

**Template proposing Priority Areas for  
World Health Organization and Royal Thai Government (WHO-RTG)  
Country Cooperation Strategy (CCS) 2022-2026**

**Proposed Priority Area:  
Area 2 Tuberculosis**

Q1. This proposal is submitted by

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Q2. Please specify all partners who collectively drafted and submitted this proposal

a) Health System Research Institute

b) Prince of Songkhla University

c) Department of Disease Control

d) Department of Medical Sciences

e) Ministry of Public Health

Q3. Please provide a clear problem statement with justification for the inclusion of this topic in the CCS 2022-2026. Please also specify why there is a need for additional support under the CCS, beyond the usual budget and current work of Thai health system will not be able to solve the problem.

[Note: (1) Problem statement should highlight a demonstrable impact on the health of people in Thailand. (2) If this topic is part of the current CCS 2017-2021, please indicate why it should continue under CCS 2022-2026 and what will be differences. Please highlight any lessons learned from the previous implementation period (CCS 2017-2021). Max 500 words

Tuberculosis is the number one cause of death from infectious diseases in Thailand, 12,000 deaths from tuberculosis every year with economic burden of 70 billion Baht. Thailand remains in the high burden tuberculosis countries and high HIV/TB countries in 2021, with 9 years left to end tuberculosis on 2030 according to sustainable development goal 3, Thailand should decrease TB to less than 10/100,000, from currently at 150/100,000 with 14 percent mortality rate. Treatment of latent tuberculosis in HIV infected populations and high-risk groups of tuberculosis are the key program implementation to end tuberculosis.

TB research is a key to implementing TB policy in Thailand, with research roadmap established for 2017-2021 with technical support from WHO-TB program. TB research results have significantly supported the implementation of national plan of ending TB by 2030 for example the utilization of research results for having the latest service benefits of screening, diagnosis and treatment and innovative care systems such as the prototype model of having drug stores being part of identifying and referring potential cases to get timely services.

Since 2020, the COVID-19 pandemic in Thailand has had considerable impact upon national to local TB work especially on active case finding, TB controlling, routine service provision. A number of controlling measures against COVID-19 for example physical distancing may have unintentionally affected TB work at some point. A number of health personnel previously working for TB have been shifted to work against COVID-19. All these are already challenges for both public and private TB relating agencies to work continuously on TB service provision during COVID-19 pandemic.

However, there have been for example high expansion of diagnostic capacities for COVID-19, RT-PCR, maximization of using primary care network and tele technologies. Such things as valuable resources should be capitalized for TB work in addition to increased knowledge of respiratory diseases prevention by learning from COVID-19 at all levels of health personnel and most Thais. We therefore should take this opportunity to ride on the wave of COVID-19 pandemic.

Q4. How can WHO add value? What is the role of WHO (either WHO Thailand or SEARO or Headquarter) in supporting this priority area?

Max 300 words

WHO has been providing **technical support** for tuberculosis control in Thailand. Technical documents published by WHO have been applied to several national guidelines such as drug diagnostic procedure, treatment for active TB and LTBI cases and phylogenetics of *M.tuberculosis*. WHO technical experts participated in establishment of TB research roadmap. WHO also plays key roles on **advocacy at the national levels and at the international level** for END TB.

According to Multisectoral Accountability Framework to accelerate progress to End TB (MAF-TB) of WHO, the framework urges country members to adopt and implement as suggested. 3 essential components are review, actions and monitoring and reporting. Thailand has respectfully followed this framework; however, the COVID-19 situation has compromised TB program implementation. It is necessary to have extensive assessment guided by WHO and WHO's supportive actions of involving high level policy and political playfield at national, regional and global level.

### **References**

Catalogue of mutations in Mycobacterium tuberculosis complex and their association with drug resistance. 25 June 2021 ISBN: 9789240028173

WHO (2020). A global strategy for TB research and innovation WHO Global TB report 2020.

WHO <https://www.who.int/news/item/30-08-2017-who-applauds-the-launch-of-thailand-s-first-national-tuberculosis-research-roadmap>

Goals, S. D. (2019). Multisectoral Accountability Framework to accelerate progress.

Q5. Please specify what focus areas need to be addressed under this priority area, proposed plans/activities and the budget needed in Thai Baht for 5 years during 2022-2026.

(maximum 5 areas, each area should be linked to the problem statement) Max 500 words

- Focus areas include
  - a) TB research roadmap 2022-2026  
Establish the TB research roadmap 2022-2027 along with network of tuberculosis researchers in Thailand,
  - b) Annual conference and twice a year meeting with WHO technical expert,
  - c) TB prevalence survey

A proposal for tuberculosis prevalence determination will be developed together with WHO, HSRI and related teams,

- d) An international conference on application of mutation catalogue for MDR- and XDR-TB with capacity building workshop guided by WHO experts for Thai officials,
- e) Advocacy program for TB control targeting both high risk settings e.g., prisons, juvenile detention centers, high risk communities and provinces and vulnerable populations e.g., people with disability, elderly, migrants, ethnic groups, children, health care workers in order to run TB program with MAF-TB.

- Brief proposed plans/activities for 5 years during 2022-2026.

	2022	2023	2024	2025	2026	Budget (million Baht)
A) TB research roadmap	X				X	2.5
B) Annual conference	X	X	X	X	X	2.5
C) TB prevalence survey						
Proposal Preparation	X					
Implementation	X	X	X			50.0
D) Mutation catalogue international conference for MDR- & XDR-TB and capacity building		X			X	1.5
E) Advocate for End TB	X	X	X	X	X	2.5
E) Administrative meeting 2-3 times per year	X	X	X	X	X	2.0
Total budget						61.0

- Proposed budget for 5 years during 2022-2026.

Q6. What are the changes we want to see over the 5 years – what will be different in 5 years as a result of this program under CCS 2022-2026. Max 500 words

The national target for end TB should be achieved and trends toward ending TB at less than 10 per 100,000 samples. This will be evidenced by the proposed TB prevalence survey. Several success indicators are no less than 1/3 of prisons and juvenile detention centers in Thailand implementing TB control and treatment as part of their routine programs and 1-2 provinces of each regional health area (13 areas in total) integrating MAF-TB into their routine programs.