



World Health
Organization

Thailand

Thailand Country Cooperation Strategy 2022–2026

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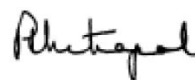
Message from the Regional Director

Thailand has made remarkable progress in achieving universal health coverage and continues to play a prominent role in global health. The Sixth Country Cooperation Strategy (CCS) 2022–2026 is not only World Health Organization (WHO)'s strategic vision for the Organization's work with the Royal Thai Government and its partners, but also a pathfinder in global collaboration in health at the country level.

This CCS will be implemented between 2022 and 2026 and is focused on the six strategic priority areas, namely: (i) convergence of digital health platforms and health information systems implementation in Thailand (Digital Health); (ii) Enhancing Leadership in Global Health-Thailand (EnLIGHT); (iii) health in all public policies for the prevention and control of noncommunicable diseases (NCDs); (iv) migrant health; (v) public health emergency (PHE) policy and system in Thailand; and (vi) road safety. These strategic priorities align with the priorities set out in Thailand's Thirteenth National Economic and Social Development Plan, the 20-year Strategic Plan (2017–2036), the United Nations Sustainable Development Cooperation Framework (2022–2026), South-East (SE) Asia Regional Flagship Priorities, the Thirteenth General Programme of Work and the Sustainable Development Goals.

I commend all the stakeholders who have worked together in developing the CCS that is truly innovative and the first of its kind in the SE Asia Region to secure strong country commitment through a pooled funding mechanism, incorporating the principles of the Paris Declaration on Aid Effectiveness with majority pledges from the Ministry of Public Health and four autonomous public health agencies in addressing the CCS strategic priorities. Other distinctive features of this CCS are a unique governance structure designed to facilitate the participation of all stakeholders and a strong monitoring and evaluation framework to track progress for demonstrable impacts on the health of the people.

This CCS will enable WHO's continued assistance to Thailand to address present and emerging challenges, in line with the Region's 'Sustain, Accelerate and Innovate' vision. Together, we have achieved much and will continue to achieve more.



Dr Poonam Khetrapal Singh
Regional Director
WHO South-East Asia Region

Preface

The Country Cooperation Strategy (CCS) 2022–2026 describes World Health Organization (WHO)'s 5-year strategic vision to guide the Organization's work in Thailand. It is the outcome of an extensive consultation involving stakeholders and partners from the health and non-health sectors. In these consultations, six priority programmes were identified, which will be the focus of the Royal Thai Government, WHO and partners for their joint work over the next five years.

Thailand's CCS represents the continuation of a strategic, innovative and unique approach to partnership – where stakeholders including the Ministry of Public Health, academia, civil society, government autonomous health agencies, sister UN agencies and other relevant sectors agreed upon a limited number of defined priorities that are in line with national and global priorities. In this approach, WHO serves as a catalyst to accelerate collaboration in the priority areas across sectors, where the work is fuelled by domestic investments and where the use of WHO's social and intellectual capital is maximized.

The core component of this CCS document describes the work in six priority areas: digital health, enhancing Thailand's leadership in global health, migrant health, noncommunicable diseases, public health emergencies and road safety. These programmes address critical public health issues in Thailand in its unique context as an upper-middle-income country that has pioneered universal health coverage. The six priorities reflect health-related issues that are believed can be best addressed through a broad collaboration.

With continuous technical support from the WHO Regional Office and WHO Headquarters, the CCS will be implemented through an established country office team jointly with partners identified for each priority area. A three-tiered governance structure facilitates results-based monitoring and evaluation.

Though most of WHO's work will be guided by the CCS, it will continue to support normative and policy work in other important areas as needed.

It is hoped that the CCS 2022–2026 will continue to contribute to improving the health of all people living in Thailand by addressing critical health priorities and stimulate high-value policy work, knowledge generation, advocacy and capacity-building in these areas.



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Permanent Secretary for Public Health



Dr Jos Vandelaer
WHO Representative to Thailand

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Thailand's Country Cooperation Strategy (CCS) 2022–2026 has been developed in partnership between WHO, the Royal Thai Government and over 50 governmental and nongovernmental organizations. It was produced with inputs from government ministries and agencies led by the Ministry of Public Health, centres of excellence in Thailand, civil society, bilateral and multilateral agencies, UN agencies and academic institutions. The CCS 2022–2026 prioritization process was facilitated by Daniel Kertesz, WHO Representative to Thailand until August 2021 and Renu Garg during August–September 2021. The CCS 2022–2026 document was prepared under the leadership of Jos Vandelaer, WHO Representative to Thailand from October 2021. Technical inputs were coordinated by Teeranee Techasrivichien. WHO staff support for development of programme priority areas was provided by Aree Mounsookjareoun, Olivia Corazon Nieveras, Phiangjai Boonsuk, Richard Brown and Sushera Bunluesin. Writer Patou Masika Musumari assisted in development of the CCS 2022–2026 document. Further, technical support from WHO South-East Asia Regional Office technical departments, Country Strategy & Support (CSS), Programme Planning and Coordination and CSS Headquarters was sought to finalize the document. We also thank all programme managers and co-funders for their feedback to the initial draft.

A cronyms and abbreviations

AMR	Antimicrobial Resistance
ASEAN	Association of South East Asian Nations
BMI	Body Mass Index
CCS	Country Cooperation Strategy
CLMV	Cambodia, Laos, Myanmar, Vietnam
CMHI	Compulsory Migrant Health Insurance
CSC	Coordinating Subcommittee
DALYs	Disability-Adjusted Life Years
EID	Emerging Infectious Diseases
EnLIGHT	Enhancing Leadership in Global Health – Thailand
Ex Com	Executive Committee
FAO	Food and Agriculture Organization
FPGH	Foreign Policy and Global Health
GDP	Gross Domestic Product
GHD	Global Health Diplomacy
GPW	General Programme of Work
HIS	Health Information System
HSRI	Health Systems Research Institute
IHPP	International Health Policy Programme
IOM	International Organization for Migration
M&E	Monitoring and Evaluation
MDGs	Millennium Development Goal(s)
MoPH	Ministry of Public Health
NCDs	Noncommunicable Disease(s)
NESDP	National Economic and Social Development Plan
NHCO	National Health Commission Office
NHPSP	National Health Policies, Strategies and Plans
NHSO	National Health Security Office
PHE	Public Health Emergency
PSC	Programme Subcommittee
RS	Road Safety
SDGs	Sustainable Development Goal(s)
SE	South-East
TDRI	Thailand Development Research Institute
Thai Health	Thai Health Promotion Foundation
TICA	Thai International Cooperation Agency
TWG	Thematic Working Group
UHC	Universal Health Coverage
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNEP	United Nations Environment Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNSDCF	United Nations Sustainable Development Cooperation Framework
WCO	WHO Country Office
WHO	World Health Organization

Executive summary

Thailand is at the forefront of social development and one of the fastest-growing economies in Asia and South-East Asia. Thailand became an upper-middle-income country in 2011 and it is a major exporter in the region. Continuous reforms and measures to improve the health system have led to significant improvement of the overall health status of the population. Since the introduction of the Universal Health Coverage in 2002, every Thai citizen is now entitled to essential preventive, health promotion, curative and palliative health services throughout the life course, and is protected from the risk of catastrophic health-care expenditure.

Thailand is actively present in various global health forums including the WHO governing body platforms, multilateral platforms and other regional and global institutions, and is emerging as a key stakeholder in global health policy, diplomacy and trade, where middle- and low-income countries are not well represented.

However, the country is faced with various health challenges. Noncommunicable diseases (NCDs) and their associated risk factors, as well as road traffic accidents, are persistently claiming the lives of thousands of Thai people every year, causing significant economic loss. Antimicrobial resistance threatens the gains made against infectious diseases. Given the backdrop of the recent pandemic, preparedness for public health emergencies is important more than ever. As a major migrant-receiving country in the region, improved health service delivery and health status of migrants in Thailand also remain a challenge. Furthermore, as an emerging industrialized country, a robust digital health strategy that contributes to a more efficient and sustainable health system, enabling them to deliver good quality, affordable and equitable care, is yet lacking.

The Sixth Country Cooperation Strategy (CCS) (2022–2026) is WHO's strategic vision for its work with the Royal Thai Government and its partners. It aims to improve systems needed to implement national health policies, strategies and plans and to achieve national targets under the Sustainable Development Goals (SDGs). The CCS 2022–2026 is informed by a country-driven process and based on an analysis of the health context in Thailand as well as lessons learnt from the implementation of the previous CCS 2017–2021. It was characterized by a cascading series of consultations which were highly participatory, multistakeholder and multisectoral, engaging the Ministry of Public Health, WHO and many governmental and nongovernmental agencies which formed a tripartite leadership and implementation structure for this CCS.

The CCS 2022–2026 is aligned with the priorities set out in the Thirteenth National Economic and Social Development Plan (NESDP) and the 20-year Strategic Plan (2017–2036) for Thailand, the United Nations Sustainable Development Cooperation Framework (UNSDCF) 2022–2026, World Health Assembly and Regional Committee Resolutions, WHO South-East (SE) Asia Office Regional Flagship Priorities, WHO's Thirteenth General Programme of Work (GPW 13) (2019–2023, extended to 2025) and the SDGs.

Six priority programmes were identified for this CCS through a consultative process:

- 1) Convergence of digital health platforms and health information systems in Thailand (Digital Health)
- 2) Enhancing Leadership in Global Health-Thailand (EnLIGHT)
- 3) Health in all public policies for the prevention and control of NCDs (NCDs)
- 4) Migrant health
- 5) Public Health Emergency (PHE) policy and system in Thailand
- 6) Road safety

1 Introduction

The World Health Organization (WHO) Country Office (WCO)'s mission in Thailand is to support and add value to the Royal Thai Government and other stakeholders to improve the health of all people in Thailand and to promote Thai expertise around the world. The WCO links the global goals and initiatives of WHO with policies and plans of the Ministry of Public Health (MoPH) and supports harmonization of regional and global priorities with those of Thailand.

