

# The work of WHO in the South-East Asia Region

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## Report of the Regional Director

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1 January–31 December 2023

# Thailand

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## Highlights

- ◉ Thailand becomes one of the first five countries to receive WHO validation for transfat elimination from its food system, highlighting national commitment to implement best practices accompanied by robust monitoring and enforcement.
  - ◉ Decline in the rate of road deaths from 32 per 100 000 population in 2018 to 25 in 2023. The 5th National Road Safety Master Plan released in 2023, setting targets to be achieved by 2027 that would facilitate reaching SDG 3.6 goals.
  - ◉ National Action Plan for Health Security (2023–2027) developed as a roadmap to strengthen capacities for health emergency preparedness and response.
  - ◉ Second intersectoral National Action Plan for AMR (2023–2027) developed, aiming to reduce the risk and impact of AMR using the One Health approach.
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## Introduction

Thailand continued its progressive health-care policies in 2023, with notable developments supported by WHO's Country Cooperation Strategy (CCS). Key areas of progress include strengthened public health emergency response, initiatives against antimicrobial resistance



(AMR), and strategies to address noncommunicable diseases (NCDs). An intensified focus on youth mental health, resilience-building and digital interventions is evident. Thailand's commitment to addressing the social determinants of health is reflected in its work with the Regional Healthy Cities Network. This report highlights Thailand's dedication to public health through partnerships, disease control, immunization, digital health and global health diplomacy.

## Key activities and achievements

### Public health emergency preparedness and response

In 2023, Thailand continued to build on experiences and lessons learnt from COVID-19 to further strengthen public health emergency preparedness and response.

The CCS programme for public health emergencies 2022–2026 has an ongoing focus on three key areas: (i) knowledge generation and management; (ii) monitoring and evaluation; and (iii) capacity-building and networking. As the COVID-19 pandemic transitioned from a crisis to an endemic phase, the second year of the CCS programme for public health emergencies refocused on analysing, identifying and leveraging critical opportunities and gaps. One key gap identified was the lack of arrangements to consolidate the extensive knowledge generated during the COVID-19 pandemic, for example in relation to health security research and development.

It was determined by national counterparts that a centralized platform for the collection and dissemination of best practices and lessons learnt would expedite access



***From preschool to college, Thailand implements the Adolescent Classroom CPS Programme***

to information for future outbreak preparedness and foster a culture of learning and innovation. The second year also focused on strengthening a network of researchers and supporting the structured development of emergency preparedness and response health policies and systems. This included supporting long-term national capacity development plans, undertaking situation analyses and assessing capabilities in technical areas essential for health security and system resilience, taking stock of progress in current initiatives, and formulating long-term plans together with key stakeholders to address the identified gaps.

In early 2023, with support from all three levels of WHO, the MoPH scheduled a workshop on the Strategic Assessment of Risks (STAR), with the objective of identifying priority emergency health risks. The outputs of this workshop, together with the results of the COVID-19 intra-action review (IAR) undertaken in 2020 and the “Universal Health Preparedness Review” (UHPR) and the “International Health Regulations – joint external evaluation” (IHR-JEE), both undertaken in 2022, were used to develop a National Strategic Plan for Health Security (2023–2027). The NAPHS was also used as the basis for Thailand’s funding application to the Pandemic Fund. Although that application was unsuccessful, it is anticipated that the work done in 2023 will greatly support a second Pandemic Fund application in 2024.

## **Strengthening the national response to the threat of antimicrobial resistance in Thailand**

One important activity supported by WHO Thailand in 2023 was the development of a second National Action Plan for AMR (2023–2027). This plan has six goals: (i) reduce AMR morbidity in humans; (ii) reduce the risk of AMR in food and the environment; (iii) reduce antimicrobial consumption in humans; (iv) reduce antimicrobial consumption in animals; (v) increase public literacy about AMR; and (vi) increase the capacity of Thailand’s AMR management system to meet international criteria.

