

Annex 7

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

Proposed Priority Area: "Health in all public policies for the prevention and control of NCDs"

Q1. This proposal is submitted by

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

a) Division of NCDs, DDC, MoPH

b) ThaiHealth

c) WHO

d) HSRI

e) Expert Partners: Dr.Wiwat Rojanapithayakorn, Prof.Dr. Prakit Vathesatogkit, Dr. Kumnuan Ungchusak, Dr. Somsak Chunharas, Dr.Surasak Kantachuvesiri, Dr.Piyawat Katewongsa, Dr.Panya Kaimuk, Dr.Wannee Nitiyanant and etc.

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.

Rational:

1. NCDs are still counted for high burdens of health system and premature mortality in Thailand. NCDs are responsible for three out of every four deaths.
2. The economic burden of NCDs is staggering—8% of GDP with most costs attributed to lost productivity from premature mortality. NCD issue is being the present challenge and will continue as Thailand has reached aging society.
3. NCDs are preventable and the reduction of pre-mature deaths from NCDs could be possible but challenging.
4. NCDs is a target under SDGs and national plan. It is also one of the three major area under national health reform.
5. The COVID-19 is a reminder that a society with a high burden on NCDs is a vulnerable society to current and future pandemics.

[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).

Achievements (2017-2021)

During CCS 2017 – 2021, there have been many initiatives under the NCD program, including the strong collaborative efforts to fight high prevalent NCDs (diabetes, hypertension, etc.), the support for the control of NCD risks (sodium and salt reduction, obesity, strengthening surveillance and monitoring system for NCDs), NCD policy development fellowships, and promotion of NCD champions, among others. An outstanding achievement of the current CCS is the organization of a high-level UN Interagency Task Force (UNIATF) Mission in 2018. The UNIATF has met with the top leadership including the Prime Minister and other ministers, and come up with 17 recommendations. This helped the country to expand, intensify and scale-up health sector's response on NCDs and increase engagement of non-health ministries. As a follow-up to the UNIATF recommendations, a UN thematic group was set up with 10 United Nations (UN) agencies, 10 government agencies (including Prime Minister's Office) and civil society with the UN Resident Coordinator and Director General of Department of Disease Control as co-chairs. This initiative was very helpful in mobilizing UN partners to support NCD agenda and improve engagement with other sectors.

Lessons Learned and Unfinished Agenda

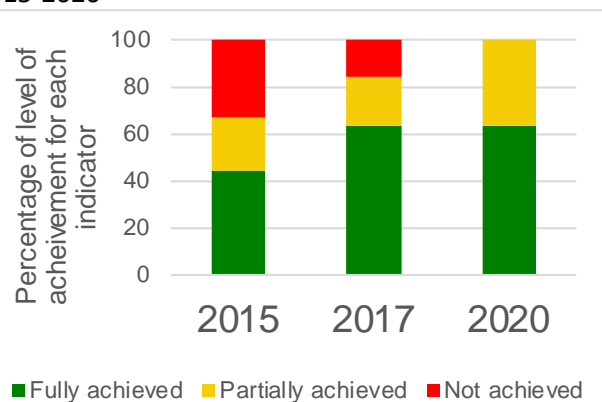
Despite the significant advancement in the national NCD prevention and control program in the CCS NCD. Some unfinished agenda exist:

- NCD is still considered as health problem. The whole government and whole society respond need more innovative leverage mechanism. Although the earlier CCS cycle successfully launched a UN thematic working group and other networks, there is still a need for strong and functional institutional mechanisms for leveraging “a whole of government and a whole of society” response to NCDs.
- The current response is mainly implemented by agencies at national and central levels. There is a need to increase involvement of the provinces and setting up multisectoral mechanisms for enforcement of policies at local levels. Local governmental units should be strengthened and supported to scale-up NCD programs.
- NCDs focus is still at the screening and treatment end. New approaches are necessary to gradually shift the focus of NCD programs toward primary prevention and to address social determinants of health. Innovative communication strategies are needed for greater engagement of public, including via mass and social media and public release of data annually for greater two-way accountability.
- NCDs are common health problems in the aging population, which could have been prevented with effective interventions at earlier stages in life. Thus, there is a need to

develop strategies to prepare the national responses toward active aging society through a life course approach.

- Global NCD progress monitor 2020 reported Thailand was ranked top-ten with 12 out of 19 indicators fully achieved and 7 indicators partially achieved. The five-year trend showed good progression, but 4 indicators was stagnant in the last 3 years which are: (1) mortality data, (2) risk factor survey, (3) mass media campaign for tobacco demand reduction, and (4) increase excise taxes on alcohol.
- Close monitoring of the NCD achievement is necessary. The timeline of the global NCD targets for 2025 are approaching but only the accesses to health services and medicines have been achieved. Risk behaviors and prevalence of diseases are getting worse, except physical activity, alcohol use and tobacco use which are getting better.