The activities of WHO in Thailand are guided by the following: the Sustainable Development Goals (SDGs); resolutions of the World Health Assembly and the Regional Committee for South-East (SE) Asia; WHO's Thirteenth General Programme of Work (GPW 13) (1); the United Nations Sustainable Development Cooperation Framework (UNSDCF) 2022–2026 for Thailand; and most importantly, the national health policies, strategies and plans (NHPSP) articulated by the MoPH of the Royal Thai Government.

The Country Cooperation Strategy (CCS) 2022–2026 provides strategic direction to WHO's work in Thailand. The CCS describes how WHO will support Thailand to achieve a selected set of its health priorities based on WHO's comparative advantages in collaboration with partners. This CCS builds on the previous CCS and has been updated considering the current public health context through a consultative, priority setting process, with the CCS governance structure and linkages of programme content to global policies.

The CCS takes into consideration gender, equity, human rights and disability as underlying principles which are embedded within the six strategic priority areas.

Similar to the CCS 2017–2021, CCS 2022–2026 stands out from previous CCS by its key distinctive characteristics including the involvement of a much larger number of partner organizations, a pooled funding mechanism whereby WHO and in-country partners place their funds into a common bank account, an annual international standard audit that provides reassurance for participating agencies contributing into a pool, and financial reporting for each of the priority programmes which was streamlined into a single reporting requirement. It facilitates CCS principles of country ownership, alignment with national priorities and harmonization with partners (2).

To support CCS implementation, Thailand's CCS has a three-tiered governance structure that is unique to Thailand's CCS, which consists of an Executive Committee (Ex Com), a Coordinating Subcommittee (CSC), and programme subcommittees (PSC) corresponding to each priority programme.

A monitoring mechanism will be developed to inform progress in light of the CCS results framework. A midterm review and a final evaluation towards the end of the CCS cycle will be conducted.

2 Health and development situation

2.1. Political, social and macroeconomic context

Table 1. Socioeconomic indicators 1980–2021

Indicators	1980	1985	1990	1995	2000	2005	2010	2015	2020	2021
Population, total (in millions)	47.4	52.0	56.6	59.5	63.0	65.4	67.2	68.7	69.8	70.0
Population density (people per sq. km of land area)	92.7	101.8	110.7	116.4	123.2	128.0	131.5	134.5	136.6	
Population growth (annual %)	2.1	1.8	1.4	1.0	1.0	0.6	0.5	0.4	0.3	0.2
Population ages 65 and above (% of total population)	3.7	4.0	4.5	5.5	6.5	7.8	8.9	10.6	13.0	13.5
Age dependency ratio (% of working-age population)	76.0	63.4	53.2	48.3	43.9	40.9	39.0	40.0	41.9	42.5
GDP (current US\$, billions)	32.4	38.9	85.3	169.3	126.4	189.3	341.1	401.3	499.7	506.0
GDP per capita (current US\$)	682.9	747.7	1,508.9	2,846.6	2,007.7	2,894.1	5,076.3	5,840.1	7,158.8	7,233.4
GDP growth (annual %)	5.2	4.6	11.2	8.1	4.5	4.2	7.5	3.1	-6.2	1.6
Gross national expenditure (% of GDP)	106.9	104.0	107.3	105.4	90.0	99.9	93.3	90.8	94.6	99.3
Tax revenue (% of GDP)	13.1	13.7	16.9	16.4	13.0	16.1	14.9	16.1	14.5	
Current health expenditure (% of GDP)					3.1	3.2	3.4	3.7		

Source: World Bank, 2022

Table 2. Life expectancy at birth and adult mortality rate 1980-2020

Indicators	1980	1985	1990	1995	2000	2005	2010	2015	2020
Life expectancy at birth (in years)									
Total	64.4	67.9	70.2	70.2	70.6	72.1	74.2	76.1	77.3
Male	61.5	65.0	67.2	66.6	66.9	68.7	70.7	72.4	73.7
Female	67.5	70.9	73.4	74.0	74.5	75.6	77.7	79.9	81.1
Fertility rate, total (births per woman)	3.4	2.6	2.1	1.9	1.7	1.6	1.5	1.5	1.5
Birth rate, crude (per 1,000 people)	26.5	22.1	19.2	16.9	14.5	12.9	11.8	10.8	10.0
Death rate, crude (per 1,000 people)	7.3	6.1	5.7	6.3	6.9	7.1	7.2	7.4	7.9
Adult mortality rate									
Male (per 1,000 male adults)	283.5	239.6	227.6	253.7	257.7	234.4	215.5	204.0	182.2
Female (per 1,000 female adults)	200.9	159.9	135.5	135.1	137.1	124.3	104.8	93.8	76.2

Source: World Bank, 2022

Summary of selected socioeconomic indicators, life expectancy at birth and adult mortality rate during the period 1980–2021 are shown in Tables 1 and 2. Thailand has achieved remarkable economic progress, transitioning from a low-income to an upper-middle-income country in less than a generation. As an emerging industrialized country with increasing urbanization, it serves as an economic anchor for its developing neighbours (3). Thailand’s Human Development Index has rapidly increased since the 1900s and is higher than the world’s average (4). The country’s gross domestic product (GDP) per capita was US\$ 7233 in 2021, with rapid increases since the 1980s (5). Most Millennium Development Goals (MDGs) have been achieved.

There are, however, significant inequalities in many socioeconomic dimensions and pockets of vulnerability remain.

Thailand has experienced significant political stress since the endorsement of its first Constitution in 1932. The latest election took place in 2019.

2.2. Health status and leading causes of death

According to the burden of diseases and injuries projection Thailand 2014–2030 by the International Health Policy Program (IHPP) (6) given in Figure 1, it is estimated that stroke, ischaemic heart disease, diabetes, chronic obstructive pulmonary diseases and liver cancer will become the top five leading causes of death for both men and women of all ages by the year 2030.

Figure 1. Top 20 leading causes of death for all ages – demographic trend for both sexes

Changes of death rate (per 100,000 pop.) from 2014 to 2030 (Both sexes)							% changes from 2014
2014			2030				
Ranking	Causes	Death rate		Causes	Death rate	Ranking	
1	Stroke	95.3	————	Stroke	165.7	1	73.9%
2	Ischaemic heart disease	62.2	————	Ischaemic heart disease	105.9	2	70.3%
3	Diabetes	47.3	————	Diabetes	82.0	3	73.3%
4	Liver cancer	40.0	-----	COPD	65.4	4	87.1%
5	Traffic accidents	39.0	-----	Liver cancer	58.9	5	47.1%
6	COPD	34.9	-----	Bronchus & Lung cancer	41.2	6	60.4%
7	Bronchus & Lung cancer	25.7	-----	Traffic accidents	40.1	7	2.6%
8	HIV/AIDS	25.1	-----	Lower respiratory tract infections	39.6	8	73.3%
9	Lower respiratory tract infections	22.9	-----	Nephritis & nephrosis	39.4	9	74.0%
10	Nephritis & nephrosis	22.7	-----	Cirrhosis	28.2	10	25.2%
11	Cirrhosis	22.5	-----	Tuberculosis	27.8	11	61.7%
12	Tuberculosis	17.2	-----	Dementia	27.7	12	103.3%
13	Colon & rectum cancer	16.2	-----	Colon & rectum cancer	27.4	13	69.5%
14	Dementia	13.6	-----	HIV/AIDS	24.0	14	-4.4%
15	Falls	10.6	-----	Diarrhoea	18.9	15	79.0%
16	Diarrhoea	10.5	-----	Falls	16.1	16	52.4%
17	Mouth & pharynx cancer	8.6	————	Mouth & pharynx cancer	13.3	17	54.7%
18	Suicides	8.4	-----	Hypertensive heart disease	12.7	18	83.9%
19	Cervix uteri cancer	7.7	-----	Cervix uteri cancer	11.2	19	44.9%
20	Breast cancer	7.1	-----	Peptic ulcer disease	11.1	20	86.1%
21	Hypertensive heart disease	6.9	-----	Breast cancer	9.4	22	32.5%
25	Peptic ulcer disease	6.0	-----	Suicides	9.1	23	8.4%

Source: IHPP, 2017

In term of disability adjusted life years (DALYs), the burden of noncommunicable diseases (NCDs) is projected to increase with the increasing proportion of the ageing population, while changes in injuries and disabilities due to road traffic accidents remain decremental. The decline of communicable diseases, in particular HIV/AIDS, is expected to be overtaken by liver cancer as shown in Figure 2.

