Enhancing Leadership in Global Health – Thailand under WHO Country Cooperation Strategy 2022-2026

2022

สสส สำนักงานกองทุนสนับสนุนการสร้างเสริมสุขภาพ | สปสช. สำนักงานหลักประกันสุขภาพแห่งชาติ | สำนักงานคณะกรรมการสุขภาพแห่งชาติ | World Health Organization | EnLIGHT Enhancing Leadership in Global Health-Thailand | iHPP Thailand

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I. Activity reporting

Activities of CCS-EnLIGHT in 2022 covered all three strategic areas namely collective movement, knowledge generation, knowledge management and capacity building.

1. Collective movement

In 2022, CCS-EnLIGHT supported Thailand's movement in particular Universal Health Coverage (UHC) which will be global agenda at UNGA's High Level Meeting in 2023, ongoing discussion of the WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response and UNAIDS' Programme Coordinating Board (PCB) chaired by Thailand in 2022.

Agenda	Platforms	Relevant stakeholders	Outputs/Outcomes
UHC	75th WHO South-East Asia Regional Committee meeting (RC75)	NHSO, NHCO, GHD, IHPP	**RC75 Decision:** Proposed additional agenda item for the 152nd Session of the WHO Executive Board (SEA/RC75(2)) **RC75 Resolution:** Enhancing social participation in support of primary health care and universal health coverage (SEA/RC75/R3) [Annex 1]
WHO convention, agreement or other international instrument on	- Intergovernmental Negotiating Body - IHR Amendment	DDC, MOFA, GHD	Thailand's statements, comments [Annex 2]

Agenda	Platforms	Relevant stakeholders	Outputs/Outcomes
pandemic prevention, preparedness and response			
UNAIDS' Programme Coordinating Board (PCB)	- High level seminars [stigma and discrimination/ youth forum] - Lessons learned on HIV response in Thailand	DDC, MOFA, GHD	- High level exchange - Document on lessons learned to be shared with participants of the PCB meeting and member states of UNAIDS [Annex 3]
Global Health Work Plan year under Thailand Global Health Action Plan 2021 – 2027	2022 Annual Global Health Meeting [Annex 4]	MOPH, MOFA, MOTS, MOAC, MOC, M-SOCIETY ,MOL, GHD, NHSO, NHCO, ThaiHealth, CCS-EnLIGHT	Global Health Work Plan year 2023 [Annex 4]

2. Knowledge to support collective movement and Knowledge management

CCS-EnLIGHT provided technical support for Team Thailand in driving global agenda for example, international trade and health, AIDS, and social participation.

Knowledge management	Outputs	Contribution
Research	Political economy of public participation in trade negotiation process in Thailand: the case of CPTPP [Annex 5]	New evidence and policy recommendations for future trade negotiation.
	Analysis of Lessons learned on provision of HIV prevention and treatment services to accelerate ending of AIDS in Thailand [Annex 6]	Documented lessons learned on HIV preventive and care services to accelerate the end of AIDS
Technical paper/ policy brief	Policy brief: A Journey of Social Participation From South-East Asia Regional Committee to World Health Assembly [Annex 7]	Policy brief to support global movement on social participation at RC75, and upcoming EB/WHA
	Technical paper: Development of Pandemic instrument through INB process: Thailand position [Annex 2]	Summary of WHO's new international instrument on pandemic preparedness and response
	Technical paper: UHC in Global Health [Annex 1]	Summary of Thailand's movement on UHC at global and regional level
	Information package: global and regional health platforms for the Executives [Annex 8]	Fact sheet as material to brief Executives before attending the meetings

Knowledge management	Outputs	Contribution
	KM: online meeting manual [Annex 9]	Manual for GH stakeholders in organizing online meeting
Resource center on Global Health	Update database For more information, please visit https://www.resourceihpp.com/site/home	Availability of materials and information about global health

3. Capacity building

CCS-EnLIGHT organized capacity building activities to strengthen capacity on global health for Thai young generation. In addition, CCS-EnLIGHT supported young staff to attend global platforms such as the World Health Assembly, and South-East Asia Regional Committee meeting. Teaching materials were developed and uploaded on Resource Center on Global Health website.

Activity	Participants	Objectives
Global Health Fellowship Program (GHFP)	Ministry of Public Health - Department of Medical Services - Department of Health - Department of Thai Traditional and Alternative Medicine - Lampang Hospital National Institute for Emergency Medicine Chulabhorn Royal Academy [Annex 10]	- Level up individual capacity to be Global Health experts - Broaden Global Health network - Strengthen Thailand capacity to drive health policy - at global and regional Level
Global health workshop	- Thai delegates: novice - Global Health Fellowship Program (GHFP) - Regional OIC	- Broaden views on global health

Activity	Participants	Objectives
	- Other partners including international participants (e.g. Japan, IFMSA) [Annex 11]	
WHA fundamental workshop	- Thai delegates: novice	- Prepare Thai delegