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"International health perspectives during the past century"

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Keynote Speaker

Dr Supachai Kunaratnpruk, Executive Dean of the Medical College and Health Sciences Division, Distinguished Faculty Members, Successful graduates of the Diploma Program in International Health, Students of Rangsit University, Honorable guests; Ladies and Gentlemen:

First of all, I would like to congratulate graduates of the Diploma Program in International Health for their successful completion of the course. I sincerely congratulate Rangsit University for developing and running this important and timely program.

This is in view of the current global health challenges that demand effective international cooperation and collaboration in health. It is in view of "the complexity" of such challenges, as well as of such cooperation and collaboration that we are facing today.

I thank the University for inviting me to talk about "International Health Perspectives during the Past Century", which, in my view, should be very relevant to the purpose of this seminar.

Ladies and Gentlemen;

Through the constant expansion of collaboration and cooperation in health between and among countries worldwide, "International Health" has constantly evolved during the past century.

"International Health" is basically a field of health care that is usually with "a public health emphasis", dealing with "health across boundaries".

Its evolution has been to ensure a steady improvement of the health of populations all over the world by achieving "equity and social justice in health".

"International Health" in a more precise formulation should be "International Public Health", which implies "health of the Public", health of the entire populations of countries.

"International Public Health" is a global measure, traditionally used as strategy to prevent and control the spread of disease across international boundaries, focusing on the spread of disease from individuals to other people in the community, in populations, anywhere in the world.

In other, more specific, words, international public health is the prevention and control of "morbidity", "disability" and "mortality" in populations.

That is the main function of "International Health" from its beginning up to now: to fight disease, to limit morbidity and disability, as well as to prevent death, ultimately.

These are negative aspects of health, as defined in the WHO's Constitution.

Ladies and Gentlemen;

In light of the current global health challenges with the profound demographic and epidemiologic transmissions now occurring, it is time now for "International Health" to pay much more attention to the positive aspects of health.

While fighting diseases, international public health work must be pursued towards the "accelerated achievement" of optimal "well-being" and "quality of life" of all people in an equitable manner.

The positive aspects of public health work can be effectively achieved through health promotion, disease prevention, health protection and health maintenance, in addition to treating the sick and rehabilitating the disabled.

[1]Curriculum Vitae was given in Appendix F.

Public health must take care, in equal measure, of the people who are already sick, and of those who are not yet sick.

People who are not yet sick today may be sick soon and may be severely sick if we do nothing to promote and protect their health.

Health promotion, disease prevention, health protection and health maintenance are surely effective means to achieve in real term the "healthy populations" which are a critical factor of "human capital" for successful social and economic development towards national "wealth" and "prosperity".

Colleagues;

Earlier, attention to international health was directed primarily to prevention and control of the spread across international boundaries of the old scourges of plague, cholera and yellow fever, in particular.

In this connection, I should also place on record the importance of the "Spanish Flu" pandemic, which killed several millions of people worldwide in the early 20th century (1918).

In an effort to tackle the spread of those scourges, the "inter-country collaboration in public health" has been systematically formalized through a series of "International Sanitary Conferences" taking place between 1851 and 1903.

Then, the "International Sanitary Regulations" were adopted by the World Health Assembly in 1951; three years after the birth of the WHO.

The ISR are the "legal instruments" for international collaboration in the prevention and control of the spread across International borders, primarily of those three priority infectious diseases of those days, i.e., plague, cholera and yellow fever.

The International Sanitary Regulations were then revised and became "International Health Regulations (IHR)" in 1969. However, the emphasis of IHR (1969) was still on those three communicable diseases, i.e., plague, cholera and yellow fever.

Distinguished colleagues;

With a rapid "environmental and ecological degradation" worldwide during the latter part of the 20th century, there appeared "New, Emerging and Re-emerging" infectious diseases.

More than 30 new pathogens have been discovered during the last three decades, including HIV. Dengue emerged as a very important priority public health problem in developing countries; TB, which appeared to be under control, re-emerged.

There was a pandemic of "Severe Acute Respiratory Syndrome (SARS)" in 2003.

The critically important occurrence of those and other communicable diseases during the 20th century significantly contributed to the awareness of the need to revisit IHR (1969).

And the IHR (1969) were revised by the WHO in 2005, it became IHR (2005).

The scope of work to be covered by IHR (2005) has been expanded considerably to deal with "any public health emergency of international concern".

It is indeed ideally broad. It includes the prevention and control of the spread of both CD and NCD, as well as the prevention and control of the spread of chemical and radio-nuclear accidents.

It should not go without mentioning that a "public health emergency with international concern" in the "mental and psychological arena" should also be in the purview of IHR (2005).

There has been a long and interesting evolution of international health during the latter part of the 19th century and the early part of the 20th century.

After WWI, international health has been an important global mechanism for collaboration in health, through the coordination of the "Health Office of the League of Nations" (1919).

Then after WWII, the Word Health Organization (WHO) was established within the United Nations System in 1948. The Constitution of the World Health Organization came into force on 7 April 1948. Therefore, the 7th April every year is celebrated as World Health Day.

According to the UN Charter, WHO acts as "the directing and coordinating authority on international

health work". WHO is actually a public health organization, designed to promote and protect the health of the world's populations.

International collaboration and cooperation in health may be in the form of:

- Bilateral agreements (government to government outside the UN system); and
- Multilateral agreements (mainly coordinated by WHO within the UN system).

The International health work of the WHO during the beginning years (1948-1970s) was mainly fighting communicable diseases, in the developing countries, in particular, mostly through the development and implementation of disease-specific programs (vertical programs), principally under the leadership and coordination of the Ministries of Health at country level, and of the WHO at global level.

However, this type of disease-specific program development and management had a specific focus and action on:

- Community participation and involvement, and
- Inter-sectorial coordination.

Health volunteers were widely recruited right from the community, and trained to serve the purpose of community participation approach.

In those days, "International Health" was popularly taught in schools of public health in the West, especially in the USA.

This was done with the intention to train students primarily from developing countries, and to prepare people from developed countries to work in health in developing countries.

Therefore, sometimes, "International Health" was deliberately referred as "the study of issues relating to health and disease in developing countries", and the study on how to tackle those issues through "international collaboration and cooperation".

During the first few decades of its existence, the WHO was mainly occupied with fighting disease and illness.

Yes, that was the main function of the WHO, it was its imperative.

This was because the world was indeed full of "disease" and "illness", especially in developing countries, the countries with low socio-economic status. However, at the same time, the WHO's constitution defines health as:

> "A state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity".

Health and disease appear to be at different horizons.

And the WHO's constitution also expanded the scope of international health work to include, "the enjoyment of the highest attainable standard of health to be one of the fundamental rights of every human being".

The WHO has yet to try to really fulfill its constitutional mandate.

Ladies and Gentlemen;

As I said, "international health" is a field of health care, usually with "a public health emphasis".

The emphasis that implies raising and maintaining "well-beings" and "quality of life" of entire populations, through "health promotion" and "disease prevention" in particular.

According to a definition of public health, its activities have to be undertaken through organized community efforts, this is in order to enable every citizen in the community to fully realize his/her "birthright" of "health" and "longevity",

Being aware of the constitutional mandate of the WHO as reflected in its objective and functions; and

Being concerned with:

- the wide gap between "haves" and have-nots" in health, that indicates the gross "inequity" in health,
- and being concerned with the "unfair distribution" of "world health resources".

The World Health Assembly in 1977, therefore, decided to set an unprecedented social goal of heath for all by the year 2000. The decision was calling for "the attainment by all people in the world of the level of health that can permit them to lead a socially and economically productive (and satisfied) life".

This resolution of WHO was called “Health for All by the Year 2000 (HFA2000)”.

One year later, the International Conference of Primary Health Care at Alma Ata in USSRwhich produced the Alma Ata Declaration, referred to PHC as the key to the attainment of HFA/2000 goal.

In 1979, the UN General Assembly passed a resolution refering to “health” as an integral part” of (overall) development.

This resolution of the UNGA brought “health” out from the specific “health arena” to the “social and economic” domains in a big way.

These historic events in the UN system were a major turning point of “WHO international health work”.

It was a critical juncture for “international collaboration and cooperation in health”.

“Health systems” were distinctly defined as a part of HFA/PHC to include the activities of sectors other than health that have a bearing on health, either directly or indirectly.

Indeed, since then, health and health development have gone out very much outside the purview of the health sector.

Health and health development have become areas of multiple sectors, multi-disciplines, multi-stakeholders and multiple partners.

Then, came the concept of “Healthy Public Policies” which implied that health matters should be pursued by all concerned sectors, either:

- Collectively through “inter-sectoral cooperation” under a proper coordination mechanism at national and international levels; or
- Individually through their respective sectorial policies and programs, using their respective sectorial resources.

“Healthy Public Policies” is today popularly referred to as “Health in All Policies”.

This recognition of multi-sectorality in health development was augmented by the realization of the effects of “Global Change” that were affecting “Health of the world population” in a big way.

Global change is not only in terms of demographic and epidemiologic transition, but also change in the social, economic and political arenas.

In addition, there has been clear evidence indicating the important impact of climate change on health.

The new paradigm of public health and the new approach in international health collaboration was extensively discussed in WHO during 1990s.

There were many more agencies and organizations, both within and outside UN systems, taking active roles in health development through international cooperation mechanisms.

Ladies and Gentlemen;

When we reached the year 2000, through a mid-term assessment, it was found that we could not achieve the targets of health for all as set out in the “Global Strategies for Health for All by the Year 2000”.

However, through the implementation of these strategies during the past more than 20 years, there have been some fruits, some tangible results.

Indeed, there has been “a perceptible improvement in heath” of the world’s populations.

People, overall, looked “healthier and happier”; they had “better nutrition” and “they lived longer”.

This was especially so in “the developing countries”.

But, the gap between “haves” and “have-nots” still existed.

And “the world resources for health” were still mal-distributed, unfairly shared.

Nonetheless, at its wide ranging deliberations later, the WHO resolved to maintain “the social goal of health for all” as “aspirational target” for the world in its future efforts to improve world health; to improve world health through continuing “the collective endeavors” in bridging such a gap; and in improving such a distribution of world health resources.

One of the critical issues left to be tackled internationally was on how to ensure cost-efficient and cost-effective “distribution” and “utilization” of the world health resources.

How to ensure "sustainable development in health", especially in developing countries;

Whereby "self-reliance" and "self-sufficiency" in health in those countries need to be appropriately promoted.

Innovation in international health collaboration was considered an imperative.

Starting in the 2000s, more of the world health resources were channeled through the multilateral mechanism outside the UN system. This was with the intention to improve cost-efficiency in the management of world health resources; GAVI and GFATM are examples of this.

However, the UN system, especially WHO, still continued providing technical support to any aspects of health development in all countries.

But, because "health expertise" which is "the pre-requisite" for technical advice and service, is available anywhere, and it can be purchased by anyone, by any agencies, any organizations,

Health expertise is available in "the open market", anyone can buy if they have money,

The technical role of the UN system is being challenged.

The stakeholders of "international health collaboration" are changing, at least at the organizational and governance levels.

There are many more new and bigger stakeholders and partners in health, both in public and in private voluntary sectors.

With this proliferation and ramification in international health collaboration, the UN system may not be able to maintain its "sole role" as the "directing and coordinating authority on international work".

It will be difficult to maintain "oneness" in Global Health Governance.

Many important "global health issues" are now being discussed in New York rather than in Geneva, with popular participation from Member States, and from all interested international agencies and organizations, from both within and outside the UN system. These issues include:

- Non-communicable Disease (NCD)
  - UN Political Declaration on Prevention and Control of NCDs (in 2011).
- Maternal and Child Health (MCH) (linked with Millennium Development Goals, MDGs, 4 and 5).
  - UN Secretary General Global Commission on Information and Accountability to safe guard health of mothers and children, in particular.
- The issue of UHC has been brought for discussions during the UNGA in the past two years.

These are some among many others.

New York seems to be a better place for multi-stakeholders' and multi-partners' participation in the deliberations on various issues relating to global health development.

At the same time when this situation is taking place, the activities of global health development are moving away from the UN system.

Furthermore, ladies and gentlemen, "health" as an "industry":

"Goods" and services" relating to the provision of health care are available for marketing worldwide.

Pharmaceutical and biological products, as well as medical care and services are now playing an important role in the global economic activities.

This phenomenon leads to the issues of Trade and Health, and Related Intellectual Property Rights.

Whereby Public Health Interest must be properly protected from the global conflict of interest, at least for the sake of the health of populations in the developing countries.

To tackle the issues of this formidable challenge in the international health arena; the involvement of a wide range of stakeholders, including the private sector, is indeed a must.

Today, "International Health" becomes "Global Health",

Global Health that places priority attention to improving health, as well as to achieving equity and social justice in health for all people worldwide.

This is in the spirit of the principle of "Health for All" and "Primary Health Care approach".

Primary Health Care approach is the basic tool for public health interventions to ensure the health of all peoples of all populations at any levels.

Ladies and Gentlemen;

Furthermore, today, we are longing to achieve "Universal Health Coverage" in all countries.

UHC is to ensure accessibility by all peoples to quality and affordable health care – promotive, preventive, curative and rehabilitative –

To achieve this accessibility in the most equitable balance and in a socially justified manner.

It is indeed "a noble desire" that the UHC requires "global support" and; that the UHC requires "multi-sectoral involvement and actions".

Considering that UHC is actually "the precursor" of HFA,

Let us move forward diligently in the right direction to achieve UHC for all countries, developing or developed.

Ladies and Gentlemen;

Through a long and difficult pathway, "international health" has steadily evolved overtime to ensure "the attainment by all people in the world of the level of health that can permit them to lead a socially and economically productive and satisfied life".

In the spirit of the "international health", our work must not be geared merely towards survival, but also towards the achievement by all peoples of "the highest possible level of health" as stipulated in the constitutional objective of WHO;

- The achievement through public health interventions within the principal framework of WHA and PHC.
- The achievement through an effective international cooperation and collaboration mechanism in health; whereby health resources either financial or intellectual, can be justly shared.

Today we are living in a global village. In our "global village" today, no country in the world can alone pursue the objective to achieve "health for all" of its people without working cooperatively and cordially with others.

We, who are working in International Health, International Public Health, must ensure that our work will effectively contribute to Healthy Populations anywhere in the world,

Healthy populations that can effectively lead to world peace and security. Health can be used effectively to spearhead "peace and security" anywhere in the world.

Finally, I wish you all, all the best and all success in your pursuit of International Health work after this diploma program from Rangsit University.

Thank you