Thailand aims to achieve these goals through two main approaches: (i) reduce the risk and impact of AMR through cooperation from all sectors; and (ii) address AMR issues sustainably using the One Health approach. The second National Action Plan for AMR will be formally launched at the Fourth National Forum on AMR in June 2024.

## **Tackling risk factors and management of NCDs**

Thailand is among the first five countries to receive a certificate from WHO on their progress in eliminating industrially produced trans-fatty acids from its food system. It is recognized for its best practice policy for industrially produced trans-fat elimination, which is supported by a strong monitoring and enforcement system. Since 2018, the MoPH served notice that it would prohibit the production, importation or selling of partially hydrogenated oils and food products containing them, which is the main source of industrially produced

trans-fat. The notification entered into force in January 2019. Subsequently, Thailand has continued to monitor and enforce compliance with policies to maximize and sustain the health benefits of elimination of industrially produced trans-fat.

Despite political and economic pressures, Thailand sustained its ban on e-cigarettes. WHO provided sustained leadership, advocacy and support for Thailand's communication campaigns on e-cigarettes, and also participated in a press conference on 18 December 2023 to disseminate a WHO statement on e-cigarettes. WHO has assisted the MoPH in fulfilling its obligations under the WHO Framework Convention on Tobacco Control (WHO FCTC) to generate comparable data within and across countries with the Global Youth Tobacco Survey (GYTS) 2022, in collaboration with the US CDC.

A recently released factsheet shows that 12.5% of students (17.3% of boys and 7.9% of girls), currently use any tobacco product. Specifically, e-cigarette use among Thai students (13–15 years) in 2022 increased 5.3 times from 2015. A high-level needs assessment mission for implementation of the WHO FCTC was conducted to identify recommendations to further strengthen FCTC implementation in the country.

Multisectoral coordination mechanisms were established at the national level as platforms for advocacy, technical exchange and strategic guidance. The WHO Country Office worked closely with the MoPH to advocate for the re-establishment of the Strategic Technical Advisory Group (STAG) on hypertension. The Group is composed of academics, professional associations, technical experts, officials of the MoPH and WHO.

Three-level support from WHO and the initiative "Resolve to Save Lives" was provided to the national multisectoral sodium reduction committee in developing and implementing population-based interventions to reduce sodium consumption, such as public procurement policies, reformulation of products by setting up a maximum sodium limit and sodium taxation.

According to the National Health Examination Survey in 2021, an estimated 14 million people in Thailand suffer from hypertension, with only about 50% of them recorded as being under treatment. The MoPH aims to improve the proportion of those receiving treatment and achieve the target of a control rate of more than 60%. In 2023, the Country Office sustained its collaboration with the Faculty of Medicine, Chiang Mai University (WHO collaborating centre on prevention and control of cardiovascular diseases in primary care) to expand the innovative model for improving hypertension management at PHC level in Lampang and Chiang Mai provinces.

Health workers and village health volunteers were trained to manage hypertension using a simple treatment protocol, and health facilities were supported to strengthen their information system to collect and analyse performance indicators. The project, based on the WHO HEARTS package, is expected to improve the quality of services and to reach 1.5 million people in the catchment population.

As this is a good model for strengthening the primary care system through stakeholder engagement, shared learning and integration of primary care mechanisms, the model will be proposed to the STAG for consideration and policy adoption. Over the next three years, a grant from the United Kingdom to Chiang Mai University will enable further expansion of the project, including the management of diabetes mellitus and chronic kidney disease.

## Promoting youth mental health and well-being

According to a survey conducted by the Department of Mental Health Thailand, 28% of adolescents experience high levels of stress, 32% are at risk of depression and 22% are at risk of suicide.<sup>3</sup> WHO partnered with the Department of Mental Health in developing an innovative programme to equip young people with essential life skills via a digital platform, called Adolescent Classroom (e-learning).

