity building activities on a continuous basis. So far, only Thailand has conducted a national workshop regularly since the introduction of the resolution in 2010. Some key informants in this study argued that the lack of continuity has been a crucial barrier to strengthening the GHD skills of SEAR countries because only a short discontinuity in capacity building can create a large developmental

gap as well as lead to the recession of skills that require practice to be effective. A lack of continuity in capacity building also occurred at the regional level. The workshops that were held between 2011 and 2013 opened opportunities to countries in the region to not only strengthen capacity in global health but also provided an important venue for countries to meet and discuss about the collective interest in regional global health topics. The lack of activities at the regional level may be a disadvantage, especially for young staff, to learn from the valuable experiences of other countries in the region.

The other concern involves a statement in the preamble paragraph of the resolution: *"…to increase their capacity for training of diplomats and health officials on global health and foreign policy…"*. While more than 10 GHD workshops have been conducted in the region, only a few participants were from non-health sectors. There was a diplomat that participated in the workshop in Thailand as a resource person and not a participant. Kickbusch et al. highlighted that capacity for global health diplomacy needs to be balanced on both health professional and diplomat sides [9]. One key informant said that even if health professionals were trained to be fluent in negotiation and other diplomatic skills, they would not be able to use their skills in a timely manner if a global health situation occurred because most of them are working in the country and would not be on the global field. Consequently, this is why building capacity in global health for diplomats – who work regularly in missions to other countries – is just as important as health professionals.

3.1.3 Developments in the other countries outside the region

Apart from the workshops conducted in SEAR Member States, there were also activities outside the region that participants from the SEAR Member States attended, e.g. the Global Health Diplomacy Executive Education Training Course that was held in China in 2012 or the Canadian Conference on Global Health which was arranged in 2015. The conference in Canada convened under the theme '*Capacity building for global health: research and practice'* and consisted of 660 participants from 43 countries, some of which were from SEAR countries, namely Bangladesh, India, Indonesia, and Nepal.

There were 4 participants from 2 countries in SEAR, namely Thailand and Indonesia, who attended the Global Health Diplomacy Executive Education Training Course, conducted by the Graduate Institute, Geneva. This course has been provided in many countries around the world for a decade [37], and the 5-day courses were developed in response to the increasing interdependence between health and foreign policy issues and the need for training in this field. The course aims to increase participants' understanding of the dynamics of global health governance and to improve their negotiation skills.

Table 3 Summary of the key features of regional workshops for capacity building in global health, 2011 to 2013

Detail/year	2011	2012	2013
Title	South-East Asia Regional Workshop on Global Health	South-East Asia Regional Workshop on Global Health	South-East Asia Regional Workshop on Global Health
Date	25-29 April 2011	7-11 May 2012	6-10 May 2013
Venue	New Delhi, India	New Delhi, India	New Delhi, India
General objectives	To further strengthen the capacity of health and health-related professionals of SEAR Member States on global health, leading to better participation and significant contributions from them in the global health agenda setting and policy formulation that should effectively reflect the collective interest and concern of WHO/SEAR Member States.	To build up and strengthen the capacity of health and related professionals on global health which could lead to global health agenda setting and policy formulation.	To build up and strengthen the capacity of health and related professionals of SEAR Member States on global health which could lead to the global health agenda setting and policy formulation while taking into account the interest and concerns of countries from the South-East Asian Region
Specific objectives	(1) To strengthen the capacity of health and health-related professionals of SEAR Member States to actively participate in international health forums (2) To update on global health diplomacy and strengthen global health negotiations (3) To share experiences on participation in the international health forums and lessons learned thereon	N/A	N/A
Target group(s) of participants	(1) Health or international relations professionals in the Department of International Health or related departments cooperating with others responsible for	(1) Health or international relations professionals in the Department of International Health or related departments cooperating with others responsible for health matters	(1) Participants are expected, but not only limited, to be from every country in the WHO SEAR, specifically for those who serve as country delegates at the WHA

Detail/year	2011	2012	2013
	health matters; including those whose jobs are related to health-related issues	(2) Health focal point at the Ministry of Foreign Affairs of countries in ASEAN, SEAR, and WEPR, specifically for those who serve as country delegates at the WHA	
Support from other institutes	Rockefeller Foundation	Rockefeller Foundation (Financial: sponsor additional participants from each country to the training course and from countries outside SEAR)	
Participants	**Total 19, all from Ministry of Health:** Bangladesh (3) Indonesia (5) Maldives (2) Nepal (1) Sri Lanka (2) Thailand (3) Timor-Leste (3)	**Total 19, all from Ministry of Health:** Bangladesh (2) Bhutan (1) Indonesia (5) Maldives (1) Myanmar (2) Nepal (2) Sri Lanka (2) Thailand (2) Vietnam (2)	**Total 20, all from Ministry of Health:** Bangladesh (2) Bhutan (2) DPR Korea (2) India (2) Indonesia (3) Maldives (2) Myanmar (2) Nepal (1) Sri Lanka (2) Thailand (2)
Facilitators	**Total 17** **Thailand:** MoPH (1), IHPP (2), Mahidol University (1), National Health Commission Office (1) **India:** All India Institute of Medical Sciences (1) **WHO SEARO** (11)	**Total 7** **Thailand:** MoPH (1), IHPP (2), Queen Sirikit National Institute of Child Health (1) **Bangladesh:** Ministry of Health and Welfare (1) **WHO**: (2)	**Total 10** **Thailand:** MoPH (1), IHPP (3), Mahidol University (1), Ministry of Foreign Affairs (1) **Nepal:** Ministry of Health and Population (1)
Observers	N/A	N/A	**China:** Peking University Health Science Center (1)

Detail/year	2011	2012	2013
			India: Indian Institute of Public Health (1) **Nepal**: Ministry of Health and Population (1) **Vietnam:** Ministry of Health (1)
Main content	(1) Evolution of global health landscape (2) Current global health issues (3) Getting ready for WHA (4) Making interventions in the WHA (5) Global health negotiation (6) SEAR One Voice	(1) Evolution of global health landscape (2) Current global health issues (3) Getting ready for WHA (4) WHO/SEARO briefing (5) Making interventions in the WHA (6) Global health negotiation (7) SEAR One Voice	(1) Landscape and evolution of global health, different perspectives (2) Group discussion on Global Health issues (3) Attend WHA/SEARO briefing (4) Making interventions in the WHA (5) Global health negotiation and theory (6) Negotiation practice (7) SEAR One Voice
Main activities	(1) Lectures (2) Global health negotiation: practice (3) Making interventions	(1) Lectures (2) Group discussions (3) Lessons learned and experience	(1) Lectures (2) Group discussions (3) Role-plays (4) Case studies
Expected outcomes	Participants were expected to (1) gain and widen their knowledge and experience on global health (2) have a chance to meet with renowned experts and diplomats as well as experienced participants from other countries regionally and globally (3) be involved in formulating policies which take into account the interests and concerns of SEAR countries (4) develop a network among themselves for future cooperation on important health	Participants were expected to (1) gain and widen their knowledge and experience on global health (2) be involved in formulating policies which take into account the interests and concerns of SEAR countries (3) develop a network among themselves for future cooperation on important health issues and policies that impact developing countries	Participants were expected to (1) gain and widen their knowledge and experience on global health (2) have a chance to meet with renowned experts and diplomats as well as experienced participants from other countries regionally and globally (3) be involved in formulating policies which take into account the interests and concerns of SEAR countries (4) develop a network among themselves for future cooperation on important health

Detail/year	2011	2012	2013
	issues and policies that impact SEAR countries	(4) protect the interests of developing countries and would not allow developed countries to totally dominate (5) Global health center would be set up in at least 3 countries in the region	issues and policies that impact SEAR countries
Programme evaluation approaches	(1) Focus group discussions from participants (2) Observation/assessment of participants	(1) Focus group discussions from participants (2) Observation/assessment of participants	(1) Focus group discussions from participants (2) Observation/assessment of participants

Table 4 Summary of the key features of country's activities for capacity building in global health

Detail/year	Bangladesh	Indonesia	Maldives	Sri Lanka
Title	Global Health Diplomacy Training Course	Workshop on Global Health Diplomacy	Global Health Diplomacy Training	Global Health Diplomacy Workshop
Date	July 2013 (4 days)	14-16 August 2013	11-13 August 2014	22-24 September 2014
Venue	Dhaka, Bangladesh	Jakarta, Indonesia	Male, Maldives	Colombo, Sri Lanka
Objectives	To build up and strengthen the capacity of health and related professionals on global health diplomacy which may lead to global health agenda setting and policy formulation.	To share knowledge and experience among members of the network for building up and strengthening capacity of health and related professionals on global health diplomacy and policy advocacy.	(1) To ensure effective preparation of delegation for representing Maldives in international meetings, workshops and official visits (2) To develop and strengthen skills for global health diplomacy and international relations among the staff (3) To acquiring the skills to engage other sectors of the government in fulfilling state obligations related to health (4) To facilitate follow up of country actions and state obligations with international partners	(1) To improve country capacity to be able to play active roles in the global health forums, focusing on World Health Assembly (WHA), World Health Organization – Executive Board (WHO-EB) & WHO Regional Committee (RC). (2) To build & expand networks among the participants and resource persons.
Target group(s) of participants	Health or international relations professionals from the Department of Public Health or related departments cooperating with responsibility for health matters; including those whose	Young health professionals	(1) Technical staff working on different progarmmes (2) Staff of Policy Planning and International Health Division (3) Senior Staff of Health Protection Agency, Maldives	Health or health related professionals with responsibility for health matters in Ministry of Health (MOH) of Sri Lanka

Detail/year	Bangladesh	Indonesia	Maldives	Sri Lanka
	jobs are related to the health-related issues		Food and Drug Authority and other divisions of Ministry of Health	
Support from international organizations	Rockefeller Foundation	World Health Organization	World Health Organization and Ministry of Health	World Health Organization
Participants,	**Total 21** Medical University (1) National Institute of Prevention and Social Medicine (3) Institute of Public Health (2) Directorate General of Health Services (8) Institute of Public Health Nutrition (1) Institute of Epidemiology Disease Control and Research (1) International Centre for Diarrhoeal Disease Research, Bangladesh (1) School of Public Health (2) Health Economics Unit (1) World Health Organization (1)	**Total 21** Ministry of Health (21)	**Total 32** Health Protection Agency (10) Food and Drug Authority (3) Policy Planning and International Health Division (9) National Drug Agency (2) Maldivian Blood Service (3) National Social Protection Agency (1) Other divisions of Ministry of Health (4)	**Total 26** Ministry of Health (26)
Facilitators	**Thailand:** MoPH (2), IHPP (1)	**Thailand:** MoPH (2), IHPP (1), MoFA (1) **Indonesia:** MoH (3),	N/A	**Thailand:** IHPP (3)

Detail/year	Bangladesh	Indonesia	Maldives	Sri Lanka
		National Institute of Health (1), Center for Education & Training of Apparatus (1) **WHO** (1)		
Observers	N/A	N/A	N/A	N/A
Main content	(1) Landscape and evolution of global health (2) Capacity building and sharing experiences (3) Getting ready for WHO/EB	N/A	N/A	(1) Landscape and evolution of global health (2) Current important issues on global health (3) Global health and its relation with other global issues, including why Global Health is important (4) About WHO and WHA (5) Good and bad intervention (6) What is in the agenda? (7) Tips on negotiation
Main activities	(1) Lectures (2) Global health negotiation: practice (3) Making interventions	(1) Lectures (2) Group discussions (3) Lessons learned and experience	(1) Lectures (2) Group discussions (3) Lessons learned and experience	(1) Lectures (2) Group discussions (3) Lessons learned and experience
Expected outcomes	(1) Health and related professionals will significantly widen the scope of their knowledge and experience on global health and provide opportunities to be involved in formulating policies which take	The young health professional participants got opportunities to practice in formulating policies, learning negotiation skill, accumulating technical expertise which take into account the interests and concerns of	N/A	**Capacity Building** – The participants understood the core component of global health, and were exposed to the vision, impact and viewpoint of 'health' in a larger scale at regional and global levels.

Detail/year	Bangladesh	Indonesia	Maldives	Sri Lanka
	into account the interests and concerns of Bangladesh. (2) Through effective negotiations in the Global Health, the WHO resolutions in relation to health systems strengthening would protect the interests of Bangladesh, and would not be totally dominated by developed countries. (3) The network of Bangladesh will be developed for future cooperation on important health issues and policies that impact our health outcomes.	developing countries. Moreover, through effective negotiations in the Global Health, the trainees were to acquire skills in making decisions in relation to health systems strengthening which would protect the interests of developing countries, and would not be totally dominated by developed countries.		**Networking** – The workshop provided participants an opportunity to know and learn from each other, to build up a network among them, and to discuss various issues, including sharing perspectives on reports and draft resolution of World Health Assembly on Ageing, Health Technology Assessment, Malaria, Social Determinant of Health, and Antimicrobial drug resistance, WHO Global Code of practice on international recruitment of health personnel through drafting and making interventions exercises **Sustaining development in Global Health** – The workshop was not only a great opportunity for capacity building and networking on global health of Sri Lanka health professionals and resource persons but also continuity of global health development in the region of WHO-SEAR.

