Health Security

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Developing Countries Vaccine Manufacturers Network
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Challenges to health at the turn of the millennium (1)

• Drastic climate changes
• Environmental pollution
• Growing and aging population
• Rapidly expanding urbanization
• Rising non-communicable diseases
Challenges to health at the turn of the millennium (2)

- Emerging infectious diseases
- Ongoing conflicts and violence
- More stressful lifestyles
- Globalized marketing
- Booming social media
Health as integral part of development

• The health of all peoples is fundamental to the attainment of peace and security. (WHO 2005).

• Health development and security depends heavily on the achievements in other aspects social and economic developments.

• Millennium Development Goals (MDG) as framework for integrated development.
Millennium Development Goals (MDG)

1. Eradicate extreme poverty and hunger
2. Achieve universal primary education
3. Promote gender equality and empower women
4. Reduce child mortality
5. Improve maternal health
6. Combat HIV/AIDS, malaria and other diseases
7. Ensure environmental sustainability
8. Global partnership for development
MDG achievements at global level

1. Extreme poverty rate in developing countries
   - 1990: 47%
   - 2015: 14%

2. Global out-of-school children of primary school age
   - 2000: 100 million
   - 2015: 57 million

3. Primary school enrolment ratio in Southern Asia
   - 1990: 74%
   - 2015: 103%

4. Global number of deaths of children under five
   - 1990: 12.7 million
   - 2015: 6 million

5. Global maternal mortality ratio (deaths per 100,000 live births)
   - 1990: 380
   - 2000: 330
   - 2013: 210

6. Global antiretroviral therapy treatment
   - 2003: 0.8 million
   - 2014: 13.6 million

   - 1990: 1900 million
   - 2015: 9 billion

8. Global Internet penetration
   - 2000: 6%
   - 2015: 43%
Gaps remain

Despite successes, the poorest and most vulnerable are left behind

• Big gaps exist between the poorest and richest households, and between rural and urban areas
• Millions of people still live in poverty, without access to basic services
• Climate change and environmental degradation undermine progress
• Gender inequality persists
• Conflicts remain the biggest threat to human development
MDG : ASEAN perspectives

(http://www.asean-community.au.edu/)
## MDG: ASEAN perspectives

<table>
<thead>
<tr>
<th>Country</th>
<th>ASEAN classification*</th>
<th>Population (Million)</th>
<th>GDP per cap (PPP $US)*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Singapore</td>
<td>High</td>
<td>5.3</td>
<td>29,663</td>
</tr>
<tr>
<td>Brunei</td>
<td>High</td>
<td>0.4</td>
<td>28,161</td>
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<tr>
<td>Malaysia</td>
<td>Upper medium</td>
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<tr>
<td>Thailand</td>
<td>Upper medium</td>
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<tr>
<td>Philippines</td>
<td>Medium</td>
<td>96.7</td>
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<tr>
<td>Viet Nam</td>
<td>Medium</td>
<td>88.8</td>
<td>3,071</td>
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<tr>
<td>Indonesia</td>
<td>Medium</td>
<td>246.9</td>
<td>3,843</td>
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<tr>
<td>Lao PDR</td>
<td>Lower medium</td>
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<td>2,039</td>
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<tr>
<td>Cambodia</td>
<td>Lower medium</td>
<td>14.9</td>
<td>2,727</td>
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<tr>
<td>Myanmar</td>
<td>Lower medium</td>
<td>52.8</td>
<td>1,027</td>
</tr>
</tbody>
</table>

* MDG Progress in Southeast Asia: Implications for Child Poverty by Peter Warr, Research School of Pacific and Asian Studies, Australian National University
Upper Medium Development Countries

Malaysia and Thailand

- Most indicators already achieved, or on track
- An outcome of sustained economic growth, combined with concerted government action
- Some exceptions require attention:
  - HIV/AIDS in Malaysia
  - Environment in Thailand
Medium develop. countries: VN, INO, PLN

- **Vietnam** achieved or on track for most indicators except HIV/AIDS, concern for gender disparity and maternal morality
- Both **Indonesia** and the **Philippines** on track for about half the indicators / off-track for poverty; maternal morality; environment. / Concern for primary edu. (PLN); HIV/AIDS (Indonesia)
MDG : ASEAN perspectives

Lower Medium Development Countries
Cambodia, Lao PDR, Myanmar

Off-track for several indicators, including:
• poverty (Cambodia and seemingly Myanmar)
• hunger, especially child nutrition (all three)
• maternal mortality (all three)
• environment (all three)
Rising health burdens

Age-standardized mortality rates for CDs, NCDs & injuries in SEAR countries

Rates compared with averages for the world and high-income countries.