Digital interventions helped the users become more resilient and knowledgeable about creative problem-solving, decision-making, communication and social support. Over 400 young people were engaged in this pilot phase, with students reporting increased understanding of mental health issues. This collaboration has extended to various mental health centres and schools across the country, with plans to incorporate the programme's content in the school curriculum.

Thailand's mental health programme also focuses on providing integrated services to strengthen mental health resilience among young people below 20 years of age. WHO supported the Department of Mental Health to promote skills that are essential for basic social adjustment. These skills help individuals to turn crises into opportunities, overcome problems and obstacles and have a positive attitude towards life.

In 2023, 13 mental health centres across the country offered resilience activities and programmes for preschool, primary school, high school and college students. The results show that the overall resilience level of all age groups has significantly improved after implementation of the programme, better enabling young people to handle various life situations.

Depression is the leading cause of years of life lost due to disability (YLD) in Thailand for both men and women, 5.9% and 12.6%, respectively (World Health Organization, 2017). However, there are not enough service providers to meet this high burden, underscoring the critical need to develop tools capable of alleviating depression on a large scale without adding further strain on mental health professionals.

In response, the Department of Mental Health and the three levels of WHO are adapting the WHO Step by Step (SBS) application for Thailand. It is a story-based, self-help intervention for adults with depression, with guidance provided by trained e-helpers.

3 Online dashboard of mental health assessment (<https://checkin.dmh.go.th/dashboard/index.php>, accessed 20 August 2022).

### Box 10: Working together with the UN to promote a healthier Thailand

The WHO Country Office in Thailand has provided leadership in coordinating and forging partnerships with various sectors to scale up the national response to noncommunicable diseases (NCDs) and mental health conditions. Following the success of the first UN Thematic Working Group (UN TWG) from 2019 to 2021, the UN Resident Coordinator and WHO Representative have established the second phase of the UN TWG (2023–2027).

This is a key multisectoral platform for coordinating the implementation of the recommendations of the UN Inter-Agency Task Force on NCDs and the action plan to achieve SDG3 and other health-related targets. For example, WHO worked closely with UNICEF to support Thailand as an anti-obesity accelerator country, particularly in the development of draft legislation on marketing restriction of unhealthy food and beverages to children. A new project on parenting and a high-level meeting on ending child violence are also in preparation.

It will be a key intervention providing the full spectrum of mental health services in the country, linked to the popular digital platform known as “Mental Health Check-in” of the Department of Mental Health.

### Addressing the social determinants of health: Healthy Cities

Thailand is among the countries that joined the regional Healthy Cities network in the face of growing urbanization. In partnership with the Thailand-based Regional Laboratory on Urban Governance for Health and Well-being, the WHO Country Office supported the localization of the regional Healthy Cities network application forms into the Thai language to facilitate communication among local government agencies and translation into English for their applications to join the regional network. As of 2023, seven municipalities and local government agencies representing four administrative regions in Thailand have either completed or started the application process.

To enhance the implementation of the Healthy Cities Thailand programme, a new initiative of the MoPH involving 143 districts and municipalities across the country, the WHO country and regional offices supported the MoPH in organizing a two-day training to build skills on urban governance for health and well-being to about 80 representatives from municipality authorities and the health sector. Participants received training regarding several tools for health programme planning and addressing the social and physical determinants of health to improve the population’s health. Potential champions of healthy cities from the local level have been identified and stories have been documented on the WHO Thailand website.

### Elimination at the core

Thailand’s communicable diseases agenda is geared towards the elimination of most of the highest-burden infectious diseases. Progress towards malaria elimination is guided