Detail/year	Bangladesh	Indonesia	Maldives	Sri Lanka
Programme evaluation approaches	N/A	Questionnaire	N/A	N/A

Table 5 Summary of the key features of activities for capacity building in global health of Thailand

Detail/year	2013	2014	2015
Title	Global Health Diplomacy Training Course	National Workshop on Global Health Diplomacy (GHD)	National Global Health Diplomacy (GHD) workshop
Date	29 April – 3 May	28 April - 2 May	20 – 24 April
Venue	Nakhon Pathom Province, Thailand	Nakhon Pathom Province, Thailand	Nakhon Pathom Province, Thailand
General objectives	(1) To build up and strengthen the capacity of health and related professionals on global health which could lead to global health agenda setting and policy formulation (2) To provide knowledge and skills related to global health diplomacy to strengthen training capacity on global health diplomacy to produce more potential trainers on GHD (3) The capacities will be in three areas including individual, institutional (node), and network. The capacities focus in policy advocacy, research or knowledge management and networking whereby each capacity will reinforce one another. (4) To prepare participants as a country's delegate to the World Health Assembly.		
Target group(s) of participants	Health or international relations professionals from the Department of Public Health or related departments cooperating with responsibility for health matters; including those whose jobs are related to the health-related issues		
Support from other institutes	(1) Rockefeller Foundation - financial support (2) International Health Policy Program, Thailand (IHPP) (3) Mahidol University Global Health (MUGH)	(1) ThaiHealth Promotion Foundation and ThaiHealth Global Link Initiative Project (TGLIP) - financial support (2) International Health Policy Program, Thailand (IHPP) - technical support (3) Mahidol University Global Health (MUGH) - logistic support	(1) ThaiHealth Promotion Foundation and ThaiHealth Global Link Initiative Project (TGLIP) - financial support (2) International Health Policy Program, Thailand (IHPP) (3) Mahidol University Global Health (MUGH) (4) ThaiHealth Promotion Foundation (5) MOPH
Participants	**Total 17** **Thailand:** MOPH (4), IHPP (4), Human Services Research Institute (1). **Indonesia:** MOPH (3)	**Total 24** **Thailand:** MOPH (8), Mahidol University (3) National Health Security Office (2), HITAP (2), National Health Commission Office (1), ThaiHealth Promotion Foundation (1),	**Total 20** **Thailand:** MOPH (8), IHPP (3), National Health Security Office (1), Mahidol University (1), Thailand Nursing Council (1), MUGH (1), National Health Commission Office (1),

Detail/year	2013	2014	2015
	Vietnam: Pasteur Institute (1), Health Strategy and Policy Institute (1) Department of International Cooperation (1) MOPH (1)	The Office of Disease Prevention and Control (1), IHPP (1). **Vietnam** MOPH (5)	Thai Health Promotion Foundation (1), Somdet Chaopraya Institute of Psychiatry (1) **Malaysia** MOPH (1)
Facilitators	**Total 20** **Thailand:** IHPP (6), MOPH (5), MUGH (4), WHO Thailand (1), UNICEF Thailand (1), National Health Commission Office (1). **Other country:** World Bank (1), Rockefeller Foundation (1)	**Total 22** **Thailand:** MOPH (6), IHPP (5), Mahidol University (1), MOFA (1), HITAP (1), Child and Adolescent Mental Health Rajanagarindra Institute (1), WHO Thailand (1), Thai Health Promotion Foundation (1), UNAIDS (1) Inspector General Region 5 Bureau of Inspection and Evaluation (1), Mahidol University (1), MUGH (1) **Other country:** World Bank (1)	**Total 23** **Thailand:** MOPH (9), MUGH (4) IHPP (3), IHPP (1), MOFA (1), WHO Thailand (1), Siriraj Hospital (1), UNAIDS (1) **Other country:** World Bank (1)
Main content	(1) Landscape and evolution of global health (2) Current important issues on global health (3) About WHO (4) Emerging global health architecture, their inter-relationship, functions, strengths and weaknesses (5) About WHA (6) Models in Global Health Capacity Building: investment or burden (7) Making interventions in World Health Assembly	(1) Landscape and evolution of Global Health (2) Global Health and its relation with other global issues (3) current important issues on Global Health (4) Model in GH Capacity building (5) Emerging global health architecture, their inter-relationship, functions, strengths and weaknesses (6) Get ready for WHA (7) Drafting intervention	(1) GH policy direction in Thailand (2) Landscape and evolution of global health (3) Global health and its relation with other global issues (4) Current important issues on global health (5) Models in Global Health Capacity Building: investment and burden (6) Emerging global health architecture, their inter-relationship, functions, strengths and weaknesses (7) About WHA (8) Drafting intervention

Detail/year	2013	2014	2015
	(8) Get ready for WHA & Practical survival tips	(8) Negotiation in Global Health	(9) Negotiation in Global Health (10) Get ready for WHA
Main activities	(1) Lectures (2) Global health negotiation: practice (3) Making interventions	(1) Lectures (2) Global health negotiation: practice (3) Making interventions	(1) Lectures (2) Global health negotiation: practice (3) Making interventions
Outcomes	(1) Capacity building: Knowledge and skill related to global health of participants were improved individually. Participants were inspired to build up their own capacity building on global health by applying a similar workshop in their own country. This will lead to build up the institutional capacity. (2) Training Guideline on Global Health Diplomacy (GHD Training Manual) was developed. (3) Networking and cooperation across countries and regions has been strengthened and created GHD network among alumni, participants, resource persons, and their respective networks.	(1) Participants as a country's delegate will significantly widen the scope of their knowledge and experience on global health and provide opportunities to be involved in formulating policies which take into account the interests and concerns of Asian countries. (2) Through effective negotiations in Global Health, the resolutions in relation to health systems strengthening would protect the interests of developing countries, and would not be totally dominated by developed countries. Also, the national health system of developing countries in Asia will be strengthened by the capacity building of their health and health related professionals on policy advocacy, research and knowledge management, and networking through the global health workshops.	
Programme evaluation approaches	1) Qualitative approach: observation by resource persons and interviews (to evaluate qualification, active involvement, skills/experiences gained of participants), focus group discussion among participants (to evaluate opinion's participants on usefulness and areas that need to be improved) 2) Quantitative approach: questionnaire (to evaluate the usefulness and logistics arrangement of the workshop)		

3.2 Priority global health issues of Member States in SEAR

The current situation of Member States in terms of global health issues ranges from communicable to non-communicable diseases; neurodevelopmental issues; autism; climate change; epidemics; emerging and re-emerging diseases; and nutrition and access to medication. Since Member States have diverse backgrounds and contexts, they have different priorities accordingly. For example, Bangladesh claims to be the leading country with priority in autism and cholera and expresses interest in the issue of electronic health services and physical health issues. Maldives, however, is more concerned about the issue of climate change and lack of human resources. Meanwhile, Nepal puts more focus on the pandemic of communicable diseases such as swine flu, HIV, TB, malaria, and ebola while non-communicable diseases such as diabetes, hypertension, and obesity are still a concern. As such, there is a need for global health capacity building activities that are more specific to country-level health concerns.

The global health capacity of countries in the region is seen as a work-in-progress and needs to continue. Global health issues of current interests, as reported by SEARO, were migration and access to medicine in Sri Lanka; drug manufacturing in India; and cross-border health issues that would need to be carefully addressed including health security, surveillance, and disease outbreaks in other SEAR Member States, especially in the context of the global health security agenda. The Sustainable Development Goals (SDGs) serves as an umbrella for identifying international public health issues, and these global health issues have been emphasized and included into universities' international public health courses.

However, global health issues considered by each country vary in their complexity. Most countries prefer to intervene in less complex issues such as snakebites or vaccines while a lesser number of countries prefer to intervene in more complex issues that are related to politics such as health workforce issues or access to medicines – depending on the country's experience. In fact, the previous agenda in the WHA already provided global health issues of concern. They included four dimensions: communicable diseases, non-communicable diseases, health systems, and emergency preparedness. Within these dimensions, the decision to address which global health issue is based on aligning their importance during a specific time. It is believed that global health capacity building courses organized domestically might help the country's global health officers grow their confidence in diplomacy at the international level in terms of building awareness in global health issues.

3.3 Awareness and needs of capacity building in global health in SEAR

An Internet-based questionnaire survey was conducted to explore the current situation and importance of global health issues in each Member State in the region. The survey was launched to 37 country focal persons who were identified by WHO-SEARO as a focal person in global health in the International Health Section/International Cooperation Section in the Ministry of Health of each Member State. Twenty-one respondents answered the questionnaire but 6 were excluded for further analysis due to incomplete answers. Hence, the response rate of this survey was 41% (n = 15). The responses were obtained from 9 out of 11 Member States in SEAR including Bangladesh, Bhutan, India, Indonesia, Maldives, Nepal, Sri Lanka, Thailand, and Timor-Leste. Sixty percent (n = 9) of the survey responses were from focal persons who have a direct role in global health in their respective Ministry of Health, and 40% (n = 6) came from WHO representatives. The key findings are presented in Table 6. The full responses based on the 5-point scale are presented in Appendix 6. Finally, the results of the survey are presented in three major aspects as shown below:

3.3.1 The importance of capacity building in global health

The importance of capacity building from a focal person's perspective was measured. Based on 4 issues: 1) the necessity of capacity building in global health; 2) priority-setting of global health in the agenda; 3) availability of a clear policy/strategy; and 4) whether the current capacity of government agencies is sufficient. The results showed the majority of respondents (93%) from all the countries agreed that capacity building in global health in their country is necessary. Among these respondents, 80% strongly agreed towards such statement. In terms of the priority of this agenda in the country, the majority of respondents (67%) agreed that capacity building in global health is of high-priority while 20% of respondents did not place capacity building in global health as a high-priority agenda in their respective countries (all of which happened to be from Bhutan, India, and Nepal). Again, the majority of respondents (67%) agreed that their countries have clear policy/strategy for capacity building in global health. Regarding the capacity in global health of government agencies, the number of responses for the levels of neutral and disagreement were the same at 33%. Additionally, it was seen that Bangladesh, Bhutan, and Thailand believe that their government agencies have sufficient capacity in global health.

3.3.2 Awareness and understanding on global health after the Regional Committee resolution (capacity building of Member States in global health: SEA/RC63/R6) was adopted in 2010

The awareness and understanding on global health of health officers, foreign affairs officers, and trade/commerce officers were assessed under this category. From the responses, it can be seen that the majority of respondents (66%) believed that the awareness and understanding of health officers improved after the resolution was adopted. However, for foreign affairs officers, almost a half of the respondents (47%) – mostly from Bangladesh, Bhutan, India, Indonesia, and Sri-Lanka – indicated that the awareness and understanding of these officers improved. However, only 20% among all respondents (from Bangladesh and India) answered that trade/commerce officers in their respective countries had improved awareness and understanding in global health. Therefore, it may be concluded that health officers considerably improved awareness and understanding in global health after the resolution was adopted compared to the foreign affairs officers and trade/commerce officers. Only 2 out of 9 countries – Bangladesh and India – considered that awareness and understanding in global health of all three target participants (health, foreign affairs, and trade/commerce officers) improved.

3.3.3 The need for support in building capacity in global health

Regarding activities of capacity building in global health, 6 out of 9 countries – Bangladesh, India, Maldives, Indonesia, Sri Lanka, and Thailand – considered that the activities in building capacity in global health in their country were effective. However, the result clearly indicated that all countries still required support from SEARO (79%) and other institutes (73%) in building capacity in their country.

Table 6: Key finding of Global Health Capacity Building Survey for Country Focal Point

Question No.	Question Text	% Negative[4]	% Neutral	% Positive[5]	Most Frequent Answer	% Most Frequent Answer
1	Capacity building in Global Health is necessary	7%	0%	93%	Strongly agree	80
2	Global Health capacity building is high priority on your country's agenda	13%	20%	67%	Agree	40
3	Your country has clear policy/strategy for capacity building in Global Health	7%	27%	67%	Agree	46
4	Global Health capacity in most government agencies in your country is inadequate	33%	33%	33%	Neutral	33
5	Health officers' awareness and understanding on Global Health have been improved after the Regional Committee resolution was adopted in 2010	0%	33%	67%	Agree	53
6	Foreign Affairs officers' awareness and understanding on Global Health have been improved after the Regional Committee resolution was adopted in 2010	13%	40%	47%	Agree	47
7	Trade/Commerce officers' awareness and understanding on Global Health have been improved after the Regional Committee resolution was adopted in 2010	27%	53%	20%	Neutral	53
8	Activities conducted in your country were effective in building capacity in global health	13%	20%	67%	Agree	53
9	Capacity building in Global Health in your country requires support from SEARO	7%	14%	79%	Strongly agree	43
10	Capacity building in Global Health in your country requires support from other institutes in your countries	0%	27%	73%	Agree	47
11	Capacity building in Global Health in your country requires support from respective institutes in other countries	13%	13%	73%	Agree	40

[4] *includes "Strongly agree" and "Agree"*

[5] *includes "Strongly disagree" and "Disagree"*

3.4 Strengths, weaknesses, and impact of capacity building activities in SEAR

Numerous strategies have been applied by the member countries in order to sustain global health diplomacy such as the formation of GH units, collaboration with different agencies, and providing training to different personnel beyond the health department. These countries have started to realize the importance of each Member State in the global agenda and national strategies have been aligned on a regional basis; each country has more time to determine how they can facilitate capacity building in such a scenario.

Countries claim to have the programme for the global health by preparing the human resources, training the personals beyond the health and collaboration with the different agency. They align the national strategy along the regional basis. They have space and time to think for the regional agenda and how can country facilitate in such scenario. They have started realizing the importance of each Member State on the global agenda. In the preparation of human resources, some countries have initiated trainings and workshops on the GH agenda for the non-health experts as well.

3.4.1 Strengths

The strengths of capacity building activities in SEAR mostly belong to the input and process of the programme. From Member States' perspectives, the strengths of GH capacity building lie in *the proficiency of the resource persons* who facilitate training and briefings/meetings. In addition, the process of *allowing Member States' to participate* in international forums has helped these nations to better impose their voice. The robust *rehearsals* before the start of each day during the WHA have helped to understand the topic better as well. The *openness for diverse global health issues* in the capacity building activities also enable the countries to express their opinions.

SEARO views the GH capacity building activities as a process of learning by doing. The process allows each country to draft text on their own that enables delegates to speak up for their country instead of a conventional situation where only larger/more developed countries in the region dominate the GH agenda setting. In this sense, the requests and needs of Member States are usually taken into account. The technical workshops and governing bodies briefing sessions allow for Member States to highlight their respective agenda/policy/strategy and arrive at a consensus on regional/global health issues.

From SEARO's perspective, the trained personnel are better equipped to handle global health issues and thereby negotiate successfully in GH diplomacy; the appreciation of technical issues along with the art of negotiating helps in reaching mutually beneficial agreements. Greater involvement of those who are involved in health policy decision making at higher levels would result in successful GH diplomacy.

3.4.2 Weaknesses

The weaknesses of GH capacity building include the lack of clarity in the content and the lack of mechanisms to promote long-term engagement. For member countries, the *lack of a clear-cut definition of global health* and the unfamiliarity of different issues from other countries might delay the understanding of global health issues among attendees. Some responsible personnel have limited understanding and knowledge in global health, especially those performing indirect responsibilities. It is expected that they should have deep knowledge; however, they know and understand the issue superficially and in a more general picture. Moreover, some Member States indicated that the training programme is on global health diplomacy rather than global health capacity building. As such, the capacity building courses should be more formalized and systematized to comprehensively cover important aspects of both global health diplomacy and capacity building. Additionally, a country senior officer indicated that the 1-hour preparatory meeting held at the WHA was not enough for a discussion of global health issues.