Figure 2. Top 20 leading causes/diseases in DALYs for all ages – demographic trend

Changes of DALYs per 100,000 pop. from 2014 to 2030 (Both sexes)						
Rank	DALYs		2014	2030	DALYs	% changes
1	1703	Traffic accidents		Stroke	2270	41.4%
2	1606	Stroke		Diabetes	1841	36.5%
3	1348	Diabetes		Traffic accidents	1546	-9.2%
4	1078	Ischaemic heart disease		Ischaemic heart disease	1525	41.4%
5	1042	HIV/AIDS		Liver cancer	1072	27.2%
6	843	Liver cancer		HIV/AIDS	934	-10.4%
7	673	Alcohol dependence/harmful use		COPD	920	55.3%
8	643	Osteoarthritis		Osteoarthritis	809	26.0%
9	626	Cirrhosis		Dementia	787	88.5%
10	593	COPD		Cirrhosis	680	8.6%
11	465	Bronchus & Lung cancer		Bronchus & Lung cancer	644	38.4%
12	418	Dementia		Alcohol dependence/harmful use	615	-8.6%
13	385	Nephritis & nephrosis		Nephritis & nephrosis	551	43.0%
14	377	Deafness		Deafness	509	34.9%
15	376	Tuberculosis		Tuberculosis	490	30.3%
16	363	Schizophrenia		Cataracts	480	59.2%
17	355	Lower respiratory tract infections		Lower respiratory tract infections	477	34.6%
18	344	Asthma		Collon & rectum cancer	407	47.0%
19	314	Homicide and violence		Schizophrenia	360	-0.7%
20	305	Suicides		Asthma	347	0.9%
21	302	Cataracts		Suicides	290	-4.8%
24	277	Colon & rectum cancer		Homicide and violence	282	-10.4%

Source: IHPP, 2017

Thailand has undergone several major health systems reforms over the past two decades. The MoPH is the national health authority and forms a complex interdependent governing structure with many autonomous and semi-autonomous agencies including the Health Systems Research Institute (HSRI), the Thai Health Promotion Foundation (Thai Health), the National Health Security Office (NHSO), the National Health Commission Office (NHCO) and the Healthcare Accreditation Institute (7). Within this landscape, there is an increasing role of non-state actors and civic groups. The health system of Thailand, with its effective primary health care and innovative health system development, has shown impressive achievements as seen from the basic health indicators of over the last 25 years. Thailand has three public health insurance schemes which are managed by three different agencies. Civil servants and their dependents are covered by the Civil Servant Medical Benefit Scheme; private sector employees are covered by the Social Health Insurance Scheme and the rest of the population are covered by the Universal Coverage Scheme (8). Significant progress has been noted since the introduction of the latter in 2002 which, together with the other two schemes, has brought insurance coverage to 100% of Thai citizens (9). UHC has led to a decrease in catastrophic health expenditures from 1.8% in 1996 to about 0.4% in 2015 and the incidence of impoverishment against the national poverty line reduced considerably from 2.2% in 1996 to approximately 0.3% in 2015 (9). Another significant milestone was the introduction of the Compulsory Migrant Health Insurance (CMHI) scheme. However, significant challenges remain with undocumented migrants and refugees as well as stateless and displaced persons (10).

Thailand's public health delivery system comprises a network of health facilities including provincial and district hospitals and health centres. Public hospitals account for 75% and 79% of total hospitals and beds in the country, respectively (9). Thailand's private health sector is also well developed.

Thailand has experienced multiple health emergencies over the past four decades, which have shaped the evolution of its public health emergency (PHE) systems from a health-sector focused approach to a whole-of-society and multisectoral approach (11). Some official reports – Joint External Evaluation 2017 (12) and Joint Intra-Action Review 2019 (13) have indicated that Thailand has a well-performing PHE system. Thailand was able to contain COVID-19 during the first 15 months of the pandemic due to its strong health system (14). However, the resurgence of COVID-19 in April 2021 put substantial pressure on the health system. The COVID-19 pandemic revealed areas for improvement in many aspects of national defences against potential pandemics (11, 14). The Royal Thai Government's vaccination plan aimed to build domestic capacity for manufacturing vaccine and to immunize 70% of the population to achieve herd immunity. As of 15 August 2022, Thailand had fully vaccinated 53.60 million people, accounting for 77.1% of the population (15).

2.3. Cross-cutting issues

2.3.1 Poverty and inequalities

The rapid economic growth in Thailand has translated into a significant decline in the poverty rate, i.e. the proportion of the population that live below the national poverty line, from 16.4% in 2010 to 6.8% in 2020. Poverty remains much higher in rural areas than urban areas with pockets of poverty remaining prevalent in the north-east and the south (16). While the Gini index has decreased from 47.9 in 1992 to 35 in 2020 (17), specific groups such as ethnic minorities, migrants, individuals living with HIV, people with disabilities, gender and sexual minorities, elderly, disadvantaged women and children remain particularly vulnerable.

2.3.2 Gender equality

The Royal Thai Government has taken tangible measures to support gender equality and women's empowerment. For instance, the 2015 Gender Equality Act protects all individuals from gender-based discrimination. Other key actions are the inclusion of gender-responsive budgeting in the Constitution; the development of a curriculum on gender roles to cultivate positive attitudes and acceptance of gender equality from an early age; the collection of sex-disaggregated data in pertinent areas such as poverty, education and training, health, violence, economy, etc. for analytical purposes and formulation of gender-related policies and monitoring progress towards gender equality (18).

However, challenges remain, particularly in the representation of women in the higher echelons of society, e.g. the proportion of seats held by women in the national parliament is around 16% (19).

2.3.3 Human rights

Thailand is one of the first Asian countries to endorse the Universal Declaration of Human Rights in 1948. The country is party to 7 of the 9 core international human rights treaties which cover a range of civil, political, economic, social and cultural issues, in addition to the rights of specific groups. Thailand is also party to 4 optional protocols and has ratified 15 international labour conventions (20).

2.4. Development partners' environment

2.4.1 Development cooperation

Thailand is gradually shifting its status from a recipient to a donor country as a result of the economic progress the country has experienced over the past years. For example, the establishment of the Thailand International Cooperation Agency (TICA) facilitates Thailand's bilateral cooperation with other countries.

In addition, Thailand also serves as a regional hub for many development organizations active in Asian countries.

2.4.2 Collaboration with the United Nations system at country level

The WCO closely collaborates with many international organizations including the United Nations (UN) System and is an active member of the United Nations Country Team. The work of the UN in Thailand is guided by the UNSDCF 2022–2026, which outlines the collective work of UN entities and the Royal Thai Government. It aims to address the country's vulnerability pockets and put Thailand on the path towards sustainable development. The UN agencies which are active in health include WHO, United Nations Children's Fund (UNICEF), Joint United Nations Programme on HIV/AIDS (UNAIDS) and United Nations Population Fund (UNFPA) while the work of other UN agencies, e.g. Food and Agriculture Organization (FAO), United Nations Environment Programme (UNEP) and International Organization for Migration (IOM) also have an impact on health.

An example of a recent successful collaboration of the Royal Thai Government with the UN and partner agencies includes the establishment of the UN Thematic Working Group (TWG) on NCDs in 2019 to facilitate multisectoral actions to advance NCDs agendas in Thailand (21).

It is important to signal the active and significant role of donors and civil society organizations in addressing public health issues in Thailand.

2.4.3. Thailand's contribution to the global health agenda

Thailand has put in place remarkable initiatives that significantly contribute to advancing the global health agenda. These include, among many others, the International Health Policy Programme (IHPP), a research organization under the MoPH aiming to enhance health policy and systems research. The IHPP has produced hundreds of publications which have been widely cited in international health literature. These evidence not only support domestic policy development but also drive many regional and global agenda. Thailand, with a group of six countries (Brazil, France, Indonesia, Norway, Senegal and South Africa), co-founded the Foreign Policy and Global Health Initiative (FPGH) group which proposed a resolution at the UN General Assembly to recognize the importance of UHC to the global health agenda.

3 Developing the strategic agenda for WHO in Thailand

3.1. Principles of the CCS

The CCS is based on five key principles that guide WHO cooperation at the country level:

- **Ownership** of the development process, implementation, and monitoring and evaluation (M&E) of the CCS by the country
- **Alignment** with both national and global priorities and strengthening national systems in support of the national health strategies/plans
- **Harmonization** with the work of sister UN agencies and other partners in the country for better aid effectiveness
- **Cooperation** as a two-way process that fosters Member States' contributions to the global health agenda
- **Catalysation**: the WHO work in the CCS will catalyse broader national work in the CCS priority areas, and not be “the main fuel”.

3.2. How was prioritization done?

As summarized in Table 3, the principles and criteria for the selection of the CCS priorities were laid out and agreed by the three layers providing oversight of the CCS: the PSC, the CSC, and the Ex Com.

