



**PERMANENT MISSION OF THAILAND**

**TO THE UNITED NATIONS**

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**Remarks**

**by**

**H.E. Mr. Don Pramudwinai**

**Deputy Prime Minister and Minister of Foreign Affairs of Thailand**

**at the Foreign Policy and Global Health (FPGH) Ministerial Meeting**

**19 September 2022,**

**Permanent Mission of Senegal to the United Nations, New York**

Your Excellency Aissata Tall Sall,  
Excellencies,  
Distinguished participants,

Right to Health is a fundamental human rights; and material wealth alone cannot ensure health and human security. That is why the meeting today and the draft resolution proposed by Senegal, as FPGH Chair, are timely.

In our view, the global health architecture needs a comprehensive reform. It needs structural and functional changes to tackle more effectively emerging health threats. What the world needs is more equity, more inclusivity and more coherence. Please allow me to share some thoughts on the said architecture.

First, “Equity” means “no one should be left behind”, especially the vulnerable and the furthest behind. The resources for recovery of health systems should be re-oriented to accelerate Universal Health Coverage (UHC) and elevate primary health care capacity.

Our recent experience has shown that UHC can support pandemic response and protect the right to health of all people living on the Thai soil, through a holistic approach on disease control and health service delivery.

We have ensured universal and equitable access to COVID-19 related services, with financial risk protection for everyone -- be they clinical and mental health services; both for Thai and non-Thai population.

To achieve UHC and health security, we must not forget prevention, which is a cost-effective investment by promoting healthy lifestyles and tackling the upstream cases of ill health. In this vein, Thailand will present its candidature to host the Expo 2028 in Phuket under the theme “Future of Life: Living in Harmony, Sharing Prosperity”, which underlines the importance of healthy living and showcases Thailand’s competence as a world-class medical hub and leading medical tourism destination.

Moreover, “equity” should also mean “self-reliance”. Developing countries should have the capacity to manufacture certain medical countermeasures. Regional vaccine production and distribution capacity should also be further enhanced. This

would help to increase supplies to match global demands in times of pandemics, thus addressing chronic inequity of access.

Second, “Inclusivity” means all people should play their part in the pandemic prevention, preparedness and response process. We must engage stakeholders in acting collectively for the common good. To strengthen such inclusivity, we must focus on equipping health workforce with adequate public health competences.

Thailand has established a network of ‘village health volunteers’ to support home isolation, self-care, and promotion of health literacy in their villages. We have also trained ‘migrant worker volunteers’ who have language and cultural knowledge to help control the disease in the border areas, especially for those who may not have easy access to the normal healthcare system.

At the regional level, we have worked with neighbouring countries to improve our partners’ preparedness and response to COVID-19. We have set up the International Field Epidemiology Training Program (IFETP), aiming to develop three new epidemiologists for each neighboring country per year, subsequently serving as ‘trainers’ for others.

Third, “Coherence” means the reforms of the global health architecture, which must be synergized in terms of objectives and priorities. We should avoid proliferating initiatives and reduce fragmentation of health governance. As such, we must finalize the urgent tasks ahead of us, within the agreed timeframe.

We wish to highlight in particular the work under WHO on a future ‘pandemic instrument’ and the targeted amendments of the International Health Regulations (2005). Both work streams must be complementary and mutually reinforcing drawing from lessons of the past pandemic, in particular COVID-19.

Excellencies,

The world cannot afford to face another pandemic unprepared. The world needs us to work in a more collaborative and concerted manner.

On this occasion, I wish to express appreciation for the Universal Health and Preparedness Review (UHPR), in which Thailand recently participated. We have

worked with relevant line agencies and WHO to conduct a review of the strengths and weaknesses of our health system.

We encourage all FPGH members to consider taking part in this process and share lessons learned within the Group and with the whole international community. A comprehensive review of where gaps and inequities lie would help us better tackle any future health threats.

Together, we could address shortcomings and systemic failures of the current global health architecture, including through the implementation of many of FPGH resolutions.

Excellencies,

‘Health for all’ is a difficult, yet achievable task. All people deserve to see their right to health, be fully and fundamentally promoted and protected.

Our group has come a long way. The contribution we have made so far to promote global health is highly commendable. FPGH must continue to do its part to help address health challenges of the world today and explore ways to better engage key players beyond the Group to benefit from their wider perspectives.

I thank you.

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