The lack of mechanisms to promote long-term engagement – both at country and inter-country levels – is indicated by both Member States and SEARO. Smaller countries often face *budget constraints* for participation in or arrangement of capacity building. Although there have been many forums and workshops organized for Member States, *no information sharing* between states has been reported after the meetings. Even though the target participants for the capacity building activities are those who are involved in health policy decision making at higher levels, it cannot be expected that they will continue with country-specific capacity building and interventions after engagement in the WHA. There have not been any *mechanisms to monitor* the country-level process and outcomes of capacity building and interventions. Also, the training workshop is created to promote awareness and is not able to build immediate capacity; as such, the capacity can be harvested in five years. Such capacity involves recognizing involved stakeholders, knowing techniques and tactics, and feeling comfortable to deal with forefront issues. It is suggested that capacity building should require long-term consistent exposure to partners and subject matters until the necessary skills have been developed in participants.

3.4.3 Impact

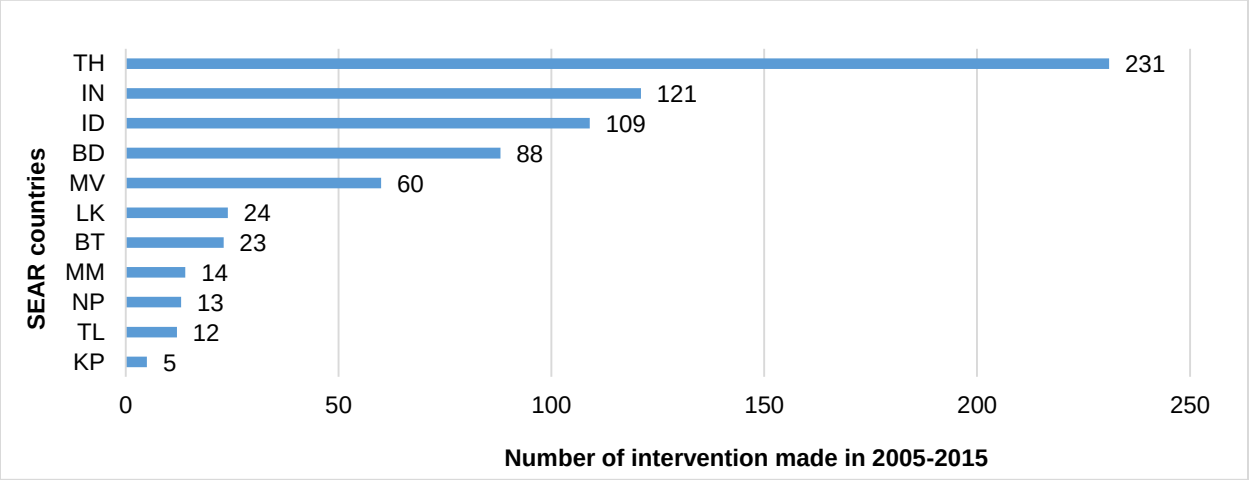
The representatives from Member States indicated that the capacity building activities resulted in a substantial improvement in documentation preparation, agenda development, constructive feedback provision, negotiation skills, and voicing their rights. Capacity building in negotiation, documentation, and high-level advocacy resulted in the active participation of SEAR countries in dialogues and international forums. The preparation of documentation for ministers and high-level government staff in these countries have been enhanced, and this has aided countries in focusing on health needs in different forums. Moreover, smaller countries have been more vocal on their issues and are able to represent themselves better.

The representatives from SEARO indicated that the amount of participation from Member States in the governing bodies meetings have increased. The coordination and cooperation in developing ROVs has considerably improved. This results in the development of effective and quality ROVs through consensus on important agenda items. It also leads to Member States being heard and accommodated on resolutions/decisions at various WHAs.

The biggest achievement of GH development for each country in the region is active participation of the Member States. In SEARO's perspective, Member States now have global health capacity and are utilizing domestic human resources. It is reported that some of the SEAR countries such as Thailand, India, and Indonesia are now placing emphasis on building, retaining, and utilizing their global health capacities, including through inter-ministerial consultations and identification of suitable personnel.

As mentioned above, one of the achievements of capacity building activities in global health at the national level was increased contribution in international forums. This achievement was determined by reviewing the number of interventions that each country made on behalf of the region at the WHA. As shown in Figure 1, Thailand was the most active country in terms of participation, resulting in 231 interventions during 2005-2015 compared to other SEAR countries. India, Indonesia, Bangladesh, and Maldives also highly participated in making interventions with 121, 109, 88, and 60 interventions, respectively. However, the number of interventions made by each of the remaining SEAR countries was considerably low with not more than 25 interventions over the past 11 years (2005-2015).

Figure 1 Number of interventions made by SEAR countries from 2005-2015



The percentage of interventions made per total WHA agenda categorized by country and year (2005-2010) could also imply active participation, interest, and concern in global health issues of SEAR countries. There are two major types of WHA agendas: technical and health matters, and other matters. For agendas on technical and health matters, there is no clear difference in the percentage of interventions made before and after the RC resolution was adopted in 2010 for Thailand and India as shown in Figure 2-3. Considerably, Thailand made at least 86% of the total number of interventions each year in the agenda of technical and health matters from 2005 – 2015. For Bangladesh, Indonesia, and Maldives, an increase in the percentage of making interventions after 2011 can be seen as shown in Figure 4-6. Interestingly, interventions made by Indonesia and Maldives increased significantly after 2013. Sri-Lanka, Myanmar, and Timor-Leste also showed an increase in interventions made after 2013 but it was a very minor trend as shown in Figure 7-9. On the other hand, the percentage of interventions made in Bhutan, Nepal, and DPR Korea was very low, with no interventions made in most years; moreover, a decrease in percentage of interventions made after 2010 can be seen as shown in Figure 10-12.

For the agenda on other matters, the percentage of interventions made compared to the agenda was significantly lower than the agenda on technical and health matters in all SEAR countries. Thailand and India showed an increasing trend in interventions made after 2010 but it was lower than 50% and 30%, respectively.