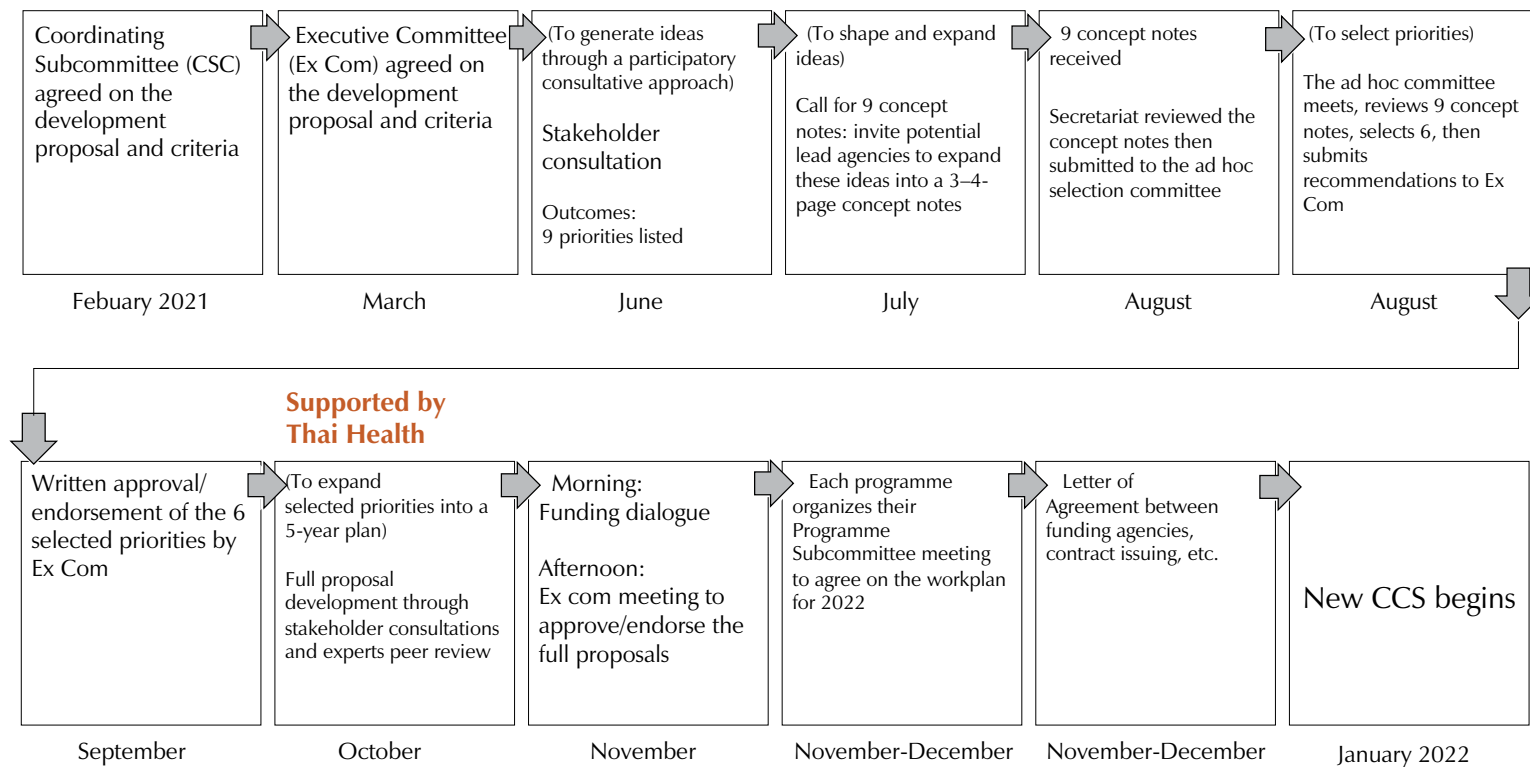
Table 3. Principles and criteria for selection of CCS 2022–2026 priorities

Principles	
1	Focused: a maximum of 6 CCS priorities; and consider a minimum of 4 priorities
2	Country-driven and consultative: the process for selection of priorities should be transparent and consider inputs of all CCS stakeholders
3	Unfinished agenda: priorities from CCS 2017–2021 may be continued should they meet the criteria for selection
Criteria	
1	WHO-added value – can WHO add value?
2	Impact on the health of people in Thailand – will work in this priority area have a demonstrable impact on the health of people in Thailand?
3	Multiple partners agree that this area is a priority; and multiple partners are already involved in work on the priority – do multiple stakeholders agree that this area is a priority?
4	The work to be done in the suggested priority area is sufficiently clear and can be focused on – does the work needed in this area meet these criteria?
5	Alignment with national plans and priorities, including the SDGs – is the work consistent with national plans and priorities, including SDGs?
6	Unfinished agenda – is the priority already included in CCS 2017–2021?

The process to select the CCS 2022–2026 priorities was country-driven, based on an informed analysis of the health context in Thailand as well as lessons learnt from the implementation of CCS 2017–2021. The process was characterized by its inclusiveness and extensive participation of partners in multi-stakeholder and multisectoral consultations.

Based on the criteria set, a call for concept notes was issued. From nine received concept notes, an ad hoc committee selected six, representing the priorities for the CCS. The detailed process is as shown in Figure 3 below.

Figure 3. CCS 2022–2026 development process



4 CCS 2022–2026 priority programmes

The WHO CCS 2022–2026 includes six priority programmes:

- Convergence of digital health platforms and HIS (Digital Health)
- Enhancing Leadership in Global Health-Thailand (EnLIGHT)
- Health in all public policies for the prevention and control of NCDs (NCDs)
- Migrant health
- Public Health Emergency (PHE) policy and system in Thailand policy and system in Thailand
- Road safety

4.1. Convergence of digital health platforms and health information systems (Digital Health)

Rationale. Digital health and health information systems (HIS) are dramatically altering the landscape for health. Thailand achieved UHC in 2002. However, the delivery of health services relies heavily on manpower without digitization, and the COVID-19 pandemic has exposed the lack of adequate digital health platforms in the country. Remedying this issue requires convergence across the health, digital economy, industrial and innovation sectors and collaboration with the private and the nongovernmental actors. Thailand has made progress in the application of digital interventions for health, a process accelerated during the COVID-19 pandemic by the need for timely and reliable data and public health issues like tuberculosis, migrant workers' health and road traffic injuries. Notwithstanding these advancements, there remain areas in need of further development. These include overcoming fragmentation in digital health systems and strengthening an integrated approach to health through digital interventions.

As part of this approach, this priority programme seeks to create a national level collaborative digital health governance mechanism to support the development of Thailand's digital health and integrated HIS with support from WHO, through technical support and advocacy, in the following five focus areas as listed in Table 4. The objectives of the priority programme are aligned with the MoPH's digital health strategy.

Table 4. National level collaborative digital health governance mechanism

Digital Health	
Strategic objectives	<p>The overarching goal of this WHO–CCS programme is to create a collaborative digital health governance mechanism to lead the development of Thailand’s digital health and integrated HIS with the support of WHO. This goal will be achieved through five focus areas as listed below, which are based on the seven building blocks of a digital health system and align with the priorities outlined by the Thai MoPH in its digital health strategy. The strategic objectives of this programme are:</p> <ul style="list-style-type: none"> - to increase understanding of the landscape for digital health in Thailand; - to design a standard dataset for use in the cases of road traffic injuries, migrant workers and genomics; - to build consensus and implement a framework, as appropriate, for health data management and data sharing in Thailand in a secure manner, while protecting people’s privacy; - to summarize and share information on availability and accessibility of data in Thailand; and - to understand the current context of virtual hospitals and telemedicine in Thailand and explore patients’ experiences of these services
Focus areas	<ul style="list-style-type: none"> - Landscape analysis for governance mechanism for digital health and HIS in Thailand - Standards and interoperability of datasets for road traffic injuries, migrant workers and genomics - Framework for health data management and data sharing with data protection in Thailand - Open data catalytic initiative for research and policy support in Thailand - Virtual hospitals and telemedicine in Thailand
Expected outcomes	<p>Over the five years of CCS support, Thailand will seek to inform the design of a collaborative governance mechanism for digital health and HIS with relevant stakeholders. This will be done by describing the landscape and taking incremental steps in areas of health data standards, health data security and privacy, open data policy and virtual hospitals and telemedicine. This will consist of:</p> <ul style="list-style-type: none"> - creating a shared vision demonstrating concepts on standards and legislative requirements and exploring open data policy; - understanding the potential for virtual hospitals and telemedicine; and - converging partners and building capacity for lasting impact

4.2. Enhancing Leadership in Global Health-Thailand (EnLIGHT)

Rationale. “Global health” reflects a paradigm shift in terms of how public health priorities and their potential solutions are conceptualized. The global, interconnected and interdependent nature of many pressing health priorities around the world calls for health collaboration across national boundaries and solutions that cut across multiple sectors and domains. Thailand’s contribution to global health has been unequivocal and is growing. The CCS–EnLIGHT aims to promote demonstrated collective leadership and contributions of Thailand to global health. This translates the country’s continued effort to improve health within and beyond its frontiers. WHO remains the main actor in global governance for health, as the one and only intergovernmental agency designated for health (Table 5).

Table 5. Enhancing Leadership in Global Health-Thailand

EnLIGHT	
Strategic objectives	<ul style="list-style-type: none"> - To develop, disseminate and communicate technical evidence to support Thailand’s preparedness for global health engagement in selective areas - To strengthen the capacity of individuals and organizations, in relation to other CCS programmes, in participating in global health events/movements, including their SDGs-related implications - To convene cross-sectoral coordinated actions for identified movements of Thailand
Focus areas	<ul style="list-style-type: none"> - Thailand’s Global Health Action Plan (2021–2027) - National priorities for Thailand’s global movement - Collaboration with other CCS programmes through <ul style="list-style-type: none"> • knowledge generation • capacity-building • collective global health movement • knowledge management
Expected outcomes	<ul style="list-style-type: none"> - Quality and availability of knowledge-in-demand to support global/regional movements - Expanded platforms for movements - Mobilized system capacity - Promoted collaborations at three levels: <ul style="list-style-type: none"> • collaborations across CCS programmes • collaborations among domestic partners/actors • collaborations with other countries and international agencies

4.3. Health in all public policies for the prevention and control of NCDs

NCDs are the main cause of mortality in Thailand, claiming 400 000 lives annually, which translates to 74% of all deaths in the country (22). The health and socioeconomic impacts of NCDs in Thailand remain persistently high despite the national multisectoral plan for NCDs being in place and the efforts the country has leveraged in the previous CCS such as the setting up of a high-level UN Interagency Task Force Mission in 2018 to support NCDs agenda and improve engagement with other sectors (23). In the backdrop of NCDs, there is a high prevalence of metabolic risk factors such as raised blood pressure, high cholesterol, obesity and diabetes, and behavioural risk factors such as tobacco use, harmful use of alcohol, unhealthy diet and sedentary behaviour. For example, according to Thailand National Health Examination Survey 2020, almost half (42.2%) of Thai adults have a body mass index (BMI) >25 and one out of four (25.4%) of Thai adults has raised blood pressure (24). Moreover, 17.4% of Thai adults smoke and 43.7% of Thai adults have insufficient physical activity (25). The economic loss due to NCDs and the associated risk factors are significant, representing approximately 10% of the country's GDP with most costs attributed to productivity loss due to premature mortality (22).