Figure I. Achievement in NCD policies, Thailand, 2015-2020



Source: WHO. NCD Progress Monitor 2020

9 Global targets for 2025

- 25% relative reduction of premature mortality from NCDs
- 30% relative reduction in prevalence of current tobacco use
- 10% relative reduction in alcohol consumption
- Halt the rise in diabetes and obesity
- 10% relative reduction in prevalence of insufficient physical activity
- 30% relative reduction in mean population intake of salt/sodium
- 25% relative reduction in the prevalence of raised blood pressure
- At least 50% of eligible people age above 40 years receive drug therapy and counselling (including glycaemic control) to prevent heart attacks and stroke
- 80% availability of the affordable basic technologies and essential medicines, including generics, required to treat major NCDs in both public and private facilities

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

WHO's roles in supporting the implementation of the NCD CCS plan 2017-2020 had major contributions including a) catalyst and connector, b) influencing, c) technical assistance and capacity building, d) resource mobilization, and e) sharing Thai expertise, for example. (Details see in RTG-WHO Country Co-operation Strategy (2017-2021): Lessons from Non-communicable Disease Programme).

The value added of WHO's contribution for the NCD CCS 2022-2026 includes all of the following CATALIST:

- Convening multi sectoral partners, including bringing UN partners on board.
- Accelerating and boosting efforts of champions, by endorsing champions and thought leaders and shining a light on the work of champions and supporting their advocacy to high level political leadership

- Tracking, monitoring and certifying progress against goals,
- Advancing Thailand's health leadership globally,
- Linking and connecting with global partners,
- Intellectual capital,
- Social capital, and
- Training and capacity building.

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)

- Focus areas
 - I. Strengthening and expanding multisectoral mechanisms
 - II. Intensifying and accelerating the evidence-based interventions towards achievement on 9 global targets for 2025
 - III. Continuous learning and growth
- Brief proposed plans/activities for 5 years during 2022-2026.
 - I. Strengthen the mechanisms
 - Consultation forums for academic, civil society, government officials, public, private sector where no conflict of interest and WHO.
 - Convening multi-sectoral partners (Including non-health sector) and UN partners for healthy public policies with WHO support.
 - International collaboration and linkage to International experts
 - Building in the M&E system (KPIs including health policy KPIs in other ministries programmes, for example: percentage of excise tax collected from unhealthy products for Min of Finance) with the CCS's initiative programme and support for the development of the next national NCD plan 2023-2027
 - II. Focus on the achievement on 9 Global targets for 2025
 - Evidences for decision making at all level of stakeholders are needed for communication to engage stakeholders to join the CCS-NCD initiative "Together Fight NCDs" campaign.
 - According to available evidence, aggressive control of tobacco and salt reduction are the two most cost-effective measures that will help to save the maximum number of lives. Focus on interventions that make the biggest difference, e.g. tobacco taxation and reformulation of packaged food. Introduce tax on unhealthy food with cross subsidy on healthy options (fruits and vegetables)
 - Apart from regulatory policies, behavioral economics will be used to guide the public decision-makers and private providers to provide good-default

options for consumers. Information of the commercial determinants should be uncovered.

III. Continue learning and growth

- Social and intellectual capital of a wide variety of experts are strengths of the Thai health system. CCS should provide platforms for these experts for think-tank and mentorship to nurture younger and middle level of NCD Goodwill ambassador and champions in health and other public sectors.
- Capacity building for regional, provincial, and local functions
 - provincial mechanisms and actors NCD prevention & control
 - local government for NCD prevention & control
- Expand partners from the area of cancer prevention (such issues are promoting fruit & vegetable consumption and fat reduction) beyond 4 major risk behaviors (the smoking, alcohol consumption, physical inactivity, and sugar and sodium consumption)
- Leverage the interface of Covid-19 pandemic and NCDs. Most vulnerable for severe morbidity and mortality of Covid-19 are people with NCDs underlying diseases. Thus, strategy to reduce obesity, smoking, alcohol consumption, and increasing physical activities should gradually interfaced and integrated with ongoing Covid-19 programs.
- Re-conceptualize the landscape from the reduction of premature mortality to the preparation of working aged for healthy active aging.

- Proposed budget for 5 years during 2022-2026.
 - 50 Million baht

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.

- Functioning, institutionalized and strengthened national and local multi-sectoral mechanisms for primary prevention of NCDs.
- More non-health sector ministries actively engaged and taking ownership for primary prevention of NCDs
- Greater engagement of public in demanding for health promotion, including through activism
- An improved NCD response implementation as indicated by the Global NCD progress monitor report, particularly on the 7 indicators that Thailand has yet to fully achieved in the 2020 report.
- A continuing progress towards Thailand achieving the global NCD targets for 2025 and the SDG 2030 target on NCDs.