Figure 2 Percentage of interventions made by Thailand

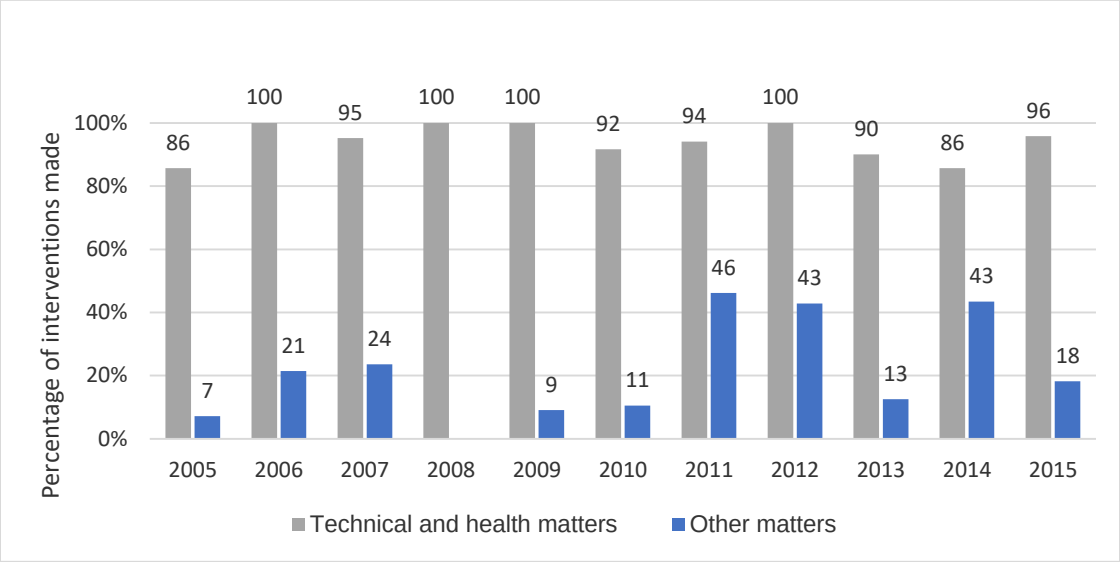


Figure 3 Percentage of interventions made by India

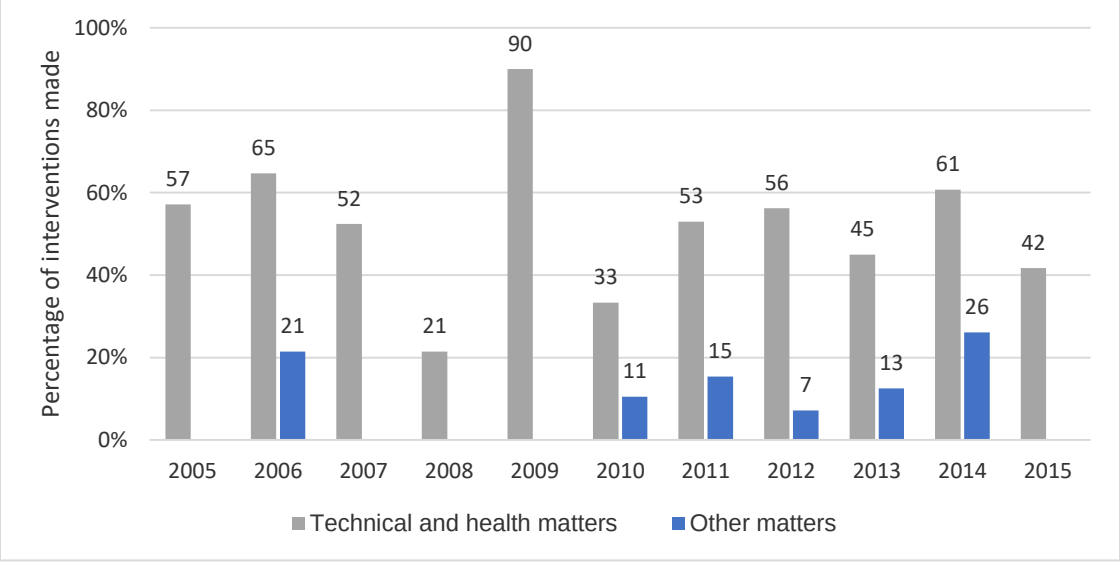


Figure 4 Percentage of interventions made by Bangladesh

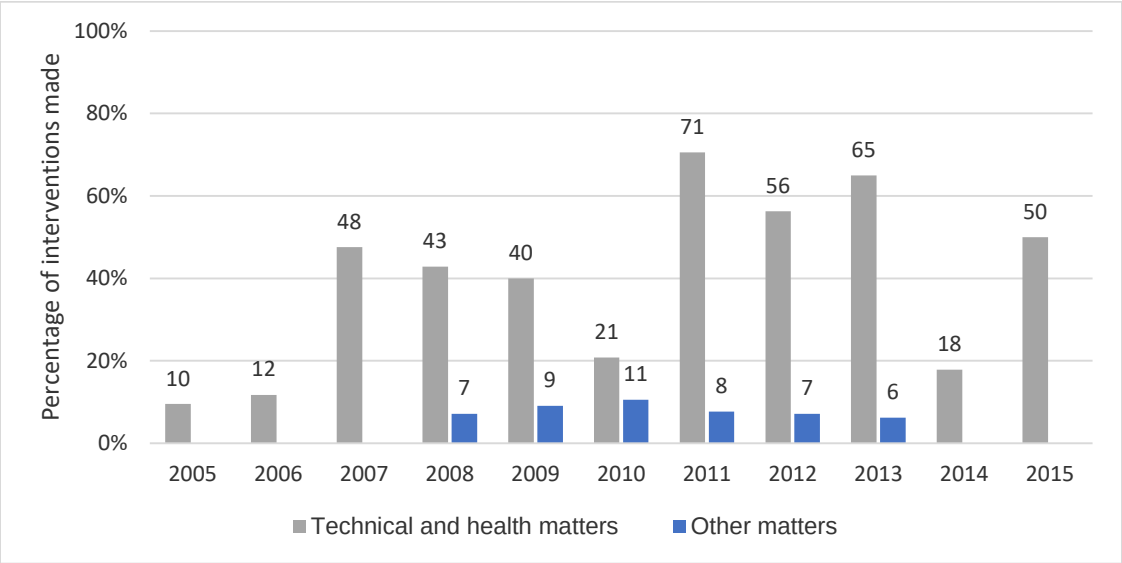


Figure 5 Percentage of interventions made by Indonesia

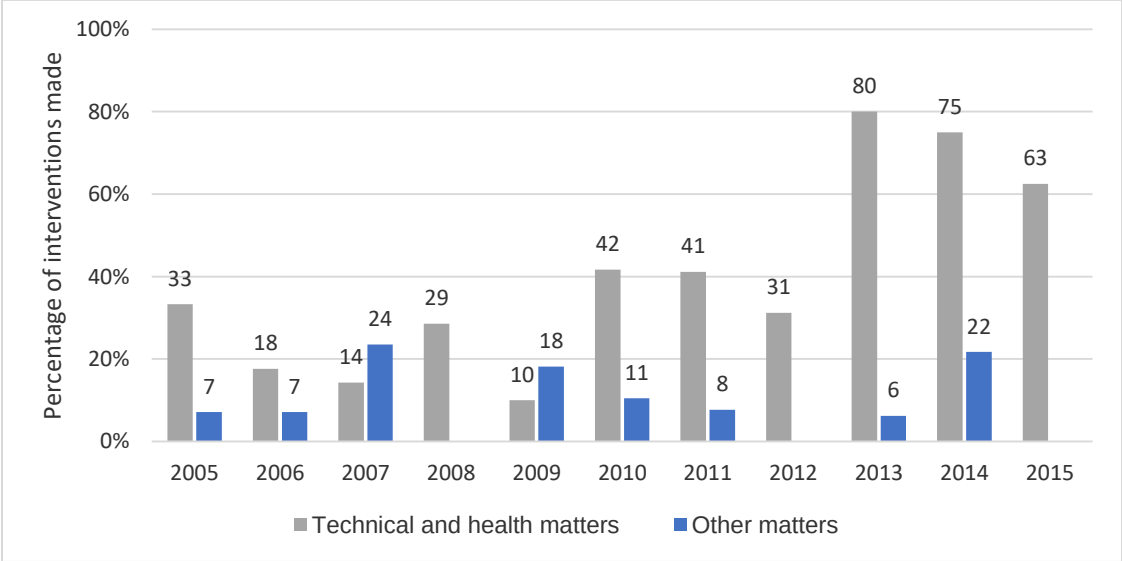


Figure 6 Percentage of interventions made by Maldives

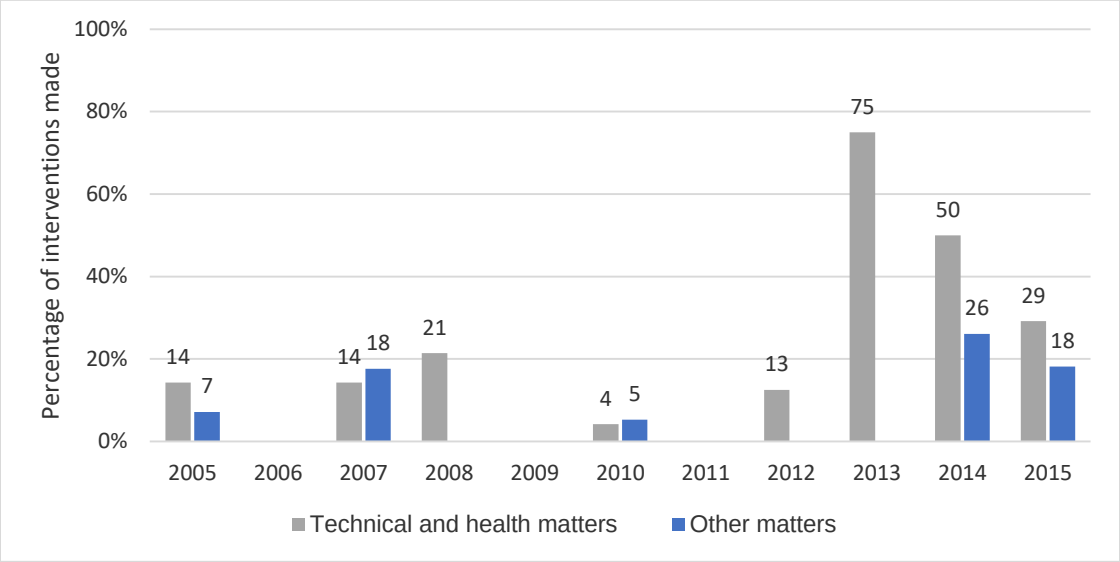


Figure 7 Percentage of interventions made by Sri Lanka

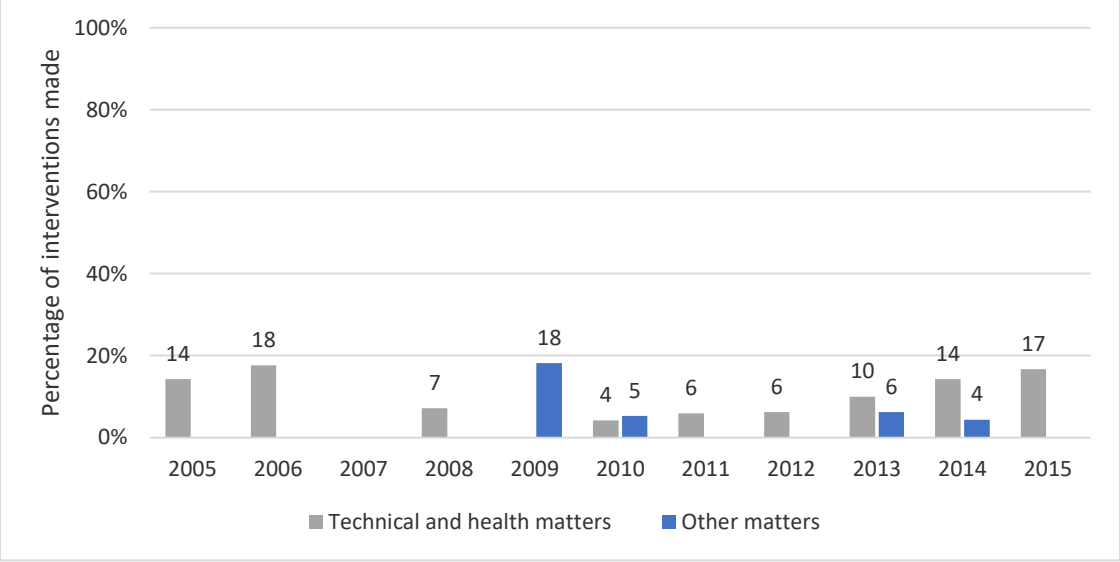


Figure 8 Percentage of interventions made by Myanmar

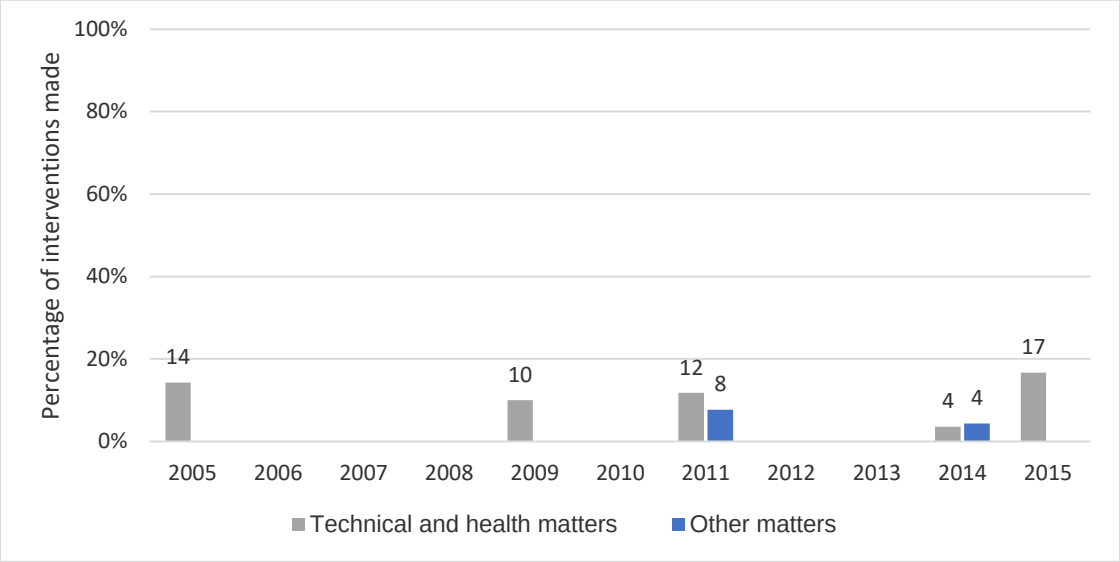


Figure 9 Percentage of interventions made by Timor-Leste

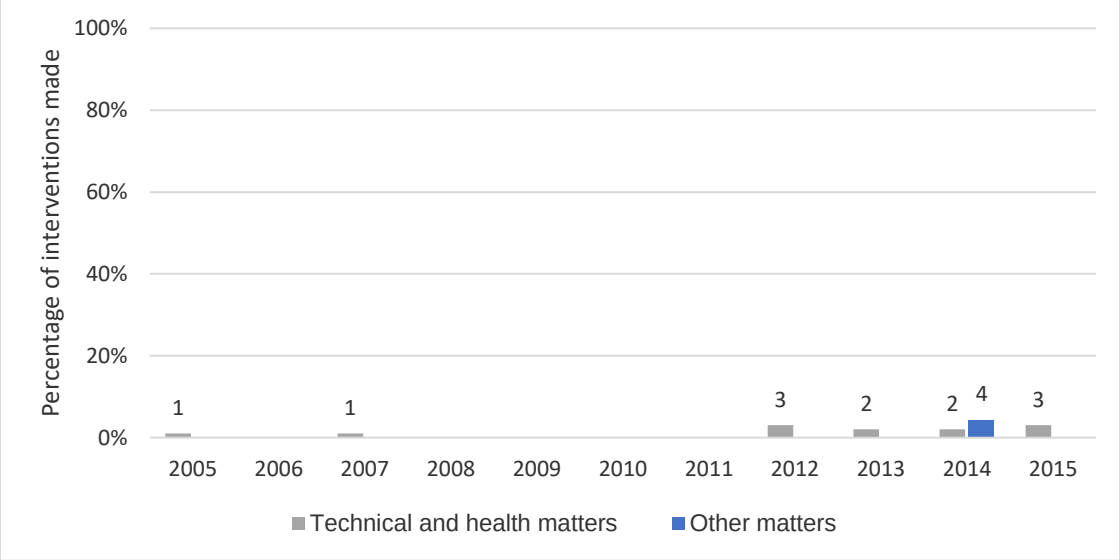


Figure 10 Percentage of interventions made by Bhutan

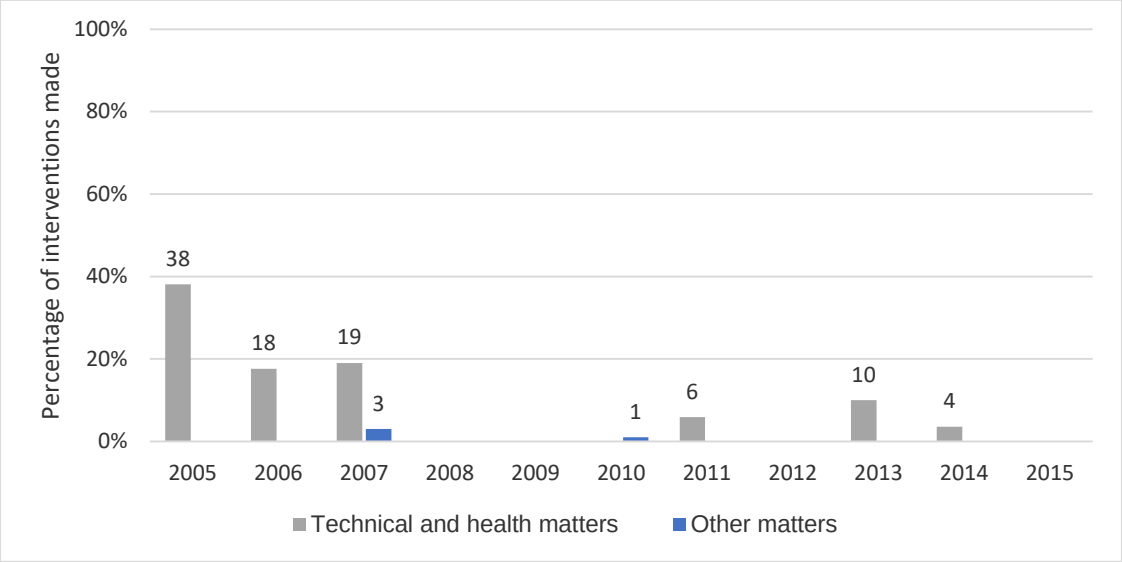


Figure 11 Percentage of interventions made by Nepal

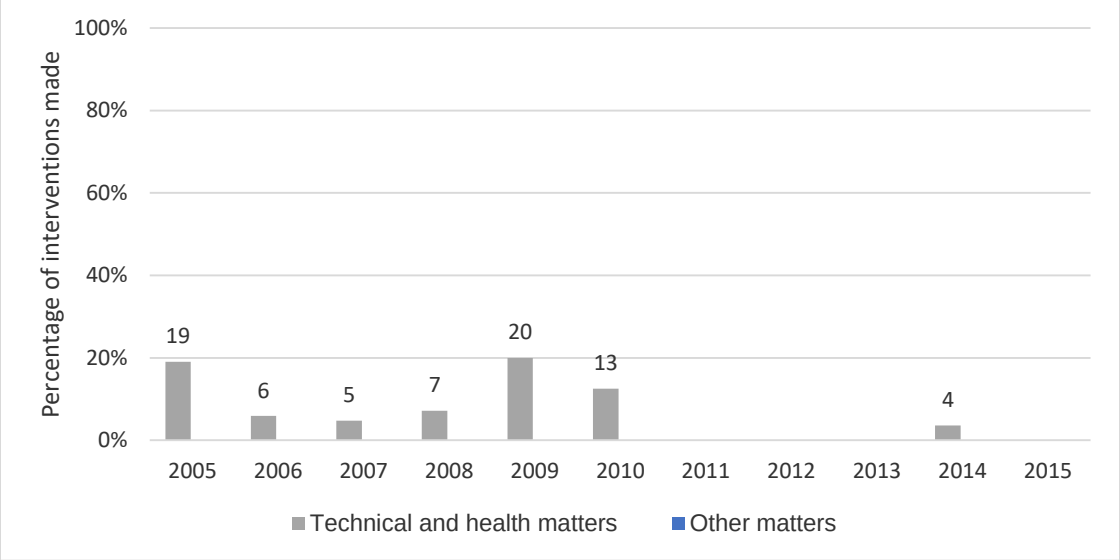
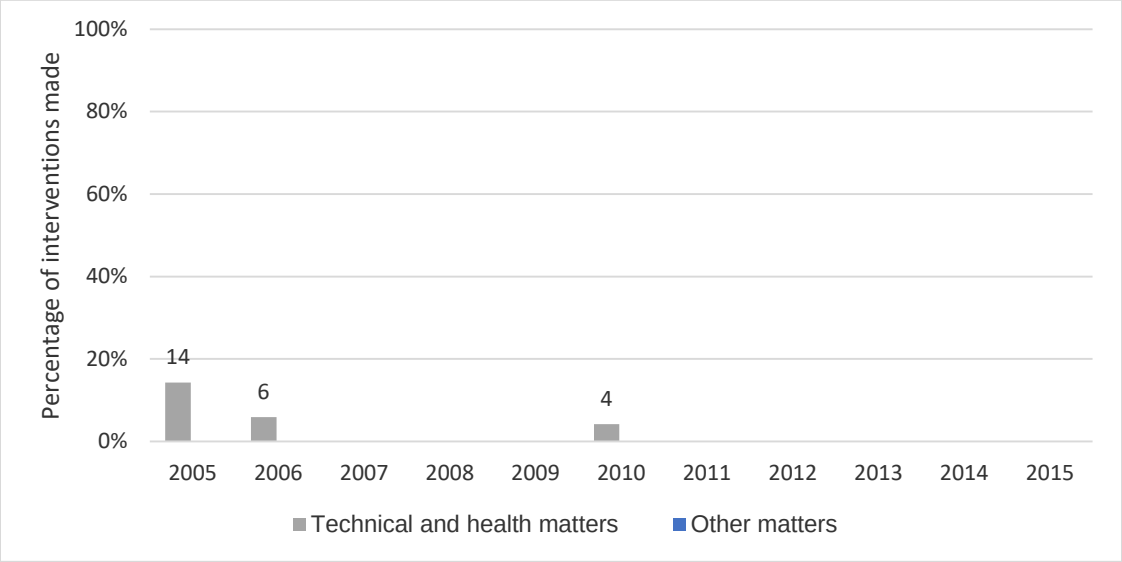


Figure 12 Percentage of interventions made by DPR Korea



3.5 Regional collective capacity on global health in safeguarding regional interests

Regional One Voice (ROV) is a strategy to implement global health capacity building. It has helped to unite member nations on different agendas. With this, they are able to impart a unified voice on different topics and put forward a diverse agenda in the global forum. Moreover, while ROV represents the wider perspective in terms of region, this platform is important for the smaller countries as they do not have a large delegation. However, some countries have reported that the agenda put forward by certain countries are sometimes the voice of the region rather than their representation.