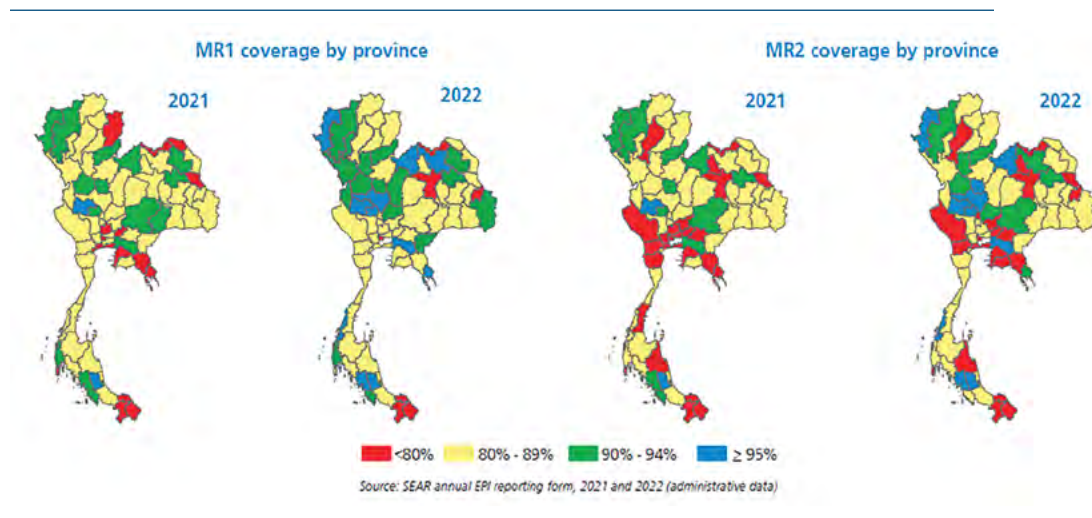


by the national strategy, which aims to eliminate human malaria by 2026. As of 2023 end, 42 out of the 77 provinces have been validated as malaria-free. However, further progress is hampered by protracted outbreaks over the past two years in six border provinces with Myanmar, with more than 50% of reported cases among cross-border populations.

The trajectory of increased cases has now derailed the country's 2026 target, and the situation threatens to worsen should the continued political crisis in Myanmar continue. WHO continues to advocate for best practices along the border while supporting the national malaria programme resource mobilization efforts for contingency and outbreak response.

Thailand's TB programme aims to reduce TB incidence from 143/100 000 population in 2021 to 89/1 000 000 population by 2027. WHO is supporting Thailand to incorporate shorter oral regimens, molecular diagnosis and TB preventive treatment (TPT) into the national package for UHC. In the fight against TB, more work is needed to address the social determinants and ensure sustainable financing. A joint independent monitoring mission issued numerous recommendations on the social determinants, including with respect to coverage of migrants under social security schemes, and addressing the role of tobacco, undernutrition, alcohol use and other factors through integration of mental health and social support services.

Fig. 1. Immunization Factsheet 2022 MR1 and MR2 by provinces



In 2016, Thailand was the first country in Asia Pacific to eliminate mother-to-child transmission (EMTCT) of HIV and syphilis and has successfully maintained its status in 2018 and 2021. Thailand has agreed to be validated for "triple elimination" – EMTCT of HIV and syphilis (maintenance) and EMTCT of hepatitis B. If successfully validated in 2024, Thailand will be the first country in the Asia Pacific region to have been validated for triple elimination. In 2023, WHO supported the development of the National STI strategy 2023–



2027 and Hepatitis elimination strategy 2022–2030. The Global Health Sector Strategy on HIV, viral hepatitis and sexually transmitted infections promotes disease-specific goals to end AIDS and the epidemics of viral hepatitis and STI by 2030. Increasing STI trends (globally as well as in Thailand) threaten validation for triple elimination in March 2024.

Thailand is on track towards achieving its national HIV targets for 2030. However, more efforts are needed to address the HIV-related needs of adolescents, scaling up PrEP, ensuring early initiation of antiretroviral therapy and combating stigma and discrimination.

Thailand's efforts to address viral hepatitis (B and C) are guided by its national strategic plan. As with HIV, the country is poised to meet its 2030 targets. As of 2023, efforts have commenced to align national strategies with the GHSS, improve surveillance and reporting, develop a liver cancer registry, conduct of an economic analysis and undertake other efforts to strengthen and sustain its response to viral hepatitis.

