



**United Nations Thematic Working Group on
Noncommunicable Disease Prevention and Control:
case study – Thailand**

2021

United Nations Thematic Working Group on Noncommunicable Disease Prevention and Control: case study – Thailand

ISBN 978-92-4-003708-3 (electronic version)

ISBN 978-92-4-003709-0 (print version)

© World Health Organization and the United Nations Development Programme, 2021

Some rights reserved. This work is available under the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 IGO licence (CC BY-NC-SA 3.0 IGO; <https://creativecommons.org/licenses/by-nc-sa/3.0/igo>).

Under the terms of this licence, you may copy, redistribute and adapt the work for non-commercial purposes, provided the work is appropriately cited, as indicated below. In any use of this work, there should be no suggestion that WHO or UNDP endorses any specific organization, products or services. The unauthorized use of the WHO or UNDP names or logos is not permitted. If you adapt the work, then you must license your work under the same or equivalent Creative Commons licence. If you create a translation of this work, you should add the following disclaimer along with the suggested citation: “This translation was not created by the World Health Organization (WHO) or the United Nations Development Programme (UNDP). Neither WHO nor UNDP are responsible for the content or accuracy of this translation. The original English edition shall be the binding and authentic edition”.

Any mediation relating to disputes arising under the licence shall be conducted in accordance with the mediation rules of the World Intellectual Property Organization (<http://www.wipo.int/amc/en/mediation/rules>).

Suggested citation. United Nations Thematic Working Group on Noncommunicable Disease Prevention and Control: case study – Thailand. Geneva: World Health Organization and the United Nations Development Programme, 2021. Licence: [CC BY-NC-SA 3.0 IGO](https://creativecommons.org/licenses/by-nc-sa/3.0/igo).

Cataloguing-in-Publication (CIP) data. CIP data are available at <http://apps.who.int/iris>.

Sales, rights and licensing. To purchase WHO publications, see <http://apps.who.int/bookorders>. To submit requests and queries on rights and any other licensing arrangements, see <https://www.who.int/about/policies/publishing/copyright>.

Third-party materials. If you wish to reuse material from this work that is attributed to a third party, such as tables, figures or images, it is your responsibility to determine whether permission is needed for that reuse and to obtain permission from the copyright holder. The risk of claims resulting from infringement of any third-party-owned component in the work rests solely with the user.

General disclaimers. The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO or UNDP concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by WHO or UNDP in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by WHO and UNDP to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall WHO or UNDP be liable for damages arising from its use.

This publication contains the collective views of the United Nations Thematic Working Group on Noncommunicable Disease Prevention and Control and does not necessarily represent the decisions or the policies of WHO.

Design by Diana De León

CONTENTS

Acknowledgements	iv
Acronyms and abbreviations	iv
Executive summary	v
1. Background	1
1.1 Burden of NCDs	1
1.2 Multisectoral action in preventing and controlling NCDs	2
1.3 Snapshot of activities in Thailand	3
1.4 United Nations Thematic Working Group on NCD Prevention and Control in Thailand	4
2. Strengths of the Thematic Working Group	7
2.1 A unique mix of partners for multisectoral action	7
2.2 A catalyst for policy advocacy through its social and intellectual “brand”	8
2.3 Strong focus on clear, time-bound goals	8
2.4 Influence in sensitizing non-health ministries to NCD issues	8
2.5 An example for United Nations reform	9
3. Challenges to NCD prevention and control in Thailand	11
3.1 Lack of authority	11
3.2 Maintaining a high level of participation	11
3.3 Variable influence of United Nations agencies on ministries	12
3.4 Limited frequent, intensive engagement of United Nations agencies due to insufficient resources	12
4. Lessons learnt and recommendations for Thailand and elsewhere	13
4.1 Effective change requires high-level commitment	13
4.2 The body must have adequate authority to make decisions	14
4.3 Consider including the private sector after assessing conflicts of interests	15
4.4 The programme should be specific for the country	15
4.5 Ensure focus	15
4.6 The United Nations system should support champions and advocacy	15
4.7 The secretariat should provide strong support to engage and collaborate	16
5. Conclusion	17
References	18
Annex. Terms of reference of the United Nations Thematic Working Group on NCD Prevention and Control	19

ACRONYMS AND ABBREVIATIONS

NCD **Noncommunicable disease**

SDGs **Sustainable Development Goal**

TWG **Thematic Working Group on NCD Prevention and Control**

UN **United Nations**

UNDP **United Nations Development Programme**

WHO **World Health Organization**

ACKNOWLEDGEMENTS

This case study was developed with contribution of members of the UN Thematic Working Group on NCD Prevention and Control in Thailand, including government health sector agencies and bodies, non-health ministries, civil society organizations, academia, and UN bodies.