Although ROV has been around for over twenty years, this issue was not active during the past. International dialogues with regards to ROV among the 11 member countries of SEARO were scarce. The situation has since improved as there have been middle-career personnel and junior staff taking part, and ROV has become a good source for learning and sharing. However, some countries, especially smaller ones, have specific concerns such as bureaucratic seniority, while some active countries rotate and allow middle-career personnel and junior staff, guided by coaches and mentors, to perform on behalf of their respective country. In fact, the importance of ROV is inspired by the performance of developed countries such as the United States and United Kingdom, of which the responsible persons are chief delegates – in contrast to developing countries which always depend on specific personnel.

To ensure that the capacity building programmes are aligned with the GH agenda of each individual country, briefings/meetings allow for the involvement of senior officials from Member States and presence of the Regional Director and other senior staff from SEARO to help steer face-to-face discussions. The technical workshops and governing bodies briefing sessions allow for Member States to highlight their respective agenda/policy/strategy and arrive at a consensus on regional /global health issues. From the SEARO perspective, consensus ROVs as well as regional discussions aimed at arriving on common positions prior to global meetings has demonstrated 'growing regional solidarity'.

Similar to the capacity building activities at the national level, the achievements of the SEAR One Voice policy can be determined by reviewing the interventions made at the WHA on behalf of the Member States in the region as shown in Table 7. The difference in the number of SEAR One Voice interventions before and after the first-ever regional capacity building workshop was held in 2010 is evident. Quantitatively, the number of such interventions was low – as high as 4 voices per year at most during 2005 – 2007 and 2009. However, in 2008, the number increased to 8. Subsequently, from 2010 to 2015, interest among SEAR countries in making interventions based on mutual positions increased.

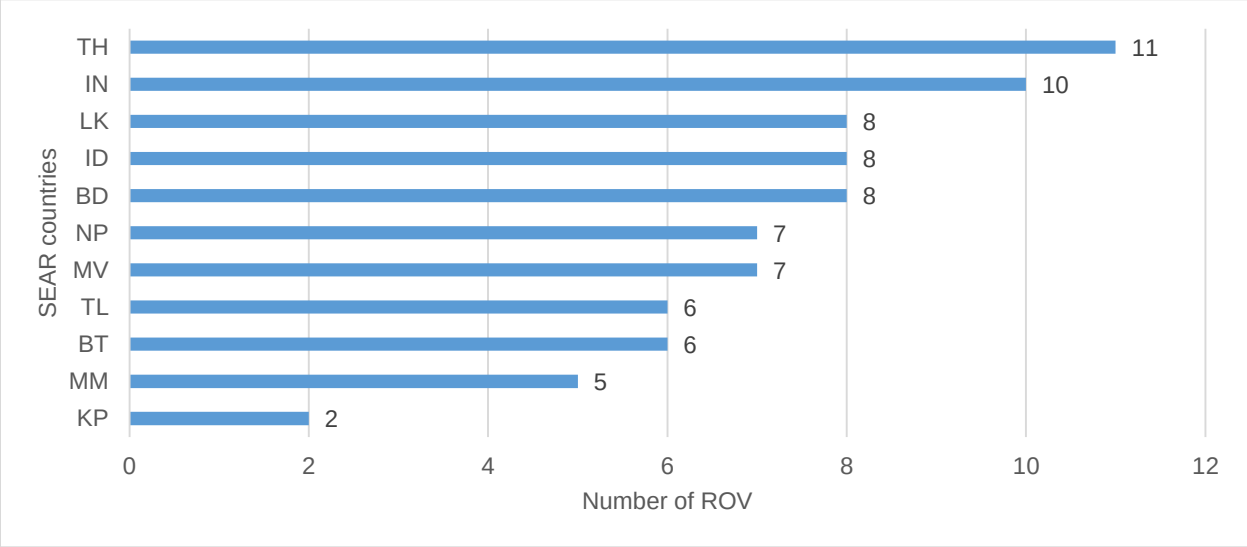
Since 2005-2015, there have been 78 SEAR One Voice interventions. Based on the country responsible to make and deliver interventions on behalf of the region in as shown in Figure 13, Thailand and India were likely to play a higher role in expressing a ROV than other SEAR countries. Thailand was the country most responsible for delivering the intervention (11 times or 14% of the total ROV); this was followed by India (10 times or 13% of the total ROV) and Bangladesh, and Indonesia and Sri Lanka, which were at the same level (8 times or 10%). Interestingly, in 2014, delegates from every country voluntarily delivered at least 1 intervention on behalf of others at the Sixty-seventh WHA session.

Table 7 Number of Regional One Voice interventions made by SEAR countries at the WHA, 2005 to 2015

Country	WHA session (year)										
	58 (2005)	59 (2006)	60 (2007)	61 (2008)	62 (2009)	63 (2010)	64 (2011)	65 (2012)	66 (2013)	67 (2014)	68 (2015)
Bangladesh				1	1	1	2		1	1	1
Bhutan				1		1		1	2	1	
DPR Korea										1	1
India		1	1	1		2	1	1	2	1	
Indonesia				1		1	1	2	1	1	1
Maldives				1	1			1	1	1	2
Myanmar						1	1	1		1	1
Nepal				1	1	1		1	1	1	1
Sri Lanka				1	1	1	1		1	1	2
Thailand	1		1	1	1	3		1	1	1	1
Timor-Leste						1	2	1		1	1
Total number of ROV	1	1	2	8	4*	12	8	9	10	11	11

Note: One intervention was made by two countries.

Figure 13 Number of SEAR ROVs delivered by each country



Note: TH, Thailand; IN, India; LK, Sri Lanka; ID, Indonesia; BD, Bangladesh; NP, Nepal; MV, Maldives; TL, Timor-Leste; BT, Bhutan; MM, Myanmar; KP, DPR Korea

One of the most important objectives of the GHD workshop is to provide country delegates to WHA with in-depth understanding in global health areas and strategic practices of

negotiation. Since the workshop was initially introduced in 2010 up until 2015, it has built capacity for more than 200 health and international professional across SEAR countries (1). In addition to SEAR countries, the workshop was extended to build capacity in China, Japan, Malaysia, the Philippines, Cambodia, Lao PDR, and Vietnam.

Since 2010-2015, apart from the GHD workshop at the country level, Thailand served in a technical support role for GHD workshops in the following SEAR countries:

1. Bangladesh (July 2013)
2. Indonesia (August 2013)
3. Maldives (August 2014)
4. Sri Lanka (September 2014)

The contribution to the WHA session of the trained personnel from the GHD workshop conducted in Thailand was clearly noticeable. According to information obtained from the questionnaire, there were 54 participants that attended GHD workshops in Thailand during 2013-2015 (45 participants from Thailand, 5 from Vietnam, 3 from Indonesia, and 1 from Malaysia). Among these, 54% (n = 29) participated in the WHA after participating in a GHD workshop and 39% (n = 21) were responsible to make and deliver at least 1 intervention at the WHA sessions. However, for Sri Lanka, while there were 21 participants in GHD workshops, only 1 participated and delivered an intervention at the WHA. For Bangladesh and Indonesia, all participants who attended the GHD workshop did not participate in the WHA.

3.6 Enabling and impeding factors that affect capacity development in global health

Information from the interviews showed that the factors that make GH capacity building at the country level successful include the government's commitment as it provides opportunities to gain experience in international forums and international relations. The quality of participation was also related to the experiences of the delegates in attending international meetings or preparing statements for global health meeting. The economy, politics, continuity of personnel, funds, governance, international diplomacy, and lack of experts were some of the impending factors affecting global health capacity building. Some of the Member States claimed that they lacked the funding to continue holding workshops at the domestic level. The lack of funding from the WHO for the participants of smaller countries also led to an inability to attend capacity building in the some of the Member States.

For SEARO, the effectiveness of capacity building was demonstrated via the engagement of Member States at a global public health forum (i.e. the WHA). Support from the WHO, cooperation from Member States, the importance of global public health, shared concern on emerging global health issues, and academic and institutional support were indicated as enabling factors that affected the development of global health capacity building. There were several contextual factors that may have contributed to the success of global health capacity building. In terms of the institutional context, many of SEAR Member States have professional institutions of excellence in diverse areas including universities, foreign affairs, and health and management which could be utilized for successful global health capacity building. Achieving the right mix of professionals for such orientation and retaining them would be a challenge.

In terms of the socio-political context, SEAR Member States are stable and peaceful socio-politically, which is a great enabling factor in helping meeting consensus on important regional and global health issues. Socio-political context is important for cohesion and healthy lifestyles in populations which are largely young and aspirational.

SEAR Member States are transitional economies which are growing well compared to other areas in the world. It is well understood that health is an important pre-requisite for improved productivity and economic activity. This makes it easier for health professionals to address domestic concerns and build an effective bridge between such concerns and way forward on global health issues through nuanced health diplomacy. Greater economic progress could lead to more domestic resources, state and non-state, being made available for human resource training.

However, in terms of impeding factors to the development of GH capacity building, economic prosperity has also led to waning donor interest in the region which would make predictable and sustainable funding challenging. As a result, while GH capacity building activities are generally funded by the SEARO, the funding of SEARO has declined. It appeared that most member countries preferred regional courses which tended to be more costly but benefited less people as compared to country-specific courses.

Importantly, the lack of continuity in country's delegates' participation in global health forums appeared to be an important factor that hampered the effectiveness of capacity building. Although SEARO provides regular GH capacity building activities that have been embedded in the attendance of the WHA each year, many countries' delegates are holding temporary political positions and might not be able to continuously carry out country-level capacity building and continue the advocacy for GH agenda setting in the following years. Those delegates, especially the ones in the WHA, are not considered real delegates reflecting countries' capacities in global

health issues; they are bureaucrats - mostly ministers, permanent secretaries, and directors-general – who attained their positions as a reward. However, there have also been more middle-career personnel and junior staff who are well-versed in global health issues participating and becoming involved. As such, the long-term capacity building and inclusion of more permanent GH staff is vital to make GH capacity building more effective in the long run. Some countries that have actively participated in GH capacity building are advanced as they can assess such threats to the country's GH diplomacy. Thailand is now a leading country among SEAR Member States that have a visible programme for capacity building in junior staff to ensure long-term capacity. Meanwhile, other countries such as India and Indonesia have also started such strategic, proactive programmes.

3.7 Plan for future development and support required from SEARO for each country

Regional collective capacity can be further strengthened through inter-country training programmes, cross-border collaborations, and targeted position papers before important global meetings/inter-governmental negotiations.

At the country level, some Member States have plans to conduct in-country training or to establish a new unit dedicated for global health capacity building. For example, Indonesia plans to conduct several trainings on speech writing and health diplomacy. The trainings are to be funded by the Indonesian government together with USAID. Meanwhile, Bhutan is planning to have a full-fledged international health coordination unit to build capacity at the Policy and Planning Division, Ministry of Health.

However, the lack of funding for capacity building activities at the country level appears to be the main concern and might hamper the sustainability of global health capacity in countries with limited resources. There is a need for a pool fund between the Member States and upon the requirement of the fund, any Member State should be able to use the fund.

There were also recommendations from respondents in the survey for improving global health capacity building activities. It was found that, overall, most of the respondents recommended that their countries require more capacity building programmes in global health to be conducted at both country and regional levels. Regular workshops to sharpen capacity in global health and to jointly identify several common issues which need to be scaled up from SEARO to the global level are needed. Target participants in capacity building programmes should be expanded to people from multi-sectors or all related ministries to improve overall health status. However, there were particular recommendations to improve global health capacity from

certain countries. These include: (1) raising awareness for global health issues among all related ministries; (2) preparing international diplomacy or health diplomacy protocol or reference documents for SEAR Member States; (3) introducing modern methods in building capacity such as online training courses offered by universities in partnership with the WHO; (4) increasing advocacy on the benefits of building capacity in countries to encourage active participation in global health forums; and (5) focusing on strengthening the capacity in junior staff.

Most of the respondents also mentioned the requirement of support from SEARO. They required technical support and some mentioned that financial support was also necessary. In some countries, support from SEARO as well as global and regional institutes/organizations were also important in order to achieve the Sustainable Development Goals (SDGs). Some respondents recommended that their counties also require SEARO – in collaboration with other experts or institutes – to conduct training to train focal points from the Ministry of Health so that they are able to further train their local staff.

Chapter 4 Conclusion and recommendations

There are some limitations in this study and these come mainly from data collection. Although it was expected that data should have been obtained from all SEAR Member States, the assessment team faced several limitations which were mainly related to the inaccessibility of potential informants. For example, the e-mail addresses of some country senior officers and WHA delegates that were available were not up-to-date as many recipient failures were reported. To solve this issue, the assessment team searched for contact information from the Internet and made phone calls to reach those informants. After the calls were made, it was found that many potential informants were holding temporary positions at the time and had since moved to other divisions or other organizations, and thus were unavailable to participate in the assessment. Since the research team obtained responses only from some SEAR countries, the results in this study were based on such countries and may not represent all SEAR countries. In addition, there were doubts regarding the validity of the assessment team due to it being a third-party organization as it was not directly related or did not have a direct relationship with the informants, all of whom were high-ranked country officers. Eventually, the assessment team sought the IHPP for assistance and was able to reach a few country representatives by the end of data collection period.

