Independent mid-term evaluation of the WHO-Thailand Country Cooperation Strategy 2017-2021

Evaluation brief- March 2020

Context

The Country Cooperation Strategy (CCS) 2017–2021 for Thailand sets out the collaboration between the Ministry of Public Health of the Royal Thai Government and WHO, as well as other key partners. Successive CCSs have progressed towards more focused programming, more engagement of the Government in planning and execution, increased participation of non-government partners (including civil society organizations and even partners outside the health sector), enhanced programme prioritization, and heightened involvement of new participating agencies and donors.

The CCS 2017–2021 contains six priority programmes and involves a much larger number of partner organizations than the previous ones. Its distinctive characteristics include a new governance structure designed to facilitate participation of all stakeholders, annual audit by an international firm, and a pooled funding mechanism whereby donors place their funds into a common bank account and financial reporting for each of the priority programmes is streamlined into a single reporting requirement.

The Independent Mid-term Evaluation of the Country Cooperation Strategy 2017–2021 for Thailand is the first of two external evaluations which are part of the monitoring and evaluation plan for the CCS.

Objectives and scope of the Evaluation

In 2019, an independent mid-term evaluation was organized by WHO in collaboration with CCS partners in order to monitor progress, identify constraints and provide recommendations for improvement of the CCS implementation as well as to collect lessons on the innovative characteristics of this CCS.

This evaluation complements existing monitoring and evaluation mechanisms, overseen by the CCS Coordinating Sub-committee (CSC), and considers annual technical and financial reports submitted by the six programme areas as well as progress made on recommendations from the Executive Committee, the CSC and from other independent reviews such as the annual audits of the CCS programmes.

Key findings and conclusions

Theme 1: Assessment of overall CCS in implementing strategic objectives

A mid-term assessment of the overall results achieved through this approach to the CCS, broken down according to the five overarching result areas targeted, is summarized as follows.

Ownership of the development process by the country*:* The CCS 2017–2021 is clearly led by the MoPH, with WHO nominally in a co-leadership role but primarily looked to for technical inputs. The MoPH Permanent Secretary and the WHO Representative co-chair the Executive Committee (EC). The Programme Sub-committees (PSCs) are chaired by MoPH or a closely affiliated parastatal actor, with the exception of the Road safety are. WHO professional officers are members of each of the PSCs, providing technical input as requested.

Alignment with national priorities and strengthening national systems in support of the national health strategies/plans: The five-year time frame of the CCS is identical to the RTG 12th National Health Development Plan, and all CCS programmes follow national strategic plans where they exist.

Harmonization with the work of sister UN agencies and other partne rs in the country for better aid effectiveness: The five-year time frame of the CCS is identical to the United Nations Partnership Framework (UNPAF) for Thailand 2017–2021, and CCS programmes contribute directly to UNPAF Outcome Strategies 1 and 4.

Cooperation as a two-way process that fosters Member States' contributions to the global health agenda: Two CCS priority programmes, Global health diplomacy and International trade and health, are directly involved in global health issues, both in south and east Asia and beyond.

Catalyzation of action: Leadership of the CCS is vested in the governance structures, with WHO providing facilitation and support. For programme areas where there is strong government commitment and clear policy direction (e.g,. antimicrobial resistance and non-

communicable diseases), WHO delivers intellectual capital (technical support) as well.

Theme 2: Governance and structure

The EC has succeeded in establishing authority over the CCS process as a whole. It has set up the CSC and the PSCs, including membership and terms of reference. However, as a high-level body, it functions at a policy level, not an operational level. EC membership is appropriate for policy work, but it does not meet regularly enough to provide consistent oversight on programme implementation.

The CSC has a critical responsibility to monitor and evaluate programme performance and to provide analysis and corrective advice based on its findings. However, the CSC was operational only by the end of the second year and has thus not yet operated at its full potential. This gap might have contributed to implementation failures in some programme activities.

The functions of the six PSCs are to: steer and make recommendations for the implementation of the programme within their respective topical areas; monitor progress and outputs/outcomes of the programme; and give advice on programme improvement and programme efficiency enhancement. PSCs are chaired by the head of the lead agency for the programme area or by high-level MoPH officials (i.e., Permanent Secretary or Deputy Permanent Secretary). Members include representatives from relevant Government departments and other agencies, including participating agencies, national experts on relevant subject matter, the Programme Manager, and a representative from the WHO Country Office.
Despite a clear and generally strong goverance architecture, some early gaps were noted. For example, some lead or contracting agencies are also implementing partners, creating a risk of conflict of interest. In addition, stakeholders describe considerable variation between PSCs in meeting frequency and content, and in performance of Programme Managers. At the broadest level, there are no standard operating procedures for PSCs.

Theme 3: Financial matters and the pooled funding mechanism

Pooled funding with a common bank account and financial reporting is a major innovation in this CCS. It facilitates CCS principles of country *ownership, alignment* with national priorities, and *harmonization* with partners. A majority of stakeholders interviewed feel that pooled funding reduces transaction costs for the lead and contracting agencies and for the six programmes, and brings funders into closer alignment with one another and with the objectives of the CCS.
The pooled funding mechanism shows great promise; however, there have been delays in the process. The MoPH budget has not yet been incorporated into the pooled funds. There have been delays in release of funds in several cases. In addition, those most closely involved in the day-to-day implementation of the CCS emphasize that such engagement still entails significant transaction costs (for example, in connection with reporting requirements), despite the implicit intention of this CCS approach to reduce such transaction costs.

The complexity of an undertaking with the size and scope of the CCS has entailed human resources challenges. All aspects of financial management, including smooth functioning of the pooled funding mechanism and timely release of budgeted funds to the programmes require attention and technical expertise. There are also critical human resources gaps at the levels of the CSC and the PSCs.

Recommendations

Recommendation 1: Reinvigorate the Coordinating Sub-committee and ensure that its dual roles of *intersectoral knowledge-sharing platform* and *monitoring and evaluation 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 intended objectives.

Recommendation 3: Ensure dedicated capacity for maximally effective support for the governance and funds management aspects of the CCS.

Recommendation 4: Identify key lessons and best practices from this CCS approach and actively seek to showcase these in key platforms, both internally (i.e. within the South-East Asia Region and WHO more broadly) and externally (e.g. with the United Nations Resident Coordinator and United Nations Country Team partners), and through the International Health Diplomacy pillar), 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.

Contacts

For further information please contact the evaluation office at the following address: evaluation@who.int
The full evaluation report is available here: https://www.who.int/publications/m/item/independent-mid-term-evaluation-of-the-who-thailand-country-cooperation-strategy-2017-2021-(2020)