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# Health in the Mekong: Models in Regional Cooperation

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# Current Health Priorities in Asia

- A clear and present threat of infectious diseases;
- Gradually aging population structure, climate changes;
- Disparity in socio-economic status, inequities to access in health care;
- Slow progress in maternal and child health, poor nutrition;
- Health systems challenges particularly in financing, regulation and human resource capabilities;
- Growing threat of non-communicable diseases.



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# The Post-2015 scenario?

- Migration of people across borders, across the region;
- Continued threat of new and existing pathogens, global climate change;
- Unregulated trade in counterfeit, sub-standard medicines;
- The need to promote universal access to health care;
- Adapting health systems, role of government, engagement with private sector and civil society.



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# Economic Transition in Health

- Occurs when per capita income reaches \$1,400 and total health expenditure per capita reaches \$70 (at 2011 prices);
- Total health spending in Thailand \$202, sufficient for an essential package of services;
- Spending patterns differ between countries;
- Potential influence by the notion of economic integration.



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# Model I: Cross-Border Collaboration

- To address artemisinin-resistant malaria at the borders between Thailand and Cambodia, Thailand and Burma;
- USAID facilitates collaboration between provincial / township authorities for awareness, access to diagnosis and treatment;
- Service delivery systems tailored to address clients' needs;
- Joint advocacy and health promotion campaigns.



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## Model II: Trilateral Cooperation

- Launched by the US President and Thailand PM in 2012;
- Thailand, Burma and US collaborate to address regional health concerns;
- First activity focusing on artemisinin-resistant malaria in five “twin” cross-border sites;
- USAID grant to Thailand MOPH, RTG funds training and collaborative activities in Burma.



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## Model III: Leveraging the Private Sector

- Over a trillion dollars flow to developing countries from the private sector;
- Infrastructure development, extractive industry, etc, can increase vulnerability to infectious diseases;
- Collaboration with plantation owners, construction companies (Italian-Thai);
- Small scale private entrepreneurs also contribute.



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# Model IV: The Lower Mekong Initiative

- Launched by the US Secretary of State in 2009 to promote cooperation among Mekong countries;
- Six pillars: health, education, connectivity, environment, energy security, food security;
- Enables exchange, encourages policy dialogue;
- Coordination hub based at USAID/RDMA, Bangkok.





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## Model V: Regional Cooperation on Migrant Health Care

- Over 4 million people cross borders in the Mekong region for livelihood purposes;
- Contributes 6.2 percent of Thailand's GDP;
- Economic migrants / “stateless” population lack access to health care, workers' compensation;
- Need to build cross-border models at pilot sites to develop financing and servicing delivery systems.



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# USAID's Strategy and Priorities

- Partner with local, in-country organizations;
- Strengthen relationships with host government, private sector, civil society;
- Facilitate science and technology, innovation;
- Maximize contribution across the region in partnership with others.



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# Summary

- The Mekong region has mature alliances, can capitalize to further promote regional cooperation.
- There are synergies with ASEAN's health agenda, need to track Post-2015 Agenda and goals.
- Universal health care, domestic funding is a priority.
- Need to empower local health systems, in-country institutions and build regional networks.
- Multi-sectoral partnerships are essential.