Contributions were received from: Dr Siriwan Pitayarangsarit, Deputy-Director, Bureau of NCDs, Department of Disease Control, Ministry of Public Health; Dr Pairoj Saonuam, Assistant Chief Executive Officer, Thai Health Promotion Foundation (ThaiHealth); Dr Maneekwan Chandarasorn, Director, Excise Tax Policy Division, Fiscal Policy Office, Thailand Ministry of Finance; Dr Jinanggoon Rojananan, Deputy Secretary General, Office of the National Economic and Social Development Council; Dr Prakit Vathesatogkit, Executive Secretary, ASH Thailand; Dr Wannee Nitiyanant, President, Thai NCD Alliance; Dr Wiwat Rojanapithayakorn, Director, Centre for Health and Policy Management, Faculty of Medicine, Ramanthibodi Hospital; Gita Sabharwal, UN Resident Coordinator, Thailand; Renaud Meyer, Resident Representative, UNDP Thailand; Severine Leonardi, Officer in Charge, UNICEF, Thailand; Dr Daniel Kertesz, WHO Representative, Thailand; and Kazujuki Uji, Policy Specialist, UNDP Thailand.

The lead authors of the case study for Thailand were Giuseppe Troisi, Secretariat of the United Nations Inter-Agency Task Force on the Prevention and Control of Noncommunicable Diseases (Task Force), WHO, Geneva, and Johanna Jung, HIV, Health and Development Group, United Nations Development Programme (UNDP) New York City (NY), USA. The co-authors were Renu Garg, Sushera Bunluesin and Thanaphan Suksa-ard, WHO Thailand Country Office and the Secretariat of the United Nations Thematic Working Group on Noncommunicable Diseases (NCDs).

EXECUTIVE SUMMARY

Noncommunicable diseases (NCDs) are the most common killers globally, including in Thailand. While coordinated multisectoral action is essential for addressing the determinants of and reducing the risks for NCDs, there are few examples of how this can be done effectively at country level.

The UN Thematic Working Group on NCD Prevention and Control (TWG) has been an important mechanism for scaling up action on NCDs in Thailand and is considered an example of best practice globally (1). The work of the TWG, its successes and challenges as well as lessons learnt are described below.



The TWG includes 40 members from government, UN, civil society & academia



Participation from 10 UN agencies, 5 civil society organisations, 11 government agencies

United Nations Thematic Working Group on Noncommunicable Diseases in Thailand

STRENGTHS



Multisectoral engagement: The TWG has brought together stakeholders in non-health sectors, including from the Government, civil society organizations and academia. It also provides an effective platform for joint activities among UN agencies.



Catalyst for advocacy: The TWG has leveraged its social and intellectual capital to increase advocacy for successful multisectoral NCD actions.



Clear, time-bound goals: The TWG has followed up on the recommendations of the UN joint mission over 2 years.



Awareness-raising: The TWG has sensitized non-health stakeholders about the social and economic impacts of NCDs and built collaboration between the Ministry of Health and other ministries, including of Finance.



Example for UN reform: The TWG has served as a platform for members to work together in supporting the Thai Government in meeting the NCD-related SDG targets.

CHALLENGES



Authority: The TWG has no formal authority in the country and therefore cannot enforce activities.



Participation and accountability: Maintaining high-level commitment is difficult; performance could be monitored better and reported to the Parliament and the Prime Minister to sustain momentum on NCD actions.



Collaboration: The participation of UN agencies and ministries has been variable.



Resources: Insufficient UN resources for frequent, intensive engagement and activities.

LESSONS LEARNT: RECOMMENDATIONS FOR THAILAND AND ELSEWHERE



High-level commitment by all stakeholders ensures motivation, momentum and change. The UN can play a catalytic role as a mobilizer and integrator.



The NCD coordination mechanism should be given the same **decision-making power** as ministerial departments and government agencies.



Consider extending membership of the TWG to the **private sector**, recognizing its role in mobilizing wide support and shaping policy on NCDs and their risk factors.



Consider integrating NCD coordination mechanisms into broader **country-specific** development frameworks or multisectoral networks to use synergies and avoid duplication.



The targets and goals of NCD coordination mechanisms should be agreed when the TWG is established.



Communication, advocacy and outreach ensure that NCD prevention and control strategies are accepted by non-health ministries and communities.



Human and financial resources for the secretariats of NCD coordination mechanisms are essential for effective coordination, progress and success.



The TWG meets
1-2 times per
year



“The TWG should become a permanent institution in Thailand that sets its own goals, and is not just focused on recommendations from the UN. It can then bring together champions of best practice from the UN side as they have an overview of successful NCD interventions around the world.”