Rationale. NCDs are responsible for three out of every four deaths and significant lost productivity from premature mortality. NCDs are preventable and are targeted under SDGs and the national plan. WHO brings in international partners and technical expertise to drive NCDs multisectoral policy and action in Thailand (Table 6).

Table 6. Prevention and control of NCDs

NCDs	
Strategic objectives	<ul style="list-style-type: none"> - To facilitate multisectoral mechanisms for healthy public policy development - To mobilize international networks through a shared agenda on NCDs - To advocate for evidence-based policies including media advocacy - To generate a health and economic M&E framework for NCDs and generate documentation for partners' learning and shared expectations - To leverage the political attention and investment in health during the pandemic to advocate for NCDs

NCDs	
Focus areas	<ul style="list-style-type: none"> - Agenda based: major NCDs risk factors including tobacco, alcohol, unhealthy diet, physical inactivity, pollution and mental health - Priority issues are tobacco consumption, sodium consumption, cardiovascular diseases, hypertension and obesity - Area mechanism: district/ sub-district, provincial and regional health boards - Target population: working and aged persons for healthy active ageing
Expected outcomes	<p>Through institutionalized and strengthened national and local multisectoral mechanisms, achieve the following:</p> <ul style="list-style-type: none"> - implement unfinished United Nations Interagency Task Force 2018 recommendations; - improve NCDs response implementation as indicated by the nine global NCDs targets and NCDs progress monitoring report, particularly on the indicators that Thailand has yet to fully achieve in the 2020 report; - progress towards Thailand achieving the global NCDs targets for 2025 and the SDGs 2030 target on NCDs

4.4. Migrant health

Thailand is home to 4.9 million documented and undocumented migrants (26), the majority being migrant workers from neighbouring countries. Migrants account for 6% of the total population in Thailand. It is important to note that the term “migrant” in this document implies primary focus on vulnerable migrants and refugees from neighbouring countries. In addition, there are approximately half a million hill tribes who have been living for a long time in Thailand but do not hold Thai nationality. The public health policy for migrants in Thailand is shaped by the interplay of public health concerns, economic necessity and national security. It is estimated that migrants contribute more than 6% of the national GDP.

Thailand established UHC in 2002 for Thai citizens. The policy concerning the provision of health services to migrants has varied over several decades, reflecting the Royal Thai Government’s challenges in balancing national security, economic issues and health protection.

Considerable progress has been made in terms of access to health care and services for documented migrants. Documented migrants with work permits in the formal sector are covered by the Thai social security scheme of the Government’s workers programme, a mandatory scheme financed by tripartite partners including the Government, employers and employees. Migrants working in the informal sector such as domestic helpers can benefit from the CMHI managed by the MoPH. Still, many of them are not enrolled in these health insurance schemes.

In 2018, among the 3.32 million documented migrants, only 60% of them were insured (26). In addition, there are significant cultural and language barriers resulting in more than 60% of migrants covered by insurance not seeking care from the government health-care network when they are ill (26).

Thailand has ratified the Association of Southeast Asian Nations (ASEAN) Consensus on the Protection and Promotion of the Rights of Migrant Workers in November 2017 and endorsed the Global Compact for Safe, Orderly and Regular Migration and Global Compact on Refugees in 2019 in keeping with its aspiration to be a champion country on migrant health management.

Despite the efforts of the Royal Thai Government and its partners to address the health needs of migrants, the challenges remain mainly around five strategic areas: (i) lack of a long-term national policy and framework, including coherent policies across line ministries; (ii) barriers to access health-care services; (iii) health Information – fragmented migrant health database system; (iv) health financing – legislation/regulations to unite/ harmonize health financing schemes for migrants, i.e. social security scheme, CMHI and governance systems; and (v) public health response in crises: lessons learnt from management during the COVID-19 pandemic.

The CCS 2022–2026 includes WHO and its partners' support to the Royal Thai Government to ensure the right to health and reduce health equity gaps (access to health services with financial protection) in the vulnerable non-Thai populations living in Thailand. Based on the identified gaps, the support will focus on the following three strategic areas: (i) create enabling factors to promote health equity of vulnerable non-Thai populations; (ii) strengthen the migrant health management system; and (iii) improve health literacy among migrant populations and their communities including in their workplaces (Table 7).

Table 7. Migrant health

Migrant health	
Strategic objectives	<ul style="list-style-type: none"> - To create health equity of migrants and non-national population in Thailand and Thais living abroad, which ultimately will improve their access to health care and provide financial risk protection - To strengthen migrant health management systems - To improve health literacy on migrant and non-national health issues

Migrant health	
Focus areas	<p>Policy advocacy</p> <ul style="list-style-type: none"> - Policy dialogues to strengthen and develop the health system for migrants, to improve collaboration with Cambodia, Laos, Myanmar and Vietnam (CLMV) countries and to improve health literacy - Technical analysis to provide recommendations for evidence-based policy decisions - Establishing linkages to support the expansion of UHC to migrants as well as the recommendation for an effective structure within MoPH to ensure coherence in implementation and coordination with stakeholders - National conferences to inform public policy - Multi-stakeholders engagement platforms to formulate national policy frameworks <p>Networking and social movement</p> <ul style="list-style-type: none"> - Support capacity-building of the migrant health network - Consultative meetings with stakeholders including CLMV countries - Implementation of network capacity through study visits and workshops aimed at identifying gaps and solutions towards improved health-care accessibility for migrants - Support capacity-building for local communities and health facilities - Improvement of health literacy among migrants - Knowledge generation and social communication through media to counter xenophobia against migrants <p>Policy research</p> <ul style="list-style-type: none"> - Technical analysis to provide recommendations for evidence-based policy decisions - Areas where there are gaps in knowledge related to migrant health care
Expected outcomes	<p>Coherent policies, legal and regulatory frameworks and improvement of the health management system as well as health literacy among individuals and communities for achieving universal coverage and health equity for migrants and non-national population through the undermentioned steps</p> <ul style="list-style-type: none"> - Sustainable partnerships and platforms, both national and international, to support and strengthen health systems to ensure the rights and health equity among migrants and non-national people in Thailand - Dialogue with governing bodies and stakeholders regarding governmental policies responsible for health inequities - New networking among non-health partners, such as nongovernmental organizations, academic experts, social and private sector partners at any level to expand coverage of works related to migrants and non-national populations - Increasing the voice and influence of communities impacted by health inequities in policy change - Rapid policy analysis and recommendations to support policy dialogue and policy-makers in addressing inequity issues during the time of pandemics

4.5. Public Health Emergency (PHE) policy and system in Thailand

Activities in this CCS align with the work by the Royal Thai Government on Big Rock 1 health security reforms under the national public health reforms. The programme aims at improving national capability to prepare, prevent, detect and respond to public health emergencies.

With collective partnership, CCS–PHE generates evidence which supports policy decisions, strengthens M&E systems, builds capacity and networking and fosters the alignment and synergies with national strategies, legislations and international policy and legal frameworks, through the steps below (Table 8)

- Invigorating firm commitments at provincial and national levels to achieve health security
- Promoting evidence generation focusing on policy and systems, strengthening M&E, building capacities and networking
- Mobilizing financial resources, social and intellectual capital from multisectoral partners.

Table 8. Public Health Emergency (PHE) policy and system in Thailand

PHE policy and system in Thailand	
Strategic objectives	<ul style="list-style-type: none"> - To identify, prioritize and implement multisectoral actions that enable the people of Thailand to live normal lives with COVID-19 with minimum negative implications - To identify, analyse and prioritize gaps and strategic actions and take essential steps by all relevant partners to boost and sustain PHE capacities at national and provincial levels - To strengthen PHE M&E systems; strengthen and sustain the existing antimicrobial resistance (AMR) M&E platform - To engage in national, regional and global collaborations, initiatives, instruments or frameworks relevant to PHE
Focus areas	<ul style="list-style-type: none"> - Governance, policy and legislation: review, assess and draw lessons on achievements and deficiencies of the governance structure, its functions and relevant legislations and introduce a proposal for improvement for future major PHE - Improving health system capacities in preparedness and response, including maintaining essential health services, community health models, health workforce strengthening, etc. - Monitoring and evaluation: the national monitoring framework and provincial scorecard will be developed to assess PHE capacities - Capacity-building and networking: establish an 'ending COVID-19 pandemic network' with relevant partners - AMR activities will be continued under the PHE programme
Expected outcomes	<ul style="list-style-type: none"> - A participatory, effective and sustainable disease control mechanism as mandated by the Royal Decree which was amended to the Communicable Diseases Act B.E. 2558 in 2021 and the National Reform Plan on Health Security - A comprehensive national multisectoral strategic plan on emerging infectious disease (EID) to guide policy direction and strategic action for effective responses to EID with sustainable resources and policy support - Reoriented health systems to better prepare, prevent, detect and respond to future pandemics, while maintaining other essential health services – in particular the development of the urban primary health-care system, comprehensive community health model and infrastructure in Bangkok Metropolitan Area - A contingency financing plan for public health emergencies is developed through consultation with three public health insurance schemes and MoPH - A public health intelligence system which supports evidence-informed policy decision-making that includes monitoring of public perception and misinformation for risk communication and community engagement

PHE policy and system in Thailand	
	<ul style="list-style-type: none"> - Development of a national and provincial M&E platform for monitoring PHE capacity, a tool for self-assessment by provincial partners which includes indicators, measurement, interpretation and protocols of assessment - Development of a national M&E platform on AMR with focus on 'One Health' approach and production of an annual national M&E report - Designation of a national institute to be fully responsible for infection prevention and control - AMR is a mandatory surveillance item to be announced by the Communicable Disease Act B.E.2558 - The establishment and strengthening of a 'network of networks' mechanism at national, regional and global levels which mobilizes social and intellectual capital and resources to support public health security - Strengthen multisectoral, multi-stakeholder collaboration and expand networks of AMR based on 'One Health' approach - Knowledge management packages consolidating national and international assets during COVID-19

4.6. Road safety

Road safety is one of the key public health issues in Thailand and a priority for the Royal Government of Thailand. Although the country has a national plan for road safety in place, only marginal progress has been witnessed since 2013 (27). The Fourth Global Status Report on Road Safety indicated that in 2018, Thailand had a road traffic death rate of 32.7 per 100 000 population, which is the highest in SE Asia and ranked ninth out of 175 WHO member countries. According to WHO estimates, in 2016 there were 22 491 deaths, an average of 60 per day. The most affected were those aged between 15 and 29; and motorcyclists who accounted for 74% of all traffic deaths (27). According to Thailand Development Research Institute Foundation (TDRI), the economic loss due to road traffic related deaths and severe injuries is estimated at 642,743.3 million Thai Baht (approximately 18.87 billion US dollars) in 2019, which is equivalent to 5.9% of the GDP (28). Strategic objectives, focus areas and expected outcomes are as shown in Table 9.