As across most of the WHO South-East Asia Region, *Aedes*-borne diseases – dengue, Zika, chikungunya – continue to pose a significant health burden on Thailand. There were 119 579 cases of dengue fever reported in 2023 with 15 deaths, compared with 34 467 cases and one death in 2022. Thailand has developed numerous initiatives for improving surveillance and public health response to mosquito-borne diseases, including community-based surveillance, real-time reporting and piloting WHO's Early Warning, Alert and Response System (EWARS). However, effective strategies are needed (globally) to deal with additional drivers such as climate change and population mobility.

Thailand eliminated lymphatic filariasis (LF) as a public health problem in 2017 and has, with support and guidance from WHO, since maintained its status, according to post-validation surveillance. A 2023 publication in a peer-reviewed journal highlighted results from five years of post-validation surveillance of LF in Thailand. Continued vigilance is needed to maintain elimination, especially in intensifying surveillance among registered and unregistered migrants who might import or reintroduce LF, with the objective of maintaining infection rates <1% as part of WHO's post-validation surveillance recommendations for 10 years post-validation (Thailand's timeline is 2018–2027).

## Road safety a priority

Road safety is among the CCS's priorities. Thailand is among the countries with the highest rates of road traffic injuries (RTIs) and deaths in Asia. The CCS aims to support the Royal Thai Government in halving the number of RTIs and deaths by 2027, which is the target set by the National Road Safety Master Plan 2022–2027. Data from the latest Global Status Report on Road Safety 2023 highlights signs of improvement in road safety in Thailand, but there is considerably more work to be done on this front, to achieve the target set by the Master Plan in 2027.

The road safety components of the CCS promote the holistic and comprehensive Safe System Approach. To drive immediate progress, WHO support is focusing on so-called “low-hanging fruit” for road safety, promoting 100% helmet use, driving at a safe speed, and encouraging people not to drive after drinking. To support these measures, WHO has engaged with multisectoral coalition platforms that include relevant ministries, academia, NGOs and other partners, to support high-level advocacy focusing on the Parliament, the Chief of Police and other decision-makers.

In 2022 and 2023, with the support of WHO, Thailand made significant strides in strengthening road safety. This progress culminated in the release of the 5th National Road Safety Master Plan in 2023. WHO provided technical expertise and participated in the drafting and review process to ensure that the national plan aligns with the Global Plan and international frameworks such as the Safe System Approach. Through the CCS, campaigns for 100% helmet use were advocated nationwide. The Governor of Bangkok proclaimed road safety as a pivotal component of urban safety. Academic insights were employed to fortify law enforcement through the generation of empirical evidence. Engagement of members of Parliament (including the Deputy President of the National Assembly, as well as representatives from both the Upper and Lower Houses) led to the appointment of a collaborative mechanism between Parliament and other partners on road safety.

As the National Road Safety Master Plan prioritizes measures to protect young people, WHO in 2023 launched a project to engage with universities. Nine universities participated in the baseline assessment of their own RTI situation. Before the assessment, many of the participating universities were not aware of the number of road traffic accidents and the nature/characteristics of these accidents (risk spots, behaviour of students, type of vehicles, daytime and night-time, etc.) in their own universities. The project led to a better awareness and understanding among the faculty members and the senior management of the universities. Results from these nine universities are being shared with relevant ministries such as Education, Interior, Health, Transport, for recommendations regarding national policies and strategies. Universities will participate in the next phase of designing interventions in 2024 to address the problems documented in the baseline assessment.

WHO also assisted the Department of Disease Control in the MoPH to improve injury surveillance. Though hospitals are the key source of data acquisition of the injury surveillance system, many hospitals send data/information to the centre only intermittently and often with considerable reporting gaps and quality problems. The project helped hospitals to understand the guidelines for data records and data transmissions through trainings and knowledge-sharing of injury surveillance as well as through opportunities for peer-to-peer learning.