Gita Sabharwal
UN Resident Coordinator in
Thailand



“The battle against NCDs cannot be won by the health sector alone. I urge all government organizations to work hand in hand with the Ministry of Public Health to fight against NCDs together”

Dr Opart Karnkawinpong
Director General
Department of Disease
Control,
Ministry of Public Health

01

BACKGROUND

1.1 Burden of NCDs

Noncommunicable diseases (NCDs) – principally, cardiovascular disease, cancer, chronic respiratory disease and diabetes – are one of the major challenges to development in the 21st century. NCDs account for seven of every ten deaths globally, a staggering 41 million deaths each year, nearly half of which are premature (before the age of 70 years) (2). NCDs not only pose an urgent, alarming threat

to global health and well-being but can also reduce productivity, curtail economic growth and trap people in poverty, thereby holding back individuals, families and countries from realizing their social and economic potential. As NCDs hold back not only health but also social, economic and environmental objectives, the 2030 Agenda for Sustainable Development recognizes that current trends in NCD cannot coexist with sustainable development (3).



NCDs
account
for seven
of every
ten deaths
globally

NCDs and Sustainable Development

Addressing NCDs is integral to the 2030 Agenda for Sustainable Development (4). Sustainable Development Goal (SDG) target 3.4 includes one-third reduction in premature mortality from NCDs by 2030.

Achieving the NCD-related SDG 3 targets can result in gains throughout the development agenda, given the multi-directional relations between NCDs, poverty, inequality, economic growth, climate action and other SDG goals and targets. Addressing NCDs will also determine success in achieving at least nine other SDGs (5). NCDs are a barrier to achieving SDG 1 (poverty), SDG 2 (hunger), SDG 4 (education), SDG 5 (gender equality) and SDG 10 (inequality). The gains in productivity achieved by preventing and managing NCDs will contribute to SDG 8 (decent work and economic growth), SDG 11 (sustainable cities and communities) and SDG 12 (responsible consumption and production) offer clear opportunities for reducing the NCD burden and creating sustainable, healthy cities. Increasing taxes on unhealthy products such as tobacco and alcohol can strengthen domestic resource mobilization (SDG 17). Progress in these areas would in turn benefit NCD responses.



Thailand, like the rest of the world, is facing an epidemic of NCDs that has serious public health and economic consequences. NCDs are responsible for 74% of all deaths in the country (6). The NCDs are due mainly to a high prevalence of risk factors such as tobacco use, harmful use of alcohol, physical inactivity, unhealthy diets and air pollution. The economic loss from major NCDs to the Thai society was an estimated THB 280 billion in 2013 or 2.2% of the GDP (7).

COVID-19 interacts with NCDs and inequality to form “a perfect storm” of avoidable death and suffering, leading to overburdened health systems, economic contraction and wider setbacks in sustainable development, particularly for people who are already vulnerable. Almost one fourth (22%) of the world’s population is estimated to have an underlying condition that increases their risk of a worse COVID-19 outcome; most of those conditions are NCDs (8). COVID-19 patients with NCDs also face disruption of or limited access to NCD prevention and treatment services, and people with NCDs are more vulnerable to severe illness or death from COVID-19; diabetes, cancer, chronic respiratory disease and cardiovascular disease are key risk factors for adverse outcomes. Smoking, alcohol consumption, obesity and exposure to air pollution further increase the risks. The strong interactions among NCDs and COVID-19 illustrate the importance of addressing NCDs as a core part of the pandemic response.

disease outcome) can be traced to inequity in daily life and, more broadly, underlying social, economic, political, environmental and cultural factors (2). Thus, the risk of developing an NCD, access to appropriate treatment and the outcome depend on a complex mix of factors that are the remit of various sectors beyond health.

Thus, the health sector alone cannot effectively curb widespread risk factors or respond to the challenge posed by NCDs. Experience in addressing the social determinants of NCDs demonstrates that policies chosen throughout government – such as on finance, trade, tax, labour, agriculture and education – often have a greater effect on NCD outcomes than health sector policies (2). Significant, complementary action by other sectors and stakeholders is therefore crucial. Multisectoral action was endorsed as a cornerstone of NCD responses in the 2011 Political Declaration on the Prevention and Control of NCDs (9) and in numerous other high-level political decisions.

Securing support from non-health sectors for sustainable national NCD responses, while essential, presents unique governance challenges and requires thorough understanding of political and institutional contexts. Policy, actions and strong law enforcement in non-health sectors are necessary to tackle the determinants of NCDs that are the remit of those sectors, such as air pollution or taxation of health-harming products.



NCDs are responsible for 74% of all deaths in the country



The economic loss from major NCDs is...

预览已结束，完整报告链接和二维码如下：

https://www.yunbaogao.cn/report/index/report?reportId=5_23473