To solve these issues, the assessment team would suggest that future assessments might be conducted at the WHA annually to ensure the availability of potential informants. This could be done in the form of focus group discussions or in-depth interviews to obtain information about: (1) how the capacity building activities were executed at regional and country levels; (2) countries' global health agendas for the past and current year and the extent that the capacity building improved global health diplomacy for themselves; and (3) the contributions that the trained personnel made to global health policy agenda setting and formulation at different policy forums, etc. Alternatively, if the assessment cannot be conducted at the WHA, WHO-SEARO may act as a mediator between the assessment team and the potential informants to increase the response rate.

In conclusion, this study suggests that SEAR Member States are aware of the need for strengthening their capacity in different policy areas concerning global health. During the past decade, a significant number of countries' delegations to international policy forums, mainly from health agencies, have developed their negotiation and networking skills through participating in training workshops convened by SEARO and domestic institutes. It has also been found that these capacity building programs, run at both regional and country levels, have been proved successful to a certain extent. Clearly, collaborations between country representatives at the WHA have become closer as equal partnerships in the region are enhanced. Furthermore, individual officers have benefited not only from the training programmes but also by learning at

the site of global health policy making when they attend briefing sessions facilitated by SEARO staff.

At the same time, there is still room for improvement. This study identifies key impediments in the introduction of the regional resolution on capacity development in global health among Member States. This includes inadequate financial support for the training programmes, which has resulted in the discontinuity of such activities, especially in SEARO. The movement of trained/experienced officers to different positions is also emphasized as a crucial factor hampering the building of a country's capacity in global health. In part, this results from the lack of explicit policy framework for global health in most countries. Drawing on the findings of this study and suggestions of some key informants, we propose recommendations as follows:

(1) Strategic frameworks for global health at the country and regional levels – both short- and longer-term – are essential. At the country level, a strategic framework would be very helpful not only in the strengthening of capacity of respective health and diplomat officials but also in the priority setting of global health policy issues, formulating relevant measures to deal with particular problems, and enhancing coordination among national authorities. The strategic framework at the regional level should be based on the global health needs and common interests of countries in the region. This will help SEARO in allocating resources or designing activities to support Member States in building capacity in global health and other related activities. It will also help SEARO set a framework for monitoring and evaluation activities that will be conducted at the national or regional levels.

(2) A human resource plan should be integrated as a key component of a country's long-term global health strategy. This needs serious consideration on different facets of production, recruitment, retention, and development of human resources for global health. In addition, building capacity for young professional staff may need to be considered as a priority along with establishing a clear career path for global health officers. The appointment of delegations to international policy forums is among the crucial elements that require context-specific solutions. Moreover, strengthening capacity in global health for diplomats or other non-health staff should be included in the plan. In order to create a decent human resource plan, the mapping of key stakeholders in each country is needed. This mapping will show gaps or missing pieces of important stakeholders, to which capacity needs to also be built.

(3) SEARO can play a leading role in mobilizing resources inside and outside the region to address the shortage of experts and budget for capacity building of

Member States in global health. Within SEARO, coordination between departments is key as each of them is responsible for particular global health issues such as universal health coverage, non-communicable diseases, international health regulation, etc. Staff from all departments can be considered resource persons for any kind of capacity building programmes as they possess up-to-date information in certain policy areas, given that global health capacity involves not only negotiation skills but also technical/analytical competency.

(4) Based on the success of ROV at international forums, SEARO should continue to build and maintain a platform for countries to create and expand their networks in the region. Additionally, SEARO may serve as facilitator for sharing experiences and drawing lessons among experts from different institutes, country delegations, and development partners. This platform can help each country in the region learn techniques used in different contexts at international forums. It can also help them explore other situations that have occurred, which can also help them in reducing conflict between each other.

(5) As requested by the RC, standard courses for capacity building in global health still need to be developed. However, it should leave some room for adjustment to shape the course according to the country's situation and needs. Information technology and electronic media can be employed to support distance-learning programmes for global health officers. As such, proper support for two-way communications between trainees and resource persons should be installed for making the course run effectively.

(6) Monitoring and evaluation of the introduction of the regional resolution and country's strategy for global health should be established. The framework for monitoring and evaluation should be set based on a strategic framework that will be used to determine capacity building activities. A set of proper indicators should also be created and every country in the region should be informed.

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Appendix 1 Survey questionnaire: situation and awareness of capacity building activities

Questionnaire for country focal persons

Regarding global health capacity in your country, to what extent do you agree with the following statements?

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
	1	2	3	4	5
(1) Capacity building in global health is necessary					
(2) Global health capacity building is a high priority on your country's agenda					
(3) Your country has clear policy/strategy for capacity building in global health					
(4) Global health capacity in most government agencies in your country is inadequate					
(5) Health officers' awareness and understanding on global health has been improved after the Regional Committee resolution was adopted in 2010					
(6) Foreign Affairs officers' awareness and understanding on global health has been improved after the Regional Committee resolution was adopted in 2010					
(7) Trade/Commerce officers' awareness and understanding on global health has been improved after the Regional Committee resolution was adopted in 2010					
(8) Activities listed in the table above (in question #2) were effective in building capacity in global health					
(9) Capacity building in global health in your country requires support from SEARO					
(10) Capacity building in global health in your country requires support from other institutes in your countries					
(11) Capacity building in global health in your country requires support from respective institutes in other countries					

Please provide your recommendations to improve global health capacity in your country and/or in SEAR.

Questionnaire for resource persons in capacity building activities

1. Please identify the meetings/workshops on global health your institute (or team) convened to build capacity of government officers and stakeholders in your country and at international level.

Title of meeting/workshop	Venue (country, WHO region)	Date	Objectives	Target groups and numbers of participants	Results of the training evaluation/ feedback (put N/A if not available)
(1)					
(2)					
(3)					

2. In addition to short-course training activities, what do you think is an effective strategy to build global health capacity in SEAR countries?
   (a)……
   (b)……
   (c)……..

3. Focusing on capacity building in global health <u>in SEAR countries</u>, to what extent do you agree with the following statements?

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Do not know
	1	2	3	4	5	
(1) Global health capacity in most countries in SEAR is inadequate						
(2) Global health capacity building in the region is a high priority on most countries' agenda						
(3) Most countries in SEAR have clear policy/strategy for capacity building in global health						
(4) Among different issues in global health, global health diplomacy capacity is the most lacking discipline in SEAR countries						
(5) Most of the attendants in your training courses were appropriately selected by their supervisors						
(6) Performance of SEAR country delegations at the World Health Assembly has improved after the Regional Committee resolution was adopted in 2010						
(7) Your institute/team has relevant experiences in global health to share with training participants						

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Do not know
	1	2	3	4	5	
(8) Your institute/team has an adequate number of resource persons in global health to train the participants						
(9) The contribution of SEAR's One Voice strategy is a good indicator of global health capacity development in SEAR countries						
(10) Shortage of country's budget is a crucial impediment in building global health capacity in SEAR countries						
(11) Evaluation of your training courses should be strengthened						

4. Please provide your recommendations to improve global health capacity in your country and/or in SEAR ……

Questions for participants in capacity building activities

1. Why did you decide to participate in this meeting/workshop? (Select all answers that best apply to your situation)
   (a) You were assigned by your supervisor or your department
   (b) It was your personal interest to learn about global health issues
   (c) You wanted to improve your knowledge and skills
   (d) Knowledgeable persons joined the training faculty
   (e) Others (please specify) ……..

2. Before you participated in this meeting/workshop, have you ever had any experience in global health capacity building activities? (Select all that apply)
   (a) Never
   (b) Yes – through university training courses
   (c) Yes – through training courses organized by government agencies
   (d) Yes – through other approaches (please specify) …….

3. Regarding the meeting/workshop you participated, to what extent do you agree with the following statements?

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Do not know
	1	2	3	4	5	
(1) This meeting/workshop was in line with your country's policy on global health						
(2) This meeting/workshop was helpful in improving your knowledge and/or skills in global health						
(3) Your professional background was not relevant in attending this meeting/workshop						
(4) This meeting/workshop did not meet your expectations						
(5) Knowledge and/or skills acquired from this meeting/workshop are relevant to your work responsibilities						
(6) The duration of this meeting/workshop was too short						
(7) The training activities were well planned to achieve the meeting/workshop's objectives						
(8) The training faculty or resource person of this activity provided the participants with clear guidance on respective issues						
(9) Training materials were useful						
(10) If similar meeting/workshops are to be held in the future, you will recommend your colleagues to attend						

4. Please provide your recommendations to improve global health capacity in your country and/or in SEAR ……

Appendix 2 Survey questionnaire: In-country capacity building activities on global health of SEAR

Part 1: Personal Information

Please provide your information below

First name: Click here to enter text.

Last name: Click here to enter text.

Current Position: Click here to enter text.

Affiliation: Click here to enter text.

Country: Click here to choose a country

Email address: Click here to enter text.

Skype ID *(optional):* Click here to enter text.

Tel. *(optional):* Click here to enter text.

Part 2: Information on global health capacity building activity

Please provide information of capacity building in global health in your country

Note: Capacity building in global health in this form refers to any strategies and processes which aim to improve global health practices of Member States of WHO South-East Asia Region. Capacity building activity covers workshops, trainings, seminars, conferences or other approaches that were conducted to build capacity in global health in any aspects.

For example, for a capacity building in global health diplomacy (GHD) workshop, an annual international workshop conducted in Thailand aims to strengthen understanding and capacities on global health and prepare Thai health professionals in the World Health Assembly (WHA) or other global health governing bodies.

1. During 2011-2015, were there any activities (e.g. workshops, trainings, seminars, conferences, etc.) to build capacity in global health conducted by your country? For annually conducted activities, please list every year that the activity occurred.

Please select No or Yes by clicking in the boxes below. Cancelation of the answer can be made by clicking the same box again. If you answered yes, please provide the number of activities and the name of the activities conducted in each year.

2011	☐ No	☐ Yes	How many activities?	Choose an item.
			Name of all activities	(1) Click here to enter text.
				(2) Click here to enter text.
				(3) Click here to enter text.
				(4) Click here to enter text.
				(5) Click here to add more activities.
2012	☐ No	☐ Yes	How many activities?	Choose an item.
			Name of all activities	(1) Click here to enter text.
				(2) Click here to enter text.
				(3) Click here to enter text.
				(4) Click here to enter text.
				(5) Click here to add more activities.
2013	☐ No	☐ Yes	How many activities?	Choose an item.
			Name of all activities	(1) Click here to enter text.
				(2) Click here to enter text.
				(3) Click here to enter text.
				(4) Click here to enter text.
				(5) Click here to add more activities.
2014	☐ No	☐ Yes	How many activities?	Choose an item.
			Name of all activities	(1) Click here to enter text.
				(2) Click here to enter text.
				(3) Click here to enter text.
				(4) Click here to enter text.
				(5) Click here to add more activities.

2015	☐ No	☐ Yes	How many activities?	Choose an item.
			Name of all activities	(1) Click here to enter text.
				(2) Click here to enter text.
				(3) Click here to enter text.
				(4) Click here to enter text.
				(5) Click here to add more activities.

2. Please provide information of **all activities** that you recorded in Question 1.

Activity 1

2.1	**Year**	Choose a year.			
2.2	**Name of this activity**	Click here to enter text.			
2.3	**Category**	☐ Workshop	Involves participants practicing their new skills during the event under the watchful eye of the instructor.		
		☐ Training	Very intense and dedicated learning session with a highly-specific focus.		
		☐ Seminar	Features one or more subject matter experts delivering information primarily via lectures and discussions.		
		☐ Conference	Features keynote presentations delivered to all attendees.		
		☐ Other, please specify Click here to enter text.			
2.4	**Duration of activity**	From	Click here to enter a date.	To	Click here to enter a date.
2.5	**Venue**	Place	Click here to enter text.		
		City	Click here to enter text.		
		Country	Choose a country.		
2.6	**Objective(s) of the activity** *Example: (1) To raise awareness on the role of global health regulations and initiatives among health officers.* *(2) To build capacity on global health diplomacy for health officers.*				
(1) Click here to enter text.					
(2) Click here to enter text.					

(3) Click here to enter text.	
(4) Click here to enter text.	
(5) Click here to enter text.	
Click here to add more objectives	
2.7	**Organizing institute (s)** *Note: the institute (s) that hosted this activity*
(1) Click here to enter text.	
(2) Click here to enter text.	
(3) Click here to enter text.	
(4) Click here to enter text.	
(5) Click here to enter text.	
Click here to add more institutes	
2.8	**Name and email address of head of activity organizer**
Name	Click here to enter text.
Email address	Click here to enter text.
2.9	**Target group(s) of participants in this activity** *Example: (1) Mid-level officers in Departments of Disease Control and Health Promotion* *(2) Food and Drug Drug Directorate*
(1) Click here to enter text.	
(2) Click here to enter text.	
(3) Click here to enter text.	
(4) Click here to enter text.	
(5) Click here to enter text.	
Click here to add more group	
2.10	**Number of participants by affiliation of participants that participated in this activity (please order the numbers from the highest to lowest number of participants)**

	Example: (1) Ministry of Health. How many participants, 3 *(2) Ministry of Foreign Affairs. How many participants, 2* ***Alternatively, you may consider sending the list of participants to Akanittha.p@hitap.net***

☐ Provide this information via the given email.

(1) Click here to enter text.	How many participants, Choose an item.
(2) Click here to enter text.	How many participants, Choose an item.
(3) Click here to enter text.	How many participants, Choose an item.
(4) Click here to enter text.	How many participants, Choose an item.
(5) Click here to enter text.	How many participants, Choose an item.
(6) Click here to enter text.	How many participants, Choose an item.
(7) Click here to enter text.	How many participants, Choose an item.
(8) Click here to enter text.	How many participants, Choose an item.
(9) Click here to enter text.	How many participants, Choose an item.
(10) Click here to enter text.	How many participants, Choose an item.