Following implementation of the project, data completion among participating hospitals improved by about 5% (October 2022–September 2023). In addition, quality, timeliness and completeness of data reporting to the injury surveillance system have

improved. Drawing from experiences with this capacity-building project, a revised approach for injury surveillance data reporting was launched in December 2023, requiring hospitals to record and report injury or fatality data into the system.

## Progress towards achieving measles–rubella elimination

Along with other Member States of the Region, Thailand has committed to the regional goal of eliminating measles and rubella by 2026. Based on the two essential criteria and five lines of evidence to verify the elimination of measles and rubella including, Thailand is currently classified as an endemic country for both measles and rubella. Since 1977, Thailand has had a strong Expanded Immunization on Programme (EPI).

The high coverage of routine vaccination had resulted in a low level of transmission of measles in the country, the level of transmission being the lowest in 2014 with 146 cases reported. However, since 2018, Thailand has experienced a significant increase in the number of measles cases, spiking to more than 7000 suspected cases in 2019. Measles cases declined in 2020, 2021 and 2022 (to 802, 66 and 64, respectively, during the imposition of COVID-19 preventive measures, but the COVID-19 pandemic also strained health-care workers who ran EPI services.

MMR1 and MMR2 vaccine coverage (88.4% and 82.9%) remains suboptimal in Thailand. In 2022, only 19 of 77 provinces reported MMR1 coverage of at least 90%.

WHO is supporting Thailand's efforts to get on track for measles-rubella elimination (MRE). In particular, efforts are focusing on addressing the immunity gap in immunization pockets in the three southernmost provinces, reaching the unimmunized adult population, especially those living in crowded settings, and improving measles and rubella surveillance. WHO has worked to strengthen the capacity of the core team at the National Immunization Programme and the measles–rubella surveillance team at the Department of Disease Control (DDC) Epidemiology Division, with the aim of generating regular reports that can serve as a feedback loop for provincial health authorities, inspector general offices and senior officials at the MoPH. WHO has supported DDC to revise the MRE and outbreak investigation guidelines and online training materials for health-care workers involved in the surveillance of measles, rubella and other VPDs. Refresher trainings have been organized for health personnel at the subnational level on immunization policy, guidelines and practices and surveillance. WHO also mobilized high-level technical and advocacy support to address low vaccination uptake in the three southernmost provinces.

Continued efforts are needed to increase coverage of MMR1 and MMR2 to raise the population immunity profile. Effective vaccination campaigns are urgently needed to close the measles–rubella immunity gap among young children in the three southernmost provinces, including harnessing available technology to identify and offer immunization services to children. Surveillance efforts should be further strengthened to contain cases or outbreaks in a timely fashion.



***A health-care worker provides patient guidance on malaria at a clinic in Mae Sariang***

The two essential criteria for MRE are: (i) documentation of the interruption of endemic measles or rubella transmission, for a period of at least 36 months from the last known epidemic case to ensure that endemic transmission has not been re-established; and (ii) the presence of a high-quality, laboratory-supported surveillance system that is sensitive and specific enough to detect, notify and investigate suspected outbreaks in a timely manner, classify cases as confirmed or discarded and by source (imported or imported-related cases), as well as inform the country to undertake appropriate public health actions to curtail further transmission and prevent future transmission.

The five lines of evidence are: (i) detailed description of the current and past epidemiology of measles, rubella and congenital rubella syndrome (CRS); (ii) analysis of the molecular epidemiology to document viral transmission patterns and the duration of the circulation of viruses of specific lineages; (iii) quality of surveillance and monitoring systems for measles, rubella and CRS; (iv) population immunity presented as a birth cohort analysis, including evidence on adults and underserved, migrant and refugee groups; and (v) accountability.

## **Harnessing digital technology to ensure UHC for migrants**

Thailand's commitment to Health for All is well recognized by the global health community. After introducing UHC for its citizens in 2002, Thailand has expanded its commitment to UHC, aiming to cover the migrant population as well. In 2022, Thailand joined with WHO

and international partners (including the International Organization for Migration and the US Centers for Disease Control and Prevention) to conduct the joint Country Review on Health System Capacity to address the health needs of migrants (JMRH). Following the recommendations of the JMRH, the MoPH, with support from WHO, developed information technology (IT) software to enhance management of the health insurance programme for non-citizens.