Table 9. Road safety

Road safety	
Strategic objectives	<ul style="list-style-type: none"> - To reduce the high proportion of deaths among motorcycle users by reducing the risk factors of non-helmet wearing, drunk driving and speeding - To support the development of a data system, performance M&E to enhance the feedback loop - To enhance stakeholder collaboration among policy-makers, academia, funders, international organizations and other stakeholders towards a result-focused coalition - To work in alignment with the SDGs, particularly Goals 3.6 and 11.2, the Safe System Approach, 12 voluntary global targets for road safety and the Global Plan of Second Decade of Action 2021–2030
Focus areas	<ul style="list-style-type: none"> - Strengthen the road safety cooperation mechanism - Strengthen laws and policy implementation on motorcycle safety - Ensure that road safety implementation in Thailand aligns with SDGs and the international agendas - Capacity-building to enable local stakeholders and actors to address road safety challenges
Expected outcomes	<ul style="list-style-type: none"> - To support Thailand in achieving 12 road traffic deaths per 100 000 population by 2027, in alignment with the National Fifth Road Safety Master Plan - Bring down the number of deaths among motorcycle users by 50% by 2027

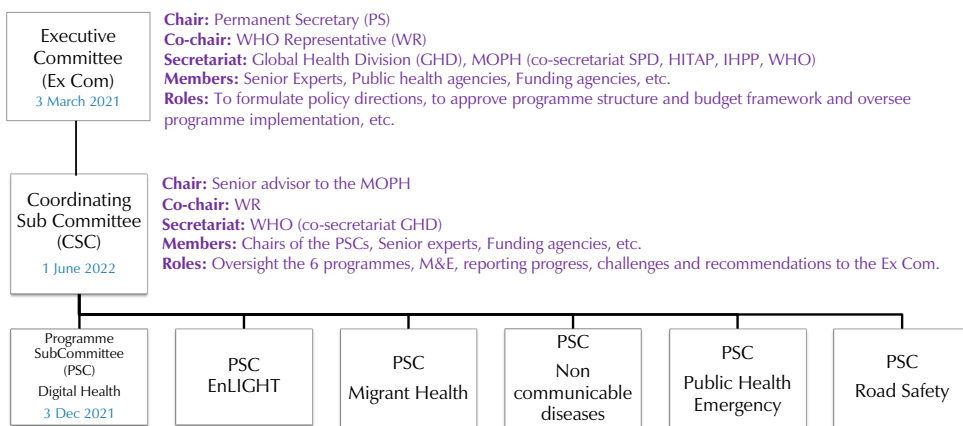
5 Implementing the strategic agenda

5.1. Governance structure

To manage and implement the Thailand CCS 2022–2026, a three-tiered structure has been established consisting of an Executive Committee (Ex Com), a Coordinating Subcommittee (CSC) and six programme subcommittees (PSC) as shown in Figure 4. This governance structure is a legacy from the CCS 2012–2016 which innovated from previous CCS cycles by its limited number of priorities, alignment with the national health plan, a multisectoral approach and a clear identification of WHO as playing a facilitating role.

The Ex Com of the CCS 2022–2026 was established on 3 March 2021, and it is co-chaired by the Permanent Secretary of the MoPH and WHO Representative to Thailand. The Ex Com also endorses and signs the CCS 2022–2026. Under the Ex Com, there is a CSC which plays the dual role of a intersectoral knowledge-sharing platform and of an M&E oversight body. The CSC is established by the Ex Com, and chairs of the PSC serve as members of the CSC. The six PSC correspond to each of the six priority programmes. They are chaired by the head of the lead agency for the programme area or by high-level MoPH officials. Annex 2 displays information regarding the leadership, members and responsibilities of the different governance bodies.

Figure 4. Governance structure of the CCS 2022-2026



SPD: Strategic and Planning Division, Office of the Permanent Secretary, Ministry of Public Health
HITAP: Health Intervention and Technology Assessment Programme
IHPP: International Health Policy Program

5.2. Partnerships

This CCS is built around a partnership between WHO, the Royal Thai Government, funding partners and implementing partners. WHO and the Royal Thai Government are the backbone of the CCS. Annex 3 summarizes the main partners for each priority area.

Multiple partners including WHO provide contributions for each of the six priority areas.

As shown in Table 10, contributions are pooled for each of the priority areas. Implementation for each of the priority areas is led by one or several partners who also manage the pooled funding.

Table 10. Pledged budget for 5 years (2022-2026) in million Thai Baht

CCS priority areas	5 Years Requested Amount	5 Years Pledge by Co-contributors						Total Pledge	Remaining Funding Gap
		WHO	Thai Health	NHCO	NHSO	HSRI	MoPH		
Digital Health (Lead agencies: HITAP and SPD)	15.69	4.70	4	-	-	-	1.5	10.2	5.49
EnLIGHT (Lead agency: IHPP)	56.25	6.25	30	5	15	-		56.25	-
Migrant Health (Lead agency: HSRI)	49.05	6.05	25	-	-	15	3	49.05	-
NCDs (Lead agency: Department of Disease Control, MoPH)	50	15	25	-	-	5	3	48	2
PHE (Lead agency: IHPP)	84.52	25.35	25	-	-	-	3	53.35	31.17
Road Safety (Lead agency: Road Safety Foundation)	47.50	14.25	20	-	-	-	-	34.25	13.25
Total	303.01	71.60	129	5	15	20	10.5	251.10	51.91

*the budget (million baht) as of 10 November 2021

Digital Health: Convergence of Digital Health Platforms and Health Information Systems in Thailand

EnLIGHT: Enhancing Leadership in Global Health-Thailand

NCDs: Health in All Public Policies for the Prevention and Control of Non-communicable Diseases

PHE: Public Health Emergency Policy and System in Thailand

HITAP: Health Intervention and Technology Assessment Programme

IHPP: International Health Policy Program

SPD: Strategic and Planning Division, Office of the Permanent Secretary, Ministry of Public Health

WHO: World Health Organization

ThaiHealth: Thai Health Promotion Foundation

NHCO: National Health Commission Office

NHSO: National Health Security Office

HSRI: Health System Research Institute

MoPH: Ministry of Public Health

6 Monitoring and evaluation

The CCS has a three-pronged M&E mechanism put in place to ensure that progression towards the intended objectives are on track and/or the objectives are met. This includes regular monitoring, midterm evaluation and final evaluation.

6.1. Regular monitoring

Monitoring is a continuous process embedded in the governance of Thailand's CCS. It provides real-time monitoring at operational level by the six PSC. Moreover, the CSC provides additional monitoring and troubleshooting functions. It is at this level that systemic problems across the programmes can be identified and evaluated because all the PSC chairs are members of the CSC. The Ex Com is the ultimate layer where evaluation and programme adjustments of a policy nature are decided. The Ex Com receives reports and recommendations from the CSC.

The WCO has an internal mechanism for regular monitoring of whether CCS priorities and strategic focus areas are reflected in the WHO biennium workplan and how priorities and strategies are being carried out. WCO will ensure that core staff in the WCO have appropriate core competencies for delivering results in the focus areas. This is an early-warning system that alerts the WHO Representative (WR) to the need to refocus the biennium workplan and adjust WCO staffing patterns as feasible or seek additional technical support through contracting mechanisms or from the Regional Office or WHO Headquarters.

6.2. Midterm evaluation

An independent, external evaluation of the CCS 2022–2026 will be carried out at the mid-point of the implementation cycle. This midterm evaluation will document progress, identify obstacles and suggest mid-course corrections if necessary.

6.3. Final evaluation

A final independent, external evaluation of the CCS 2022–2026 will be conducted at the end of the programme cycle. This final evaluation will assess the relevance, effectiveness, efficiency and impact of the programme. Its scope extends to: (i) SDGs targets and other targets that are linked to the CCS strategic agenda; (ii) the assessment of the extent to which the CCS 2022–2026 strategic priorities are incorporated into or influenced the NHPSP and the UNSDCF; and (iii) the assessment of the extent to which the CCS 2022–2026 strategic priorities affect the work in the country of other development partners towards achieving the SDGs.

7. Financing the strategic priorities

To finance the CCS 2022–2026, an innovative pooled funding mechanism has been established. This mechanism, which was established during the previous CCS, is used to manage unearmarked financial contributions from multiple contributors into a single bank account for each priority area. The advantages of this financing mechanism are: (i) financial reporting for each of the priority programmes is streamlined into a single reporting requirement; (ii) it facilitates the CCS principles of country ownership, alignment with national priorities and harmonization with partners; and (iii) it provides a higher standard of accountability. An annual international-standard financial audit is embedded within this mechanism to provide reassurance for participating agencies contributing into a pool.