Source: World Health Statistics 2011, WHO
Addressing health needs / security

Concern at national level

• Health infrastructures & resources
  - Health service infrastructure
  - Human resource
  - Financial support

• Capacities
  - Disease surveillance, prevention & control of CD, NCD and other health hazards
  - Medical care and rehabilitation
  - Health promotion

• Coverage and equity
  - Primary health care, UHC, or other safety nets
Long march towards universal health coverage (UHC) in Thailand

Note: Based on National Health Accounts (NHA) data, GNI per capita, 1970-2009
Coverage of major health insurance systems in Thailand

UHC beneficiaries: 74.47%
SSS beneficiaries: 16.56%
Civil servants: 7.66% (4.98 million)
Local admin officers: 0.16% (0.10 million)
Unregistered: 0.13% (0.08 million)
Other: 0.75% (0.49 million)

Pop. coverage:
UHC: 74.47%
SSS: 16.56%

Source: NHSO, Sep 2013
Benefit package evolution

- 2002: Basic services for most curative services including diagnostic; dental; preventive and rehabilitative services for the Thai citizen
- 2005: ARV, free condom, counseling and testing, CD4 count
- 2007: Traditional med.
  - 2008: peritoneal dialysis and renal transplants
  - 2009: High cost medications, seasonal flu vaccine
- 2010: herbal medicines/orphan drugs, Psychiatric patients in institutional care
- 2012: Liver transplant, cardiac Surgery
- 2013: Extending flu vac to other 2 groups, stem cell for hematopoietic cancers, long term care linked with home and community care
Total health expenditure in Thailand 1994-2010

Source: NHA1994-2010
Protection against health impoverishment
Addressing health security
Concern at international level

• International Health Regulation (IHR 2005)
  Key concern: Public Health Emergency of International Concern (PHEIC)
  - National commitment
  - National capacities
  - Regional and global cooperation for PHEIC response

• Global Health Security Agenda

PHEIC time line

• April 2009: H1N1 influenza pandemic
• May 2014: polio resurgence
• August 2014: Ebola in West Africa
Vaccine as tool for health security

• Vaccine - most cost effective tools for infectious disease prevention control
• Vaccine - leading to eradication of smallpox, near elimination of polio and successful control of many diseases.
• New vaccines – for dreadful diseases such as Ebola, SARS and dengue, including treatment of cancers.
• Vaccination - increasing life expectancy; reducing morbidity, mortality and disability rates; saving health care cost
Vaccine security

- Vaccine Security: the sustained, uninterrupted supply of affordable vaccines of assured quality*

- Determinants
  - Accurate forecasting of vaccine requirement
  - Affordability for the national program
  - Assured quality of vaccine
  - Access for all

- Increasing national concern

- Opportunities for regional & international cooperation

* UNICEF definition
ASEAN Collaboration for Regional Vaccine Security & Self-Reliance Initiative
Objectives:
• To understand perspectives of vaccine security among ASEAN countries
• To identify needs of ASEAN countries with regard to vaccine security, and potential areas for cooperation

Outcome:
• Awareness of existing capacities in vaccine R&D and production in AMS; and of existing vaccine related networks
• Identifying common needs for cooperation:
  ➢ Human Resource Development (HRD)
  ➢ ASEAN Price Policy & pooled procurement
  ➢ Communication and Coordination
  ➢ Mechanism for further coordination on RVS
Objectives:
• To review communication/coordination related to vaccine security in ASEAN
• To establish strategies and plan of effective communication/coordination to enhance regional vaccine security

Recommendations:
• Drive toward ASEAN policy for RVS
• Seek more collaboration with partners e.g., WHO, DCVMN, BMGF, etc.
• Avoid unnecessary competition among AMS
• Develop mechanism of further coop.
• NVI to continue RVS coordination in the meantime
“Giving children a healthy start in life, no matter where they are born or the circumstances of their birth, is the moral obligation of every one of us. It is heartbreaking to think that three million children die each year from diseases that we can prevent.”

Address by Nelson Mandela at Vaccine Conference
April 2002
DCVMN News. 18 July 1918 – 05 December 2013
Thank you for your attention