Thailand's programme, "Health Insurance for Non-Thai Populations (HINT)" in 2023 focused on people who have been living in Thailand with status and rights problems. HINT aims to ensure smooth access to health services by non-Thai populations by shortening the process of individual registration and personal verification for health benefit packages as well as improving data analysis, reimbursement mechanisms to health facilities and generation of regular health insurance performance reports. These measures are intended to support health insurance system operators/managers, decision-makers and key stakeholders for system improvement plan and to promote health insurance uptake.

Digital technology seeks to overcome the fragmentation of health information systems for people with status and right problems. The technology aims to link the multiple databases used to process health services, enhance data processing and verification of the benefit package, improve reimbursement of medical bills through use of automatic claims system, and enable visualization of pertinent data on a dashboard to support oversight of the performance of the health insurance system performance by the MoPH.

The HINT IT programme exemplifies the transformative potential of IT solutions to address health-care disparities among vulnerable non-Thai populations. Through continued innovation, strategic planning and collaboration, the country seeks to move closer to realizing the vision of equitable health-care access for all. During two months of the pilot phase in 18 hospitals in Chiang Rai province, home to many people with status and rights problems, a total of 240 096 transactions of electronic claims were processed and 2552 clients were newly registered and provided their health insurance entitlement.

The pilot phase also highlighted challenges, including undertesting in various databases that capture data regarding people with status and rights problems, which in turn makes it difficult to design systems for seamless data integration. This experience will help inform system development in the next phase, which will aim to identify migrants originating from neighbouring countries, for whom identification is problematic. Finally, to successfully implement this innovative IT solution, health personnel will need to be trained not only in data management, but will also need to improve skills to deal with non-Thai populations, such as understanding cultural differences, language proficiency and knowledge about (legal and human) rights.

WHO also supported the MoPH to explore innovative approaches for disease control in migrants through a pilot project entitled "Use of Iris Scanning and Facial Recognition

for Biometric Recognition in Migrant population for Disease Prevention and Control in Thailand". This collaborative project between the DDC, Thai Red Cross Society, National Electronics and Computer Technology Center was implemented in five project sites with large numbers of migrants (Samut Sakhon, Tak, Chonburi, Bangkok and Prachaub Kirikhan).

The project collected individual information from 8619 migrants (including biometric data collected from iris scans processed by the Thai Red Cross Biometric Authentication System, requiring a high degree of trust between data collectors and migrants (both documented and undocumented). Experience with this project suggests that biometric identification during annual health examinations could support improved migrant health registration and continuity of treatment services.

## Global health diplomacy

Enhancing Leadership in Global Health-Thailand (EnLIGHT) is one of the six priority areas under the Thailand CCS. EnLIGHT provides for a mechanism for staff in the MoPH to build their capacity and understanding on global health issues. Using sessions to prepare for real-life interventions during global health-related meetings (such as the World Health Assembly or UN General Assembly meetings or special sessions), staff of the MoPH are trained to prepare Thailand's position in key areas, network with like-minded countries, and deliver messages during these global meetings that accurately and compellingly reflect Thailand's position.

Building on this experience, a training was organized with delegates from interested countries across the Region, under the umbrella of South-South and Triangular Cooperation. The training was jointly conducted by WHO, the UN Country Team, Thailand International Cooperation Agency (TICA) and the MoPH. The training enabled the exchange of updated knowledge and understanding on global health diplomacy, prepared participants for their active engagement in global health platforms and served as a networking opportunity for participants from different countries. TICA provided the funding for the facilities, the MoPH and the WHO Country Office provided technical inputs and coordination, and relevant WHO country offices sponsored the travel of participants.

