CCS Coordinating Subcommittee meeting

February 5, 2021

World Health Organization

Agenda

- Introduction by Chair (Dr Phusit)
- Proposed programme workplans 2021:
  AMR, GHD, ITH, MH, NCDs, RS
  (5 mins/programme followed by discussion)
- Results of the funding dialogue 2021
  (presented by WHO, for information)
- Proposal for process to develop CCS 2022-2026
  (presented by WHO, followed by discussion)

Results of the funding dialogue 2021 (Million baht)

CCS Programme Component	2020 brought forward	2021 requested amount	2021 pledged by donors						Total	Remaining funding gap	Programme total funds for 2021
			WHO (28.8%)	ThaiHealth (41.4%)	NHCO (1.8%)	NHSO (20.7%)	HSRI (7.2%)	MoPH (0.0%)			
AMR	1.0	9.9	1.9	5.0	-	2.0	1.0	-	9.9	-	10.9
GHD	2.8	5.0	-	3.0	0.5	1.5	-	-	5.0	-	7.8
ITH	7.1	8.3	2.8	3.0	0.5	2.0	-	-	8.3	-	15.4
MH	1.7	8.0	4.0	2.0	-	-	2.0	-	8.0	-	9.7
NCDs	0.0	11.5	2.5	5.0	-	3.0	1.0	-	11.5	-	11.5
RS	0.8	16.0	3.8	5.0	-	3.0	-	-	11.8	4.2	12.6
2020 Audit	-	-	1.0	-	-	-	-	-	1.0	-	-
Total	**13.4**	**58.7**	**16.0**	**23.0**	**1.0**	**11.5**	**4.0**		**55.5**	**4.2**	**67.9**

Proposed 12 steps for developing CCS 2022-26

1. Establish a secretariat for CCS development (WHO and GHD)
2. Establish criteria for deciding on CCS priorities
3. CSC provides inputs and agrees on the process
4. CSC reviews current six programmes of CCS 2017-2021 by scoring assessment criteria and rank the priorities

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Proposed 12 steps for developing CCS 2022-26

5. Stakeholders consultations

6. Secretariat reviews both
   - proposed prioritized programmes
   - new potential health priorities

   } then shortlist 10 priorities

7. Suggestions developed into more detailed proposals

8. Proposals submitted to CSC for review and ranking

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Proposed 12 steps for developing CCS 2022-26

9. Ex com selects priorities based on recommendations of the CSC

10. Programme proposals written up by lead agencies and submitted to the secretariat

11. Review of proposals by expert panel or peer-review → CSC endorsement → Ex com approval

12. CCS written up, completed

Principles

- ≤6 CCS priorities
- Transparent process and consider inputs of all CCS stakeholders
- Priorities from CCS 2017-2021 may be continued should they meet the criteria *
- 80% of WHO staff time/funding committed

Criteria for selecting CCS Priorities 2022-26

- Can WHO add value?
- Will work in this priority area have a demonstrable impact on the health of people in Thailand?
- Do multiple stakeholders agree that this area is a priority?

Criteria for selecting CCS Priorities 2022-26 (con't)

- Is the work needed in this area sufficiently clear and can it be focused?
- Is the work consistent with national plans, priorities, including SDGs
- Is the priority already included in CCS 2017-2021?

Back to 12 steps

Proposed by Dr Suriya

Should we continue current CCS programmes? Programme assessment criteria

- Proven outcomes and objectives
- Performance complies with CCS policy and direction
  - Meaningful contribution to policy
  - Not designed to fill agency mandate/fund
  - Built on strong partnerships
- Solid implementation
- Gap that benefits from CCS support

Justification of the process

- Advantages to this process
  - Process is more efficient
  - Standardization of proposals
  - Clear criteria provide a framework for selection
  - Widespread consultation is maintained
  - Increases transparency of the process
  - Proposals more likely to be successful
  - Joint secretariat maintains MoPH ownership of CCS process

Justification of the process

- Potential challenges
  - Process seen as too directive
  - Not enough opportunity for discussion
  - Time intensive for secretariat

Proposed 12 steps and timeline