Country Office Evaluation - Thailand

Evaluation brief - August 2017

Context

Country office evaluations were included in the Organization-wide evaluation workplan for 2016-2017, approved by the Executive Board in January 2016. They encompass the entirety of WHO activities during a specific period and aim to provide findings, recommendations and lessons that can be used in the design of new strategies and programmes in-country.

Objectives and scope the Evaluation

The main purpose of this evaluation was to identify and document best practices and innovations of WHO in Thailand on the basis of its achievements over the period 2012-2016. These included not only results achieved by the WHO Country Office (WCO) but also contributions at the regional and global levels to the country programme of work.

Key findings and conclusions

Question 1: Were the strategic choices made in the Country Cooperation Strategy (CCS) the right ones to address Thailand's health needs and coherent with government and partners' priorities?

The priorities identified in both the CCS 2012-2016 and the CCS 2017-2021 were strategic to address Thailand's major health needs and were coherent with government and partners' priorities expressed in the United Nations Partnership Framework. Overall, the CCS 2012-2016 introduced a major shift from a fragmented approach through many small projects to a much stronger focus around five priorities and three main activities. This shift has been further strengthened in the design of the CCS 2017-2021 which includes only five main strategic priorities. The CCS provides the strategic framework for WHO's work in and with Thailand. However, the priorities and activities therein do not necessarily cover the totality of the WCO's contribution to health in Thailand. There is a discrepancy between the WHO programme and funding structure, to which WCO workplans must conform, and the priorities elaborated in the CCS, making it challenging for the WCO to develop its workplans in line with the CCS priorities.

WHO's intellectual and social capital. The CCS 2017-2021 provides a unique opportunity for both the Royal Thai Government (RTG) and WHO to engage in a strategic partnership of a new kind where funding is no longer the main commodity but the means by which both partners contribute their respective added value. Building on its well-established and recognized intellectual capital, WHO now has to strengthen its positioning in terms of social capital and branding, thereby enabling the RTG to consolidate the achievement of its universal health coverage by more systematically addressing the social determinants of health while at the same time enhancing Thailand's role in global health. Many national partners indicated clear expectations of WHO's strategic contribution in this respect. In their opinion, intellectual capital broadly refers to WHO's leading role in technical health expertise, while social capital refers more to WHO's reputation, influence, authority, name and trust. More widely, Thailand and other countries in similar situations are facing issues that require tailored approaches and support from their respective regional office and headquarters.

Question 2: What is the contribution/added value of WHO toward addressing the country's health needs and priorities?

Main achievements. Overall, during the period 2012 to 2016, the WCO in Thailand provided a valuable contribution in supporting the RTG's national health sector plans. The CCS 2012-2016 created an enabling environment for various players in the Thai health sector to form partnerships around key health issues and this positive environment was strengthened for the CCS 2017-2021. Positive results were noted in the area of noncommunicable diseases, international trade and health, road safety, border and migrant health and communicable diseases. Community health and ageing were sunsetted as priorities while the disaster preparedness and response priority made limited progress over the course of the CCS.

Programme management challenges. The difficulty in measuring results against planned targets and assessing WHO's contributions to the same are indications of a number of systemic challenges in planning and monitoring processes within WHO at both corporate and country levels. This weakens WHO's capacity to demonstrate results and its contribution to health improvements in any given country. Furthermore, it appears that, over the course of the CCS 2012-2016, the WCO was not able to develop its own mechanism to monitor the effects of its contribution to the various objectives defined for

each priority of the CCS when developing its country workplans.

Question 3: How did WHO achieve the results?

Key contributions of core functions. Technical support stands out as the key core function contributing to the WCO work in support of the RTG and the implementation of the CCS 2012-2016. This core function enabled research activities, facilitated the adaptation of norms, standards and guidelines and provided evidence to inform policy options for decision makers. The other core function which played a major role was WHO's leadership and convening power, allowing Thailand to avail of international expertise, and contributing Thai health expertise abroad. The WCO contribution to monitoring of health trends seems to have been more limited but, in the future, this core function is expected to play a much bigger role.

Partnerships. With respect to the work of the WCO with partners, the major shift introduced with the CCS 2012-2016 has been critical. Bringing together various actors around key priorities understandably takes time and, despite the mixed results obtained so far, it is considered by all as the way forward, establishing firm foundations for the design of the CCS 2017-2021. The initial collaboration with non-health actors that was introduced in the CCS 2012-2016 has been confirmed in the CCS 2017-2021.

Funding remains a critical means for WHO's catalytic engagement in the country. It ensures that certain priorities remain high on the agenda. Funding mechanisms will need to follow the strategic shift from small projects to priority areas initiated with the CCS 2012-2016 and confirmed in the CCS 2017-2021, and new approaches through pooled funding mechanisms are being considered.

Staffing. The WCO team composition and skills mix has evolved over time and been strengthened with a doubling of the number of international staff over the CCS 2012-2016 period. It is important to be able to match staff profiles and expertise with the priorities set out in the CCS. Considering the weaknesses in planning and monitoring observed during the CCS 2012-2016 and the expectations from national counterparts in this area, the WCO needs to ensure that it can very quickly mobilize adequate levels of expertise in this area.

Best practices and innovations. This evaluation highlighted a certain number of emerging good practices and innovations framing WHO's engagement in Thailand. For instance, the approach taken in the design of the CCS 2012-2016 and the lessons learned strengthened the design of the CCS 2017-2021, highlighting partnerships with national actors beyond the health sector and instituting a transparent and consultative priority setting process for the CCS 2017-2021. The fact that the RTG has increased its funding to become the main funding source for the CCS 2017-2021 also represents a major shift in its collaboration with WHO.

Recommendations

On the basis of the above analysis, the evaluation would like to make the following recommendations:

Recommendation 1: The Head of the WHO Country Office and the WHO Country Office team to contribute actively to Country Cooperation Strategy governance activities and to engage with other national partners to support implementation of Country Cooperation Strategy priorities and activities, in particular in the area of programme management and monitoring.

Recommendation 2: The WHO Secretariat to ensure that the WHO Country Office has the capacity to implement its workplans beyond the Country Cooperation Strategy priorities and activities, including through appropriate funding mechanisms and staffing of the Office.

Recommendation 3: The WHO Country Office to build on a Theory of Change for the period 2017-2021 to better link the Country Cooperation Strategy 2017-2021 with the entire planned country-level results and deliverables and with the Country Office staff and activity workplans during operational planning for Programme budgets 2018-2019 and 2020-2021

Recommendation 4:. The WHO Country Office and the Royal Thai Government to strengthen inclusion of the gender and other social determinants of health dimension(s), as relevant, in the implementation of the Country Cooperation Strategy and other Country Office activities

Recommendation 5: The WHO Secretariat to review the evolution of the Country Office's contribution to, and relationship with, the Royal Thai Government over the recent Country Cooperation Strategy cycles, in order to consider the lessons learned, innovation and best practices for Country Office interaction with, and contribution to, other upper-middle-income countries and emerging economies.

Contacts

For further information please contact the evaluation office at the following address: evaluation@who.int

The evaluation report is available here: https://www.who.int/docs/default-source/documents/evaluation/report-thailand-country-office.pdf?sfvrsn=225323da_2