Results of the 5-year pledge as of 10 November 2021 is as shown above in Table 10.

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Annexures

Annex 1. Previous CCS 2017–2021 and recommendations from the midterm evaluation

The CCS 2017–2021 included five priority programmes: (i) antimicrobial resistance (AMR); (ii) global health diplomacy (GHD) including international trade and health; (iii) migrant health; (iv) noncommunicable diseases (NCDs); and (v) road safety.

The midterm evaluation conducted in 2019 was the external evaluation, which is part of the M&E mechanism for the CCS. The CCS 2017–2021 midterm evaluation identified a number of forces, weaknesses and provided recommendations to improve the impact of the work of the CCS. Table A1 summarizes its findings.

Table A1. Forces, weaknesses, and recommendations

Areas	Aspects	Forces	Weaknesses	Recommendations
Achievement areas	Ownership	<ul style="list-style-type: none"> - Clear, strong political will and leadership on the part of the Royal Thai Government MoPH, WHO and the other participating agencies - The governance structure and composition of the CCS Ex Com, CSC and PSC ensures Government leadership and broad participation in the CCS 	<ul style="list-style-type: none"> - All MoPH participants in the CCS are part-time 	<ul style="list-style-type: none"> - Recommendation 1 Reinvigorate the CSC and ensure that its dual role of intersectoral knowledge-sharing platform and M&E oversight body are fulfilled, and that it meets at least four times a year, as per its terms of reference - Recommendation 2 Put in place critical measures to ensure optimal functioning of the pooled funding mechanism, in keeping with its objectives - Recommendation 3 Ensure dedicated capacity for maximally effective support for the governance and funds management aspects of the CCS
	Alignment	<ul style="list-style-type: none"> - Closer correspondence of CCS programming with the national health agenda than in the past 	<ul style="list-style-type: none"> - Absence of clear national commitment in some programmes (migrant health, road safety) made alignment difficult 	

Areas	Aspects	Forces	Weaknesses	Recommendations
	Harmonization	<ul style="list-style-type: none"> - High level of commitment to CCS objectives at programme level between MoPH, WHO, participating agencies, parastatals, UN agencies and other stakeholders - Collaboration between MoPH and other ministries and Government bodies 	<ul style="list-style-type: none"> - While the evaluation team found evidence of collaborative activities with sister UN agencies (AMR with FAO and migrant health with IOM), such engagements have been limited to date and are still evolving 	<ul style="list-style-type: none"> - Recommendation 4 Identify key lessons and best practices from this CCS approach. Actively seek to showcase these in key platforms, both internally and externally, and through the International health diplomacy pillar, as a means of showcasing this CCS as a ‘proof of concept’ for demonstrating and enhancing the Organization’s risk tolerance to other corners of the Organization and others, and as a model for incentivizing partnership to support national governments
	Cooperation	<ul style="list-style-type: none"> - WHO’s worldwide visibility and credibility facilitates entry of CCS into the global arena 		
	Catalysation of action	<ul style="list-style-type: none"> - High consensus among stakeholders that the CCS, with WHO contributing as a ‘catalyst’, ‘influencer’ ‘lubricant’ and ‘convener’ brought together a broader array of partners and enabled new initiatives - High consensus among stakeholders that WHO’s financial support is not a determining factor 	<ul style="list-style-type: none"> - Some CCS programmes have been more active in research and policy development than in engagement at provincial and local levels - PSC members as well as WHO technical staff have other job responsibilities outside of the CCS priority programmes - Delayed provision of funds from participating agencies has led to uncertainty and delay in programme implementation 	

Areas	Aspects	Forces	Weaknesses	Recommendations
Governance structure	Executive committee (Ex Com)	<ul style="list-style-type: none"> - Successful in establishing authority over the CCS process - Has set up the CSC and PSC, including membership and terms of references 	<ul style="list-style-type: none"> - Does not meet regularly enough to provide consistent oversight on programme implementation 	
	Coordinating Subcommittee (CSC)		<ul style="list-style-type: none"> - Delay and partial implementation of the M&E framework - Lack of tools and procedures for a standardized reporting of quarterly information - Non-integration of real-time, continuous monitoring and implementation at operational level - Meetings not organized on a regular scheduled basis - No detailed standard operating procedures 	
	Programme subcommittees (PSC)		<ul style="list-style-type: none"> - No detailed standard operating procedures 	
Financial aspects		<ul style="list-style-type: none"> - Pool funding mechanism 	<ul style="list-style-type: none"> - Mandates of some agencies do not permit their funds to be used for some programme activities - There are requirements in some cases for separate financing reports to individual participating agencies 	

Annex 2. Leadership, members and responsibilities of governance bodies

Table A2. Leadership, members and responsibilities of governance bodies

Body	Role and composition	Responsibilities
Executive committee	<ul style="list-style-type: none"> - Co-chaired by the Permanent Secretary of the MoPH and WHO Representative to Thailand - Members representing directors-general of the Departments of the MoPH and secretary-generals or directors of other institutes and organizations affiliated with or in collaboration with MoPH 	<ul style="list-style-type: none"> - Formulate policy directions under WHO–Royal Thai Government collaborative programmes and ensure alignment with and those of the MoPH as well as the country's priority areas - Approve programmes and budget and oversee programme implementation - Identify other key national health issues or problems to guide development of additional programmes/activities - Arrange for an independent evaluation of programme implementation - Report the meeting outcomes to the International Health Policy Committee that is chaired by the MoPH - Appoint subcommittees as appropriate - Proceed with other matters as assigned
Coordinating subcommittee	<ul style="list-style-type: none"> - It is an oversight body of all the six priority programmes. It consists of members drawn from many public sector organizations with expertise in the work of the priority programme 	<ul style="list-style-type: none"> - Steer and make recommendations for the implementation of the priority programme - Monitor progress and outputs/outcomes of the programme - Give advice on programme improvement and programme efficiency enhancement - Proceed with other matters as assigned by the Ex Com
Programme subcommittees	<ul style="list-style-type: none"> - Chaired by the head of the lead agency for the programme area or by high-level MoPH officials - Members include representatives from relevant Government departments and other agencies including participating agencies, national experts on the relevant subject matter, the Programme Manager and a representative from the WCO 	<ul style="list-style-type: none"> - Steer and make recommendations for the implementation of the programme - Monitor progress and outputs/outcomes of the programme - Give advice on programme improvement and programme efficiency enhancement

Annex 3. Agencies and organizations participating directly in CCS 2022–2026 implementation

Table A3. Agencies and organizations participating directly in CCS 2022–2026

Agency/organization	Executive Committee	Convergence of digital health platforms and health information systems (HIS) implementation in Thailand (Digital Health)	Enhancing Leadership in Global Health-Thailand (EnLIGHT)	Migrant health	Noncommunicable diseases	Public health emergency	Road safety
Action on Smoking and Health Foundation					x		
Bureau of Budget, MoPH	x						
Bureau of International Organizations, Ministry of Foreign Affairs			x				
Centre for Alcohol Studies					x		x
Department of Thai Traditional and Complementary Medicine, MoPH	x		x				
Department of Disease Control, MoPH	x		x	x	x		x
Department of Health, MoPH	x		x		x		
Department of Health Services Support, MoPH	x		x	x	x		
Department of International Organizations, Ministry of Foreign Affairs	x						
Department of Medical Sciences, MoPH	x	x	x				
Department of Medical Services, MoPH	x	x	x		x		x
Department of Mental Health, MoPH	x			x	x		
Faculty of Medicine, Siriraj Hospital, Mahidol University			x	x			
Faculty of Medicine, Ramathibodi Hospital, Mahidol University		x					
Food and Drug Administration, MoPH	x		x		x	x	
Free Trade Agreement Study Group (FTA WATCH)			x				

Agency/organization	Executive Committee	Convergence of digital health platforms and health information systems (HIS) implementation in Thailand (Digital Health)	Enhancing Leadership in Global Health - Thailand (EnLIGHT)	Migrant health	Noncommunicable diseases	Public health emergency	Road safety
Global Fund Management Office, Department of Disease Control, MoPH				x			
Global Health Division, MoPH	x	x	x				
Government Pharmaceutical Office	x						
Health Intervention and Technology Assessment Programme	x	x	x	x	x	x	
Health Policy and Management Office, Ramathibodi Hospital, Mahidol University		x			x	x	x
Health Systems Research Institute	x	x		x	x	x	
Healthcare Accreditation Institute	x					x	
Institute for Population and Social Research, Mahidol University			x	x	x	x	
Institute of Research and Development for Health of Southern Thailand, Prince of Songkla University					x	x	
International Health Policy Programme	x		x	x	x	x	x
Ministry of Commerce			x		x	x	
Ministry of Foreign Affairs			x	x		x	
Ministry of Interior				x	x	x	x
Ministry of Labour				x	x		
Ministry of Social Development and Human Security				x	x	x	
Ministry of Transport							x
National Commission on International Trade and Health Studies			x			x	
National Health Commission Office	x		x	x	x	x	x
National Health Security Office	x		x	x	x	x	
National Institute for Emergency Medicine	x		x			x	x