2.11	**Names and email addresses of at least 3 participants from *different affiliations***	
(1)	Name	Click here to enter text.
	Email address	Click here to enter text.
(2)	Name	Click here to enter text.
	Email address	Click here to enter text.
(3)	Name	Click here to enter text.
	Email address	Click here to enter text.
(4)	Name	Click here to enter text.
	Email address	Click here to enter text.
(5)	Name	Click here to enter text.
	Email address	Click here to enter text.
2.12	**Names and email addresses of at least 3 facilitators from different affiliations**	

(1)	Name	Click here to enter text.
	Email address	Click here to enter text.
(2)	Name	Click here to enter text.
	Email address	Click here to enter text.
(3)	Name	Click here to enter text.
	Email address	Click here to enter text.
2.13	**Main content of this activity** *Example:* *(1) Landscape and evolution of global health* *(2) Global health issues* *(3) Global health diplomacy* ***Alternatively, you may consider sending the agenda of this activity to Akanittha.p@hitap.net***	
☐ Provide this information via the given email.		
(1) Click here to enter text.		
(2) Click here to enter text.		
(3) Click here to enter text.		
(4) Click here to enter text.		
(5) Click here to enter text.		
Click here to add more contents		
2.14	**Main activities** *(select all that apply)*	☐ Lectures
		☐ Group work/group discussions
		☐ Role-play
		☐ Other (Please specify)
2.15	**Expected outcome of this activity** *Example:* *(1) Better understanding of participants on current global health issues and their impact on the country's health systems.*	

	(2) Improved negotiation and networking skills in global health among participants. ***Alternatively, you may consider to sending the document providing this information to Akanittha.p@hitap.net***
☐ Provide this information via the given email.	
(1) Click here to enter text.	
(2) Click here to enter text.	
(3) Click here to enter text.	
(4) Click here to enter text.	
(5) Click here to enter text.	
Click here to add more outcomes	

End of activity 1

- If there was only one activity conducted during 2011-2015, please submit this form.
- If there were other activities, please continue to record them in the next page.

Appendix 3 The Interview guidelines for country's senior officers and delegates

Section 1. Personal Information

1.1 Please indicate the country you represent, your organization, your position and the length of time in the current position.

1.2 Please explain how you/your organization are related to or responsible for global health (GH) issues, including your experience of attending the WHO's Global Health capacity building activities.

Section 2. GH issues and specific GH activities/program

2.1 Please indicate specific GH issues in your country and their importance.

2.2 Are there any capacity building programs on GH organized in your country? If no, how are people trained to work on GH issue? If yes, please provide a detailed information in regards to types, target groups, and formality of the programs and the extent that the programs are aligned with the country and regional-level GH agenda/policy/strategy.

2.3 What are the strengths and weaknesses of the GH capacity building programs? In your or your country's perspective, what are the key indicators of the success of a GH capacity building program? To what extent has your country achieved that success. Any plans for improvement in the future?

Section 3. Regional Collective Capacity on GH Capacity Building

3.1 How did you select your country's representatives to attend GH capacity building training/workshops? What do you expect from the workshops (e.g. body of knowledge about GH, communication skills, sharing knowledge, etc.)? Are the trained persons nominated to become representatives of your country at the World Health Assembly, Executive Board or regional meeting?

3.2 Are there any other *organizations in your country* that are responsible for GH issues? If so, to what extent that your organization collaborates with them? How is the collaboration formalized?

3.3 Does your country have collaboration with *other countries* on GH issues? If so, to what extent that your organization collaborates with them? How is the collaboration formalized?

3.4 Please share your experience in the "Regional One Voice" movement. In your perspective, to what extent does participation in international forums or workshops (particularly the WHO's GH ones) can improve regional collective capacity on global health?

3.5 Overall, what are the factors (e.g. institutional context, socio-political context, or economic context, etc.) that make GH capacity building in your country and among the region successful or unsuccessful?

Section 4. Challenges and Recommendations

4.1 How do you think WHO GH agenda and policies at regional level reflect GH issues of individual member countries, particularly among developing countries?

4.2 Please provide your recommendations for improvement of the GH capacity building program at both country and regional levels.

Appendix 4: Interview questions formatted for E-mail interview

Dear Sir/Madam,

We would like to invite you to participate in the “Assessment of Capacity Building of Member States of WHO South-East Asia Region in Global Health” being conducted by the Faculty of Social Sciences and Humanities, Mahidol University, in collaboration with the Health Intervention and Technology Assessment Program (HITAP), Thailand, for WHO South-East Asia Regional Office (WHO-SEARO).

The assessment aims to obtain a better understanding of strengths, weaknesses and impact of five-year experience in capacity building activities in global health in eleven Member States, and to provide recommendations on effective management of capacity building in global health.

We request you to participate in an e-mail interview for the assessment as you have been identified by the WHO-SEARO as a country senior officer or a country delegate having direct roles in global health diplomacy. We hope the e-mail format will facilitate your participation in this assessment with ease and flexibility, considering your busy schedule.

The attached files include project information and the interview questions for your consideration. Once you agree to participate in this assessment, please give us a short reply with the following consent message: ***“I hereby express my consent to participate in the research project entitled: Assessment of Capacity Building of Member States of WHO South-East Asia Region in Global Health”*** . Your response will imply that you have read and understand the project information as attached.

The interview questions are attached in this word document in the following pages, comprising of five sections. Please provide your answers to them as best you deem correct, and send us your response at shmuglobalhealth@gmail.com by July 10th, 2017. Your responses in interview will be kept confidential. This information will only be used for assessment purposes and your name will not be mentioned in any report.

Thank you for your kind consideration and support.

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

Section 1. Personal Information

1.1) Please indicate

a) The country you represent:

b) Your organization and department:

c) Your current position:

d) When did you start working for your position?

Please answer here:

1.2) Is your position (or your organization) related to or responsible for global health (GH) issues and related capacity building activities/programs?

If yes, please explain more details such as:

a) What issues are you (or your organization) responsible for?

b) What are the capacity building programs/activities accounting for GH issues and how are these programs/activities implemented?

c) Are the issues and programs/activities contributed at country level or at regional level?

d) If your organization is responsible for only a particular GH issue, please tell whether there are other organizations responsible for GH issues? If yes, what GH issues are they responsible for?

Please answer here:

1.3) Have you (or your organization) continuously participated in the WHO GH workshop?

If yes, please explain little more details such as:

a) Have you (or any member of your organization) participated as participant?

b) Have you (or any member of your organization) participated in the workshop as host? (e.g. a country-level agency for organizing the workshop)

c) How many times have you participated in the workshop?

Please answer here:

Section 2. Overall GH Agenda and Issues

2.1) What do you understand by the term "Global Health" and "Global Health Capacity Building"?

Please answer here:

2.2) Are global health (GH) issues important in your country?

If yes, please explain more details such as:

a) What are the specific GH issues in your country?

b) How important are these issues in your country?

Please answer here:

2.3) Which organization in your country is responsible for GH issues?

a) Is it a new organization just set up for working specifically on the GH issues?

b) What are its responsibilities?

c) If there are different organizations separately handling different GH issues, please specify the names of these organizations and which GH issues they are responsible for.

Please answer here:

Section 3. Specific GH Activities/Programs

3.1) Are there any capacity building programs on GH organized in your country?

If no, why? And how are people in your country trained to work on GH issues?

If yes,

a) Are they formal or informal programs? Please give example of these programs.

b) Are those programs aligned with GH agenda/policy/strategy of your country? Please explain how those programs are related to such agenda/policy/strategy.

c) Is the GH agenda/policy/strategy of your country also aligned with any regional-level GH agenda/policy/strategy? If no, please specify what the issues are and how different these issues are.

Please answer here:

3.2) Is there any standardized program for GH capacity building?

If no, does your country have any future plan to set up any standardized program?

If yes,

a) What are the structure and operation of the program?

b) What are major motivations of the program initiative? (e.g., from your own needs or by international recommendations)

Please answer here:

3.3) Where does the main financial support for the GH capacity building program come from? Is it funded by the government or international organizations (e.g. WHO)? Or is it jointly funded by the government and international organizations? Please select one of the following 4 choices and explain more details.

1) If the support comes only from the government, please explain more details such as:

a) How could you obtain such support?

b) How is the sustainability of the program?

c) Are there any specific reasons or difficulties of why it is not supported by international organizations (e.g., WHO)?

2) If the support comes only from international organizations (e.g. WHO), please explain more details such as:

a) How could you obtain such support?

b) How is the sustainability of the program?

c) Are there any specific reasons or difficulties of why it is not supported by the government?

3) If the support comes from a joint funding between the government and international organizations (e.g. WHO), please explain more details such as:

a) How could you obtain such support?

b) How is the sustainability of the program?

c) Are there any specific reasons or difficulties with the joint funding?

4) If there is not any financial support, does your country have any future plan to get it? If yes, please explain a plan and process.

Please answer here:

3.4) Is there any monitoring or evaluation process for the program?

a) If no, why? Please specify difficulties or obstacles.

b) If yes, what are the indicators used to measure its success? What are the results?

Please answer here:

3.5) Is there any collaboration between your country's authorities and other countries' organizations or international organizations (e.g. WHO or Graduate Institute Geneva) in setting up GH capacity building program? If yes, which organizations? And how was the collaboration initiated?

Please answer here:

3.6) What are the strengths and weaknesses of those capacity building programs?

Please answer here:

3.7) What are the main factors that make those capacity building programs successful or unsuccessful?

Please answer here:

3.8) What is the improvement plan on building capacity on GH of your country in the future? Does your country plan to get any support from other organizations apart from the government?

Please answer here:

Section 4. Regional Collective Capacity on GH Capacity Building

4.1) Has your country ever sent staff to attend trainings or workshops arranged by other countries or international organizations?

If yes, please explain more details such as:

a) Why did your country decide to do so?

b) How did you select participants? What was the selection process?

c) What were benefits you expected from sending the staff to attend the trainings or workshops?

d) Do the benefits you expected include the following elements: body of knowledge, communication skills, sharing knowledge or others. If others, please specify.

Please answer here:

4.2) Are the trained persons nominated to become representatives (focal persons) of your country at the World Health Assembly (WHA), EB or regional meeting?

a) If not, how do you choose your country's representatives (focal persons) to participate in GH forum in order to attend activities such as training/workshop/seminar/conference? What is the selection process?

b) Do you think participants, especially from developing countries, feel free to raise their voices easily in such international meetings? If no, are there any reasons? Please explain why.

Please answer here:

4.3) Is there any collaboration among organizations in your country on GH capacity building? If yes, which organizations? How does the collaboration work? What does the collaboration achieve? (e.g., sharing knowledge, working as partner, MOU etc.) If others, please specify.

Please answer here:

4.4) Does your country have collaboration with other countries on GH issues?

If yes, please explain more details such as:

a) Which organizations?

b) Is it formal or informal collaboration?

c) How does the collaboration work? What does the collaboration achieve? (e.g., sharing knowledge, working as partner, MOU etc.) If others, please specify.

d) What are the major enabling factors or impediments of that collaboration?

In addition,

e) Do you believe whether sending staff to attend international trainings or workshops can improve the collaboration?

Please answer here:

4.5) Do you know what Regional One Voice is? Does your country give importance to the Regional One Voice? Why? What is the perspective of your country on regional collective capacity on global health?

Please answer here:

4.6) Do you have any experience of the 'Regional One Voice' movement?

If yes, please share more details such as:

a) How was it initiated and operated?

b) What are factors associated with its success or failure?

c) If it is successful, does the success bring about any plan for further improvement?

d) If it is unsuccessful, how do you deal with it?

In addition,

e) Do you believe whether active participation in international forums or workshop (e.g., sending staff to attend trainings or workshops, particularly the WHO GH workshop) can improve regional collective capacity on global health? If yes, please explain how?

Please answer here:

4.7) Overall, what are the factors that make GH capacity building in your country and among the region successful or unsuccessful? How?

Please explain more details in terms of the following aspects:

a) Institutional contexts such as policies, regulations, or collaborations at country- and regional-levels

b) socio-political contexts such as social or political supportive policy environments at country- and regional-levels

c) Economic contexts such as financial support and sustainability at country- and regional-levels

Please answer here:

Section 5. Challenges and Recommendations

5.1) What is the desired mechanism to build up GH capacity in terms of country and region?

Please answer here:

5.2) What are the major outcomes or impacts of having someone who have built capacity in GH?

Please answer here:

5.3) Do you believe WHO GH agenda and policies at regional-level reflect GH issues of each individual member countries at country level, particularly among developing countries?

Please answer here:

5.4) Do you think the development of regional-level GH agenda incorporate well with the GH issues of developing countries? If not, please explain why.

Please answer here:

5.5) Do you think the GH workshop (training/workshop/seminar/conference) can improve skills such as communication skill, negotiation skill, knowledge-sharing skill, presentation skill and/or others at international meetings? If others, please specify.

Please answer here:

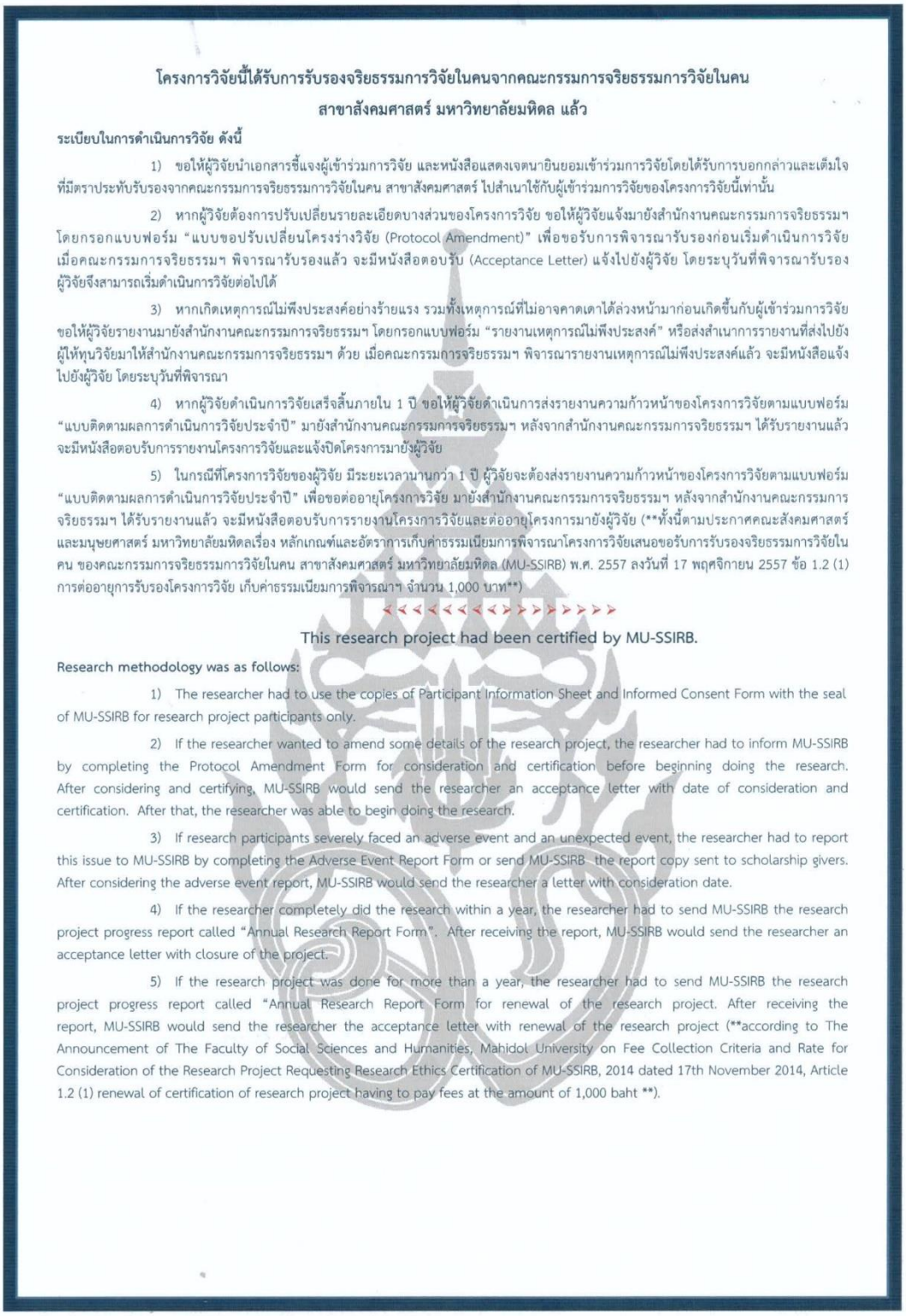
5.6) Please provide your recommendations for improvement of the GH capacity building program at both country level and regional level.

