

# Advancing the partnership between Japan and Thailand on global health and UHC: "new normal" approach during COVID-19 pandemic

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**Abstract:** Partnerships, particularly, South-South and Triangular Cooperation play an important role in the 2030 Agenda for Sustainable Development. The Partnership Project for Global Health and Universal Health Coverage (UHC) between Japan and Thailand (the Project) was launched in 2016 as a four-year flagship project for Triangular Cooperation and continued to the second phase in 2020. Participating countries include Asian and African countries who are striving to drive global health and to move towards UHC. However, the COVID-19 pandemic has made coordination of partnerships more difficult. The Project needed to find a "new normal" approach to conduct our collaborative work. Struggling with public health and social measures for COVID-19 has made us more resilient and has increased opportunities to collaborate more closely. In the past year and a half, during the COVID-19 pandemic, the Project successfully conducted a number of online activities between Thailand and Japan and with other countries on global health and UHC. Our "new normal" approach led continuing dialogue of networking both at the project implementation and policy levels, focusing on desk-based activities regarding the targets and the objectives of the project and creating a golden opportunity for pursuing a timely second phase. Our lessons learned include as follows: *i*) Closer prior consultation is required to hold satisfactory online meetings; *ii*) Effective "new normal" approaches include emphasizing practical and interactive discussions on each country's priority issues and expanding target participants; *iii*) Commitment, trust, teamwork, and sharing common goals can enhance and sustain partnerships, especially amid the pandemic.

**Keywords:** triangular cooperation, new normal, networking

## Introduction

Creating partnerships is a cross-cutting goal that can accelerate the implementation of the Sustainable Development Goals (SDGs) (1,2). Particularly, the importance of South-South and Triangular Cooperation has been growing as a key modality to strengthen ownership by Southern countries and enhance their capacity to tackle national and global challenges more strategically in sustainable horizontal partnerships (3,4).

The world is witnessing globalization of health issues. A wide range of health agendas, including COVID-19, stretches across borders and requires global partnerships, commitments and solutions. Universal Health Coverage (UHC) is a concept whereby all people have access to the health services they need without incurring financial hardship (5). Achieving UHC for all by 2030 is one of the key targets of the SDGs. It can enhance a global momentum for health system strengthening as a comprehensive and coherent

approach (6).

The Partnership Project for Global Health and Universal Health Coverage (The Project) between Thailand and Japan is a good example of Triangular Cooperation in health system strengthening. The expectation of the Project has grown during the COVID-19 pandemic as the world has become more aware that UHC is essential for improving health emergency responsiveness and preparedness. On the other hand, negative impacts of COVID-19, such as travel restrictions and public health agencies being swamped with COVID-19 responses, have limited project activities. Nevertheless, the Project has been moving forward with Thai and international partners. This paper aims to share our "new normal" approach to maintain our work and network during the crisis.

## Outline of the Project

Thailand's Ministry of Public Health (MOPH) and

National Health Security Office (NHSO) and the Japan International Cooperation Agency (JICA) launched the Project in 2016 as a four-year flagship project for Triangular Cooperation. Thailand achieved UHC in 2002 ahead of other low- and middle-income countries after Japan did so in 1961. The Project aims to improve UHC operation of Thailand and Japan (Output 1); support other developing countries to achieve UHC (Output 2); and promote strong implementation of UHC globally (Output 3).

In the first phase, areas of collaboration included health finance, health workforce, health information, maternal and child health, and global health. Knowledge sharing through a number of activities led to many successes: for example, a model for developing and managing fee schedules was piloted in Bangkok, which has currently been applied nationwide (Output 1); the first of international training courses on UHC was held, which contributed to networking with 9 participating countries in Asia, the Middle East, and Africa (Output 2); and experience sharing through various international platforms including the Prince Mahidol Award Conference, PMAC, in Thailand, which attracts more than 1,000 health concerned parties from all around the world annually (Output 3) (7).

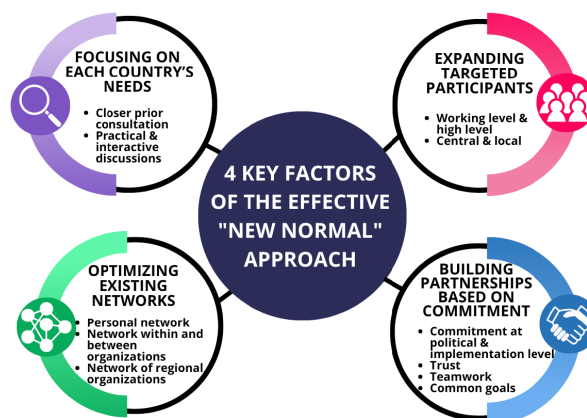
Both Thailand and Japan reaffirmed the critical importance of the collaboration of the two countries and expanding networks. They both agreed to continue to the three-year Phase 2 Project. The outline of the Phase 2 Project was drafted at a working-level meeting in March 2020, around when WHO declared COVID-19 a pandemic, amid growing need for a strong health system to cope with health emergencies. After a thorough process of reviewing the first phase and impact-oriented planning of the second phase, to implement activities more effectively within the limited time under the pandemic and the Project decided to place more focus on health finance and health workforce and to target countries.

### "New normal" approach

Almost all of the Project activities were held online because of domestic and international travel restrictions due to COVID-19. In addition to a secure telework environment and digital literature, the following key factors (Figure 1) contributed to successful outcomes.

#### *Focusing on each country's needs*

To maximize learning within the limited time available (avoiding the so-called "virtual meeting fatigue" (8,9)), we focused on the priority issues and had more practical and interactive discussions rather than teaching theory which can be learned from textbooks. In a workshop with the Ministry of Health (MOH), Lao PDR on their health finance reform, we took a problem-oriented approach, in which a Thai expert gave his ideas about



**Figure 1. The 4 key factors of the effective "new normal" approach during the COVID-19 pandemic.**

possible solutions based on the situation of Lao PDR, avoiding giving a lecture on how Thailand implemented UHC. Although each session was short, frequent online meetings and proper follow-up could enhance the effectiveness of learning as a whole.

The Project served as matchmaker to connect demand and supply sides. Closer prior discussion is critical to identify priority issues from the demand side. Later, the Project can find suitable experts who can impart their knowledge and skill in order to satisfy the practical needs of the collaborating countries.

#### *Expanding targeted participants*

The biggest advantage of a virtual meeting is the increased accessibility (no geographical or financial barriers) and unlimited capacity. In the above workshop with the Lao MOH, we could invite officials not only from the headquarters, but also from provincial and local offices. From Thailand, there were also many attendants who could learn from interactive dialogue among the two countries and development partners. The direct involvement of a wide range of concerned people deepened practical discussion and enhanced the effect of mutual learning. In addition, virtual meetings can also facilitate participation of higher-level officials, who are often too busy to travel. Involvement of decision-makers can catalyze actions and facilitate political commitment.

#### *Optimizing existing networks*

A difficult part of networking is the initial contact with the counterparts. Building relationships from scratch is hard without in-person communication. The maximum use of the network of Project members and organizations is critical. To realize the above workshop with Lao PDR, a good relationship between the

Project with a JICA expert in Lao PDR and a Project Manager of NHSO with the Lao MOH was beneficial. A workshop on Continuing Professional Development of nurses, where 60 participants and 50 observers from 13 countries were recruited, was successful due to the network of JICA and our partner, Asia-Pacific Action Alliance on Human Resources for Health (AAAH).

The networks and social credit built through the long career of the Project members in health administration, UHC research, bi- or multilateral health cooperation and/or global health diplomacy are our great assets.

#### *Building partnerships based on commitment*

The importance of strong policy commitment on the Project grows when the health emergency tends to lower the priority of other issues. Both Thailand and Japan have a strong policy commitment to UHC and global health, and thus to the Project. Thailand set the national Global Health Action Plan (2021-2027) (10) to promote the synergy and coherence of Thailand's global health effort and strengthen national health security. Japan also has worked to mainstream UHC in the world through global collaboration and bilateral assistance (6). The commitment is visible in the Joint Coordination Committee (JCC), the Project's highest decision-making body. Commitment is also seen at the implementation level, *i.e.*, the Joint Project Management Team (JPMT), which is composed of project managers and staff of the MOPH and NHSO, and JICA experts. JPMT constantly holds meetings for monitoring and technical coordination of the Project's activities. Their members keep a close relationship with each other despite losing the ability to have face-to-face communication under the Work-from-Home policy. Below are three factors that contributed to its success.

*Trust:* When a member was not able to attend the JPMT meeting, he or she read through the delivered materials and sent comments beforehand. Such a responsible work ethic builds trust in a relationship.

*Teamwork:* At the planning of activities, we had closer consultation using various communication tools such as e-mail, LINE, and Zoom. In particular, as NHSO is involved with the most activities, their members joined weekly meetings, taking time out from their busy schedules with a team-oriented mindset. At the time of implementation of the activities, both Thailand and Japan provided technical and logistic support.

*Common goals:* Partnerships are generally made when two parties have a common goal. The Project members share a common goal of promoting UHC in their country and globally as specified in the Project Design Matrix developed based on the discussions and agreement between the two countries. The main premise of the Project is that each member works not for one's own profit but for the good of society.

#### **Achievements**

In the past year and a half (2020-2022) amid the COVID-19 pandemic, the regular (at least four times a year) meetings of JPMT and the annual JCC meetings were the main drivers of the Project, keeping it alive and productive. The Project successfully conducted a number of online activities, including twelve technical workshops on health financing, strategic purchasing, health workforce, maternal and child health and UHC Policy Dialogue using Japan and Thailand's experience for other countries in Asia and Africa. Notably, most of these activities were not single events as often seen in the first phase of the Project. Our "new normal" approach led to continuing dialogue between the two countries as well as with participating countries. More importantly, Global Health and UHC Resource Centers have been institutionalized as the asset of the Project (11,12). Fruitful learning materials including articles, books, and videos, are readily available to anyone from all over the world.

#### **Conclusion**

During the COVID-19 pandemic, driving global health and continuing the UHC momentum at the national level remain important issues. Within the physical constraints borne by COVID-19, the project discovered effective "new normal" approaches especially with coordination of virtual meetings. First, a problem-oriented approach emphasizing practical and interactive discussions on each country's priority issues effectively enhanced mutual learning in South-South and Triangular Cooperation. Second, taking advantage of virtual meetings was useful for maintaining and expanding networks as well as strategically expanding target participants to either side of decision-makers and/or local officers to deepen discussion and facilitate decision-making. Hereon, the maximum use of the existing network is critical. Lastly, our experience also highlighted the significance of commitment, trust, teamwork, and sharing common goals in terms of enhancing partnerships, especially amid the COVID-19 pandemic.

By comparing the above experience with that of other projects between Thailand and Japan, we can identify advantages and disadvantages with each other and work for better management. Our lesson learned is also applicable to other bilateral and multilateral projects in other countries. We believe our experiences and practices will serve as a useful reference to further promote South-South and Triangular cooperation in order to move UHC forward globally.

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