Three countries (Bangladesh, Sri Lanka and Timor-Leste) and the Regional Office sent delegates to the training. Participants expressed appreciation for the training's hands-on and practical approach, and requested a follow-up training for more in-depth discussions.

## Partnerships

The WHO Country Office in Thailand continued to work closely with the UN Resident Coordinator's Prevention of Sexual Exploitation and Abuse (PSEA) Task Force. In 2023, through this partnership, WHO supported a refresher training on PSEA to 45 staff members

with various types of contracts from 12 UN agencies. WHO also supported an annual meeting for the UN PSEA focal points to update progress and plan for the year ahead.

The Country Office has forged partnerships with UN agencies: UNDP on SDG localization, UN Habitat on Healthy Cities, ILO on Healthy Workplaces, UNICEF on obesity control, legislation on marketing restriction of unhealthy food and beverages to children and school health.

WHO has also partnered with the National Health Commission Office to promote elderly health, including through effective implementation of the National Health Assembly resolution on healthy ageing and through social participation, engaging the national, provincial and district levels in developing an action roadmap to improve elderly health and well-being.

The Country Office has partnered with the Thai Health Foundation in cross-country learning and strengthening the capacity of NCD key stakeholders at the MoPH, Bangkok Metropolitan Administration (BMA) and academia during a country exchange visit to Singapore, and through WHO webinars, UN meetings and participation in the meeting of the International Network of Health Promotion Foundations.

## Looking ahead

Thailand is heavily engaged in the discussion of the Intergovernmental Negotiation Board to negotiate a new pandemic agreement. Final inputs and discussions are planned to be held in the World Health Assembly in May 2024.

### Box 11: Prevention of sexual exploitation, abuse and harassment

In line with the WHO Policy on Prevention of and Addressing Sexual Misconduct (2023), the MoPH has demonstrated its commitment to being an implementing partner that takes this issue seriously.

In 2017, the MoPH formulated, for the first time, a policy on the prevention of sexual misconduct. In 2022, the MoPH, together with the WHO Country Office, jointly signed a pledge on 'Zero Tolerance for Sexual Exploitation, Abuse and Harassment (SEAH)', demonstrating its commitment to stop these unacceptable behaviours in the workplace.

In 2023, WHO Thailand and the MoPH continued to carry forward actions in support of their common goal of zero tolerance of sexual misconduct, with a focus on implementing concrete measures to ensure that we 'do no harm' to the people we are entrusted to serve and the people with whom we work.

The MoPH and the Ministry's Permanent Secretary reaffirmed the national policy in November 2023 in a declaration of intent on 'the Prevention and Response to Sexual Exploitation, Abuse and Harassment in the Workplace'. The announcement reaffirmed the commitment of all personnel at the MoPH, regardless of the level and the type of contract, to promote equality and build an organization that is free from sexual exploitation, abuse and harassment.



Although Thailand has currently enforced a ban on sale and use of e-cigarettes, strong voices still lobby to lift this ban. WHO, the MoPH and anti-tobacco groups will need to continue to strongly advocate to maintain and enforce the current ban.

Thailand, as with many other countries, is facing rapidly falling fertility rates, which will result in a rapidly ageing population and economic implications. The government plans to bring this issue to global fora to encourage a global discussion and seek common solutions.

Both the Thailand Parliament and the police force have in 2023 set up mechanisms aimed at improving road safety. The impact of these mechanisms will need to be assessed, in particular, whether they will result in an actual halving of the number of road traffic victims by 2027. Addressing NCD risk factors and mental health, especially for youth and working-age populations, will require a continued strengthening of partnerships with the health and non-health sectors. Based on past experiences, the use of digital technology holds huge promise to promote healthy lifestyle and NCD care.

Thailand's strong and vibrant health sector has yielded numerous successes that have benefited people living in Thailand. Many of these experiences could be adopted by other countries, but more effort is needed to document and share Thailand's best practices and lessons learnt.



***Staff of the WHO Country Office in Thailand take the pledge on zero tolerance against sexual exploitation***