Please answer here:

5.7) Please give suggestions or comments for WHO SEARO?

Please answer here:

Appendix 5 Ethical approval



โครงการวิจัยนี้ได้รับการรับรองจริยธรรมการวิจัยในคนจากคณะกรรมการจริยธรรมการวิจัยในคน
สาขาสังคมศาสตร์ มหาวิทยาลัยมหิดล แล้ว

ระเบียบในการดำเนินการวิจัย ดังนี้

1) ขอให้ผู้วิจัยนำเอกสารชี้แจงผู้เข้าร่วมการวิจัย และหนังสือแสดงเจตนายินยอมเข้าร่วมการวิจัยโดยได้รับการบอกกล่าวและเต็มใจที่มีตราประทับรับรองจากคณะกรรมการจริยธรรมการวิจัยในคน สาขาสังคมศาสตร์ ไปสำเนาใช้กับผู้เข้าร่วมการวิจัยของโครงการวิจัยนี้เท่านั้น

2) หากผู้วิจัยต้องการปรับเปลี่ยนรายละเอียดบางส่วนของโครงการวิจัย ขอให้ผู้วิจัยแจ้งมายังสำนักงานคณะกรรมการจริยธรรมฯ โดยกรอกแบบฟอร์ม "แบบขอปรับเปลี่ยนโครงร่างวิจัย (Protocol Amendment)" เพื่อขอรับการพิจารณารับรองก่อนเริ่มดำเนินการวิจัย เมื่อคณะกรรมการจริยธรรมฯ พิจารณารับรองแล้ว จะมีหนังสือตอบรับ (Acceptance Letter) แจ้งไปยังผู้วิจัย โดยระบุวันที่พิจารณารับรอง ผู้วิจัยจึงสามารถเริ่มดำเนินการวิจัยต่อไปได้

3) หากเกิดเหตุการณ์ไม่พึงประสงค์อย่างร้ายแรง รวมทั้งเหตุการณ์ที่ไม่อาจคาดเดาได้ล่วงหน้ามาก่อนเกิดขึ้นกับผู้เข้าร่วมการวิจัย ขอให้ผู้วิจัยรายงานมายังสำนักงานคณะกรรมการจริยธรรมฯ โดยกรอกแบบฟอร์ม "รายงานเหตุการณ์ไม่พึงประสงค์" หรือส่งสำเนาการรายงานที่ส่งไปยังผู้ให้ทุนวิจัยมาให้สำนักงานคณะกรรมการจริยธรรมฯ ด้วย เมื่อคณะกรรมการจริยธรรมฯ พิจารณารายงานเหตุการณ์ไม่พึงประสงค์แล้ว จะมีหนังสือแจ้งไปยังผู้วิจัย โดยระบุวันที่พิจารณา

4) หากผู้วิจัยดำเนินการวิจัยเสร็จสิ้นภายใน 1 ปี ขอให้ผู้วิจัยดำเนินการส่งรายงานความก้าวหน้าของโครงการวิจัยตามแบบฟอร์ม "แบบติดตามผลการดำเนินการวิจัยประจำปี" มายังสำนักงานคณะกรรมการจริยธรรมฯ หลังจากสำนักงานคณะกรรมการจริยธรรมฯ ได้รับรายงานแล้ว จะมีหนังสือตอบรับการรายงานโครงการวิจัยและแจ้งปิดโครงการมายังผู้วิจัย

5) ในกรณีที่โครงการวิจัยของผู้วิจัย มีระยะเวลานานกว่า 1 ปี ผู้วิจัยจะต้องส่งรายงานความก้าวหน้าของโครงการวิจัยตามแบบฟอร์ม "แบบติดตามผลการดำเนินการวิจัยประจำปี" เพื่อขออายุโครงการวิจัย มายังสำนักงานคณะกรรมการจริยธรรมฯ หลังจากสำนักงานคณะกรรมการจริยธรรมฯ ได้รับรายงานแล้ว จะมีหนังสือตอบรับการรายงานโครงการวิจัยและต่ออายุโครงการมายังผู้วิจัย (**ทั้งนี้ตามประกาศคณะสังคมศาสตร์และมนุษยศาสตร์ มหาวิทยาลัยมหิดลเรื่อง หลักเกณฑ์และอัตราการเก็บค่าธรรมเนียมการพิจารณาโครงการวิจัยเสนอขอรับการรับรองจริยธรรมการวิจัยในคน ของคณะกรรมการจริยธรรมการวิจัยในคน สาขาสังคมศาสตร์ มหาวิทยาลัยมหิดล (MU-SSIRB) พ.ศ. 2557 ลงวันที่ 17 พฤศจิกายน 2557 ข้อ 1.2 (1) การต่ออายุการรับรองโครงการวิจัย เก็บค่าธรรมเนียมการพิจารณาฯ จำนวน 1,000 บาท**)

This research project had been certified by MU-SSIRB.

Research methodology was as follows:

1) The researcher had to use the copies of Participant Information Sheet and Informed Consent Form with the seal of MU-SSIRB for research project participants only.

2) If the researcher wanted to amend some details of the research project, the researcher had to inform MU-SSIRB by completing the Protocol Amendment Form for consideration and certification before beginning doing the research. After considering and certifying, MU-SSIRB would send the researcher an acceptance letter with date of consideration and certification. After that, the researcher was able to begin doing the research.

3) If research participants severely faced an adverse event and an unexpected event, the researcher had to report this issue to MU-SSIRB by completing the Adverse Event Report Form or send MU-SSIRB the report copy sent to scholarship givers. After considering the adverse event report, MU-SSIRB would send the researcher a letter with consideration date.

4) If the researcher completely did the research within a year, the researcher had to send MU-SSIRB the research project progress report called "Annual Research Report Form". After receiving the report, MU-SSIRB would send the researcher an acceptance letter with closure of the project.

5) If the research project was done for more than a year, the researcher had to send MU-SSIRB the research project progress report called "Annual Research Report Form for renewal of the research project. After receiving the report, MU-SSIRB would send the researcher the acceptance letter with renewal of the research project (**according to The Announcement of The Faculty of Social Sciences and Humanities, Mahidol University on Fee Collection Criteria and Rate for Consideration of the Research Project Requesting Research Ethics Certification of MU-SSIRB, 2014 dated 17th November 2014, Article 1.2 (1) renewal of certification of research project having to pay fees at the amount of 1,000 baht **).

Participant Information Sheet

In this document, there may be some statements that you do not understand. Please ask the principal investigator or his/her representative to give you explanations until they are well understood. To help your decision making in participating the research, you may bring this document home to read and consult your relatives, intimates, personal doctor or other doctor.

Title of Research Project: Assessment of Capacity Building of Member States of WHO South-East Asia Region in Global Health

Name of Researcher: Lect. Dr. Natthani Meemon

Research Site-Office and its telephone number available for contact both in and out of the office hours:

Faculty of Social Sciences and Humanities, Mahidol University; Tel. 0868879818

Source of Fund: Health Intervention and Technology Assessment Program (HITAP), Ministry of Public Health

This research project aims to get an insight on the introduction of resolution RC63/R6 for capacity building of Member States during 2011 to 2015., which expects the following benefits: Get 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 and recommendations for effective management and improvement of capacity-building on global health in the region.

You are invited to participate in this research project because you are country focal points, SEARO regional officer, trainees, training facilitators country, senior officers in charge of global health policy, country chief delegates and SEARO executives and senior managers.

There will be approximately 34-46 participants, and the research will last for 6 months (March 2017 – August 2017).

If you decide to participation the research project, you will go through the following procedure. (Give a list to make the procedures easy to read. Instances are as follows.)

- In case that this is a research project in the field of social or behavioral sciences conducting interviews, focus groups or something else, details must be given such as interview topics, number of interview questions, period and number of interview sessions. Will there be tape recording or a house visit
- In case that this is a research project in the field of social or behavioral sciences conducting interviews or distributing questionnaires, the likely risks include uneasiness or discomfort due to some questions. In that case, the participant has the right not to reply.

During interview/questionnaire/focus group will be record audio and notes all of your answers, and no record of your name or address will be kept. Information that would make it possible to identify you will never be including in any sort of report.

If you do not participate in this research project, you will receive a standard diagnosis and treatment.

If you have any questions about this research please feel free to contact Lect. Dr. Natthani Meemon Telephone: 0868879818

The participant is not response for any expense for participating in this research.

If relevant information arises about benefits and risks of the research project, the researcher will inform the participant immediately and without concealment.

The participant's private information will be kept confidential, it will not be subject to an individual disclosure, but will be included in the research report as part of the overall results. Individual information may be examined by a researcher, the ethics committee, etc.

The participant has the right to withdraw from the project at anytime without prior notice. And the refusal to participate or the withdrawal from the research project will not at all affect the proper service or treatment that he/she will receive.

On the condition that I am not treated as indicated in the information sheet distributed to the subjects, I can contact the Chair of The Committee for Research Ethics (Social Sciences) at the office of MU-SSIRB, Office of Faculty of Social Sciences and Humanities, Mahidol University, Tel 66 2 441 9180, Fax 66 2 441 9181

I thoroughly read the details in this document.

Signature..... Participant

(.....)

Date.....

Form of Informed and Voluntary Consent to Participate in Research

Date……/……/…….

My name is……., aged……...years old, now living at the address no……..road/street…….……sub-district/tambon……..

District/amphur……..province……..Postal code…….Tel.No……

I hereby express my consent to participate as a subject in the research project entitled Assessment of Capacity Building of Member States of WHO South-East Asia Region in Global Health.

In so doing, I am informed of the research project's origin and purpose; its procedural details to carry out or to be carried out; its expected benefits and risks that may occur to the subjects, including methods to prevent and handle harmful consequences; and remuneration, and expense. I thoroughly read the detailed statements in the information sheet given to the research subjects, I was also given explanations and my questions were answered by the head of the research project.

I therefore consent to participate as a subject in this research project.

On the condition that I have any questions about the research procedures, or on the condition that I suffer from an undesirable side effect from this research, I can contact Lect. Dr. Natthani Meemon; Telephone: 0868879818.

On the condition that I am not treated as indicated in the information sheet distributed to the subjects, I can contact the Chair of The Committee for Research Ethics (Social Science) at the office of MU-SSIRB, Office of Faculty of Social Sciences and Humanities, Mahidol University, Tel 66-2- 441 9180, Fax 66-2-441 9181

I am aware of my right to further information concerning benefits and risks from the participation in the research project and my right to withdraw or refrain from the participation anytime without any consequence on the service or health care I am to receive in the future, I consent to the researcher's use of my private information obtained in this research, but do not consent to an individual disclosure of private information. The information must be presented as part of the research results as a whole.

I thoroughly understand the statement in the information sheet for the research subjects and in this consent form. I thereby give my signature.

Signature……..Participants/Proxy/

(……..) Date……..

Signature……..Person in Charge of Informing and Requesting a Consent/Head of (……) Research Project/Date……..

In case that the participant is not literate, the reader of all the statements for the participant is (Mr./Mrs./Ms……), who gives his/her signature as a witness.

Signature……..Witness

(……..) Date……..

Appendix 6 Full responses of Global Health Capacity Building Survey for Country Focal Point in 5-point scale

Question	(1) Strongly disagree	(2) Disagree	(3) Neutral	(4) Agree	(5) Strongly agree
(1) Capacity building in Global Health is necessary	7%	0%	0%	13%	80%
(2) Global Health capacity building is high priority on your country's agenda	0%	13%	20%	40%	27%
(3) Your country has clear policy/strategy for capacity building in Global Health	0%	7%	27%	47%	20%
(4) Global Health capacity in most government agencies in your country is inadequate	7%	27%	33%	27%	7%
(5) Health officers' awareness and understanding on Global Health have been improved after the Regional Committee resolution was adopted in 2010	0%	0%	33%	53%	13%
(6) Foreign Affairs officers' awareness and understanding on Global Health have been improved after the Regional Committee resolution was adopted in 2010	7%	7%	40%	47%	0%
(7) Trade/Commerce officers' awareness and understanding on Global Health have been improved after the Regional Committee resolution was adopted in 2010	7%	20%	53%	20%	0%
(8) Activities conducted in your country were effective in building capacity in global health	0%	13%	20%	53%	13%
(9) Capacity building in Global Health in your country requires support from SEARO	7%	0%	14%	36%	43%
(10) Capacity building in Global Health in your country requires support from other institutes in your countries	0%	0%	27%	47%	27%
(11) Capacity building in Global Health in your country requires support from respective institutes in other countries	0%	13%	13%	40%	33%