Agency/organization	Executive Committee	Convergence of digital health platforms and health information systems (HIS) implementation in Thailand (Digital Health)	Enhancing Leadership in Global Health-Thailand (EnLIGHT)	Migrant health	Noncommunicable diseases	Public health emergency	Road safety
National Statistics Office, Ministry of Digital Economy and Society		x					
National Vaccine Institute	x				x		
Office of the Permanent Secretary, MoPH	x	x	x	x	x	x	x
Policy and Strategy Division, MoPH	x	x					
Praboromarajchanok Institute	x		x			x	x
Provincial Road Safety Technical Support programme							x
Tak Provincial Health Office				x			
Road Safety Policy Foundation							x
Social Security Office, Ministry of Labour				x			
Stop Drink Network							x
Thai Chamber of Commerce			x	x			
Thai General Insurance Association							x
Thai Health Promotion Foundation	x	x	x	x	x	x	x
Thai Healthy Lifestyle Strategic Management Office					x		
Thai Low Salt Network					x		
Thai National Health Foundation					x	x	
Thailand Development Research Institute				x		x	
Thai-US CDC Collaboration				x		x	
Tobacco Control Research and Knowledge Management Centre					x		
Trauma and Critical Care Centre, Khon Kaen Hospital							x
The Federation of Thai Industries					x		
WHO Country Office for Thailand	x	x	x	x	x	x	x

Annex 4. CCS within the greater global agenda on development and health – linkages to WHO SEARO regional flagship programmes, SDGs, WHO’s Thirteenth General Programme of Work and UNSDCF for Thailand

Table A4. CCS priority programmes – linkages

CCS priority areas	CCS focus areas/ strategic objectives	Regional flagship areas	SDGs	GPW 13	UNSDCF	20-year National Strategic Plan for Public Health
Convergence of digital health platforms and HIS (Digital Health)	- Landscape analysis for governance mechanism for digital health and HIS in Thailand	Supports all regional flagship areas	3.6: By 2030, halve the number of global deaths and injuries from road traffic accidents 16.9: Provide legal identity for all, including birth registration	Outcome 4.1: Strengthened country capacity in data and innovation	Outcome 2: Human capital needed for social and inclusive development is improved through strengthening of institutions, partnerships and the empowerment of people - Output 4: Digital inclusion	
	- Standards and interoperability of datasets for road traffic injuries, migrant workers, and genomics					
	- Framework for health data management and data sharing with data protection in Thailand					
	- Open data catalytic initiative for research and policy support in Thailand					
	- Virtual hospitals and telemedicine in Thailand				Outcome 2: Human capital needed for social and inclusive development is improved through strengthening of institutions, partnerships, and the empowerment of people - Output 3: Enhanced access to quality public services and Output 4: Digital inclusion	

CCS priority areas	CCS focus areas/ strategic objectives	Regional flagship areas	SDGs	GPW 13	UNSDCF	20-year National Strategic Plan for Public Health
Enhancing Leadership in Global Health-Thailand (EnLIGHT)	<ul style="list-style-type: none"> - To develop, disseminate and communicate technical evidence to support Thailand's preparedness for global health engagement in selected areas - To strengthen the capacity of individuals and organizations in relations to other CCS programs, in participating in global health events/ movements, including their SDGs-related implications - To convene cross-sectoral coordinated actions for identified movements in Thailand 	Cross cutting between all regional flagship areas	17.17: Encourage and promote effective public, public-private and civil society partnerships, building on the experience and resources strategies of partnerships	Cross cutting between all Outcome 1, 2 and 3	Outcome 2: Human capital needed for social and inclusive development is improved through strengthening of institutions, partnerships and the empowerment of people - Output 3: Enhanced access to quality public services	

CCS priority areas	CCS focus areas/ strategic objectives	Regional flagship areas	SDGs	GPW 13	UNSDCF	20-year National Strategic Plan for Public Health
Health in all public policies for the prevention and control of NCDs (NCDs)	<ul style="list-style-type: none"> - Goal: to improve existing agency functions regarding social and behavioral determinants of NCDs to ensure their systems are fully functional and perform optimally to promote health and life-year gain, productivity gain and increase national competitive capacity - Agenda based: Major NCDs risk factors, including tobacco, alcohol, unhealthy diet, physical inactivity, pollution and mental health. Priority issues are tobacco consumption, sodium consumption, cardiovascular disease, hypertension and obesity - Area mechanism: district/ sub-district, provincial and regional health boards - Target population: working aged for healthy active ageing 	Prevent and control NCDs through multisectoral policies and plans, with focus on “best buys”	<p>3.4: By 2030, reduce by one third premature mortality from NCDs through prevention and treatment and promote mental health and well-being</p> <p>3.a Strengthen the implementation of the WHO Framework Convention on Tobacco Control in all countries, as appropriate</p>	<p>Outcome 3.1: Determinants of health addressed</p> <p>Outcome 3.2: Risk factor reduced through multisectoral action</p> <p>Outcome 3.3: Health settings and Health in all policies promoted</p>	<p>Outcome 2: Human capital needed for social and inclusive development is improved through strengthening of institutions, partnerships and the empowerment of people -</p> <p>Output 3: Enhanced access to quality public services</p>	<p>Work Plan 6; project 14: To improve the quality of the health-care system on treatment and care of NCDs so that diabetes mellitus patients can keep blood sugar level under control and hypertension patients can effectively control their blood pressure.</p> <p>Work Plan 3; project 8: To reduce mortality rates from drowning and road traffic injuries, as well as reducing the number of new cases of diabetes mellitus and hypertension</p>

CCS priority areas	CCS focus areas/ strategic objectives	Regional flagship areas	SDGs	GPW 13	UNSDCF	20-year National Strategic Plan for Public Health
Migrant Health	<ul style="list-style-type: none"> - To create health equity of migrants and non-national population in Thailand and also Thais living abroad, which ultimately improve their access to health care and provide a financial risk protection - To strengthening the migrant health management system. - To improve the health literacy on migrant and non-national health issues. 	Continue progressing towards UHC with a focus on human resources for health and essential medicines	16.9: Provide legal identity for all, including birth registration	<p>Outcome 1.1: Improved access to quality essential health services</p> <p>Outcome 1.2: Reduced number of people suffering financial hardships</p> <p>Outcome 1.3: Improved access to essential medicines, vaccines, diagnostics, and devices for primary healthcare</p> <p>Outcome 4.1: Strengthened country capacity in data and innovation</p>	<p>Outcome 2: Human capital needed for social and inclusive development is improved through strengthening of institutions, partnerships and the empowerment of people -</p> <p>Output 3: Enhanced access to quality public services</p> <p>Outcome 3: People living in Thailand, especially those at risk of being left furthest behind are able to participate in and benefit from development, free from all forms of discrimination -</p> <p>Output 5: Strengthened enabling environment.</p>	

CCS priority areas	CCS focus areas/ strategic objectives	Regional flagship areas	SDGs	GPW 13	UNSDCF	20-year National Strategic Plan for Public Health
Public Health Emergency (PHE) Policy and System in Thailand	<ul style="list-style-type: none"> - Governance, policy and legislation: assess and draw lessons on achievement and deficiency of the governance structure, its function and relevant legislations and introduce a proposal for improvement for future major PHEHealth system capacities in preparedness and response - M&E - Capacity-building and networking - AMR - Improved national capability to prepare, prevent, detect and respond to public health emergencies 	<p>Further strengthen national capacity for preventing and combating AMR</p> <p>Scale-up capacity development in emergency risk management in countries</p>	<p>3.d. Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks</p> <p>SDG 3.9, SDG 13.1, and SDG 13.3: Reduce deaths and illnesses from environmental exposures, climate-related hazards and natural disasters and improve capacity for climate change mitigation</p>	<p>Outcome 2: Strengthened national, regional and global capacities for better protecting people from epidemics and other health emergencies and ensuring that populations affected by emergencies have rapid access to essential life-saving health services, including health promotion and disease prevention</p>	<p>Outcome 1: Thailand's transformation into an inclusive economy based on green, resilient, low-carbon, sustainable development is accelerated – Output 2: Building resilient community</p> <p>Outcome 2: Human capital needed for social and inclusive development is improved through strengthening of institutions, partnerships and the empowerment of people - Output 3: Enhanced access to quality public services</p>	<p>Work Plan 3; project 6: To develop an emergency operations system that can effectively respond to PHE resulting from disease outbreaks and health threats</p> <p>Work Plan 6; project 15: i) To develop and implement safe and cost-effective prescription drug management system; ii) to reduce morbidity rates due to AMR and inappropriate use of antibiotics</p>

CCS priority areas	CCS focus areas/ strategic objectives	Regional flagship areas	SDGs	GPW 13	UNSDCF	20-year National Strategic Plan for Public Health
Road safety	- To reduce the high proportion of deaths among motorcycle users by reducing the risk factors of non-helmet wearing, drunk driving and speeding		3.6: By 2030, halve the number of global deaths and injuries from road traffic accidents 11.2: By 2030, provide access to safe, affordable, accessible, and sustainable transport systems for all, improving road safety, notably by expanding public transport, with special attention to the needs of those in vulnerable situations, women, children, persons with disabilities and older persons	Outcome 3.1: Determinants of health addressed	Outcome 2: Human capital needed for social and inclusive development is improved through strengthening of institutions, partnerships, and the empowerment of people - Output 3: Enhanced access to quality public services	Work Plan 3; project 8: To reduce mortality rates from drowning and road traffic injuries, as well as reduce the number of new cases of diabetes mellitus and hypertension
	- To work in alignment with the SDG, particularly Goals 3.6 and 11.2., safe system approach, 12 performance global target indicators and Global Plan of Second Decade of Action			Outcome 3.2: Risk factor reduced through multisectoral action		
	- To enhance stakeholder collaboration among policymakers, academia, funders, international organizations and other stakeholders towards a result-focused coalition			Outcome 3.3: Health settings and Health in all policies promoted		
	- To support the development of a data system, performance M&E to enhance the feedback loop			Outcome 4.1: Strengthened country capacity in data and innovation		



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