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## Rebalancing NGO Contributions to Public Health in Asia

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**Yanzhong Huang, Senior Fellow for Global Health at the Council on Foreign Relations, explains that “In Asia, the capacity of NGOs to contribute to public health, both within individual countries and at the regional level, has steadily expanded.”**

Nongovernmental organizations (NGOs) that work on public health issues could potentially have a greater role in enhancing regional security throughout Asia than is currently acknowledged. One reason why public health NGOs are not living up to their potential is because their engagement across the health field is so unbalanced. While the involvement of NGOs in public health projects is not new in Asia, the proliferation of public health NGOs and the increased recognition of the security implications of public health are two recent developments. The end of the Cold War along with the advent of globalization continues to highlight nontraditional security challenges, including ones within the realm of public health. The bipolar superpower struggle has given way to a security agenda that now includes pandemic and other transnational public health concerns. The unfolding of the HIV/AIDS global crisis served as a catalyst for the competitive engagement among public health NGOs worldwide, which gained further momentum when the UN Security Council unanimously adopted a resolution to address the global impact of the virus in January 2000.

In Asia, the capacity of NGOs to contribute to public health, both within individual countries and at the regional level, has steadily expanded. NGOs, both domestic and international, now play an important role in providing direct health services to needy populations in countries throughout Asia. Compared with government agencies, one distinct advantage for NGOs is their ability to reach and represent hard-to-reach, marginalized, vulnerable and underrepresented groups within states. For instance, according to a 2004 article in *The Lancet*, once effective AIDS treatment became available in the 1990s, community-based organizations and local public health NGOs became the backbone for AIDS treatment and support amongst rural populations of many developing states. One specific example of such an NGO in Asia is AIDS Care China, a Guangzhou-based group, which in 2010 was dispensing medication to 15,000 state registered AIDS patients—nearly 25 percent of the total registered AIDS patients receiving treatment in China at that time.

Similar trends are evident at the regional and global level. The Bill & Melinda Gates Foundation, with the unprecedented resources it has committed to global health, has actually become a “game changer” in global health governance. The foundation has accounted for more than two-thirds of private funding to global health in recent years, almost as much as the World Health Organization (WHO).

However, the breadth and depth of engagement by public health NGOs is uneven across specific issue areas. A majority of public health NGOs in Asia work on HIV/AIDS prevention and control, then in ascending order: infectious diseases, public

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health system capacity building, and chronic non-communicable diseases. As a result, there are many important health challenges that simply fail to receive sufficient attention, otherwise known as “under-exploitation,” and on the other spectrum, too much competition along with an absence of coordination in HIV/AIDS prevention and control has led to a “tragedy of the commons,” more commonly known as “over-exploitation.”

Again, China provides a stark example where almost all public health related NGOs work on one issue area: HIV/AIDS. Few work explicitly on tuberculosis, malaria, or migrant population health issues. Public health NGOs were also absent in China’s fight against outbreaks of such diseases as SARS and H1N1 swine flu. Among the hundreds of civil society organizations (CSOs) working on AIDS, most deal with only a few specific populations, namely MSM—men who have sex with men—and people who have already contracted HIV.

These imbalances have a broader geographic component, as the development and engagement of public health CSOs vary across Asian countries. Overall, NGOs play a more prominent role in promoting health and security in Japan, Thailand and Indonesia than in China, Vietnam and Laos. Domestic political institutions are one factor in this disparity. Thailand’s civil society, for example, emerged from the democratization process of the 1980s and allowed public health NGOs to frame issues of public health within a social and political context. By contrast, some 90 percent of the NGOs in China lack legal status and political space. Nonprofit organizations are expected to register with the Ministry of Civil Affairs—under whose jurisdiction public health NGOs fall—and they are not allowed to register without a government-backed agency as their caretaker. Because few government agencies want to be responsible for sponsoring independent organizations, most NGOs are forced to register as for-profit organizations instead. Their for-profit status makes them subject to government scrutiny regarding taxes and other administrative issues.

Furthermore, the problems that fuel these imbalances are rooted in the domestic environment of each particular country. Tight state control over information and the lack of checks and balances on state power in authoritarian states discourages dissenting voices. This, in turn, suppresses the space within civil society for NGOs to develop and carry out their role. In addition, the absence of domestic financial support further curtails the activities of national NGOs.

Regional and global actors also inadvertently feed these imbalances, even while providing invaluable support to in-country NGOs. In countries where government financial support is limited or absent, NGOs become overly dependent on international support and have to then tailor their agendas to the donors’ funding priorities and this has the unintended effect of narrowing the range of their activities. International donors often have a mandate to fund projects that focus on individual diseases—the “vertical” approach—rather than the broader health system as a whole—the “horizontal” approach. The vertical approach generally encourages NGOs to work only on certain high-profile diseases. This in turn makes it difficult for local NGOs to coordinate with each other, and with international and government agencies, in pursuing broader public health objectives.

There is clear evidence that suggests public health NGOs are already playing an important role throughout Asia, but to ensure that they realize their full potential requires a dual track approach. First, a more deliberate, coordinated effort by international funders to support comprehensive public health interventions can help reduce imbalances between resources allocated to specific diseases. The second requirement is to reduce government restrictions that constrain local and international NGOs from engaging in the type of regional cooperation necessary to adequately deal with public health challenges that do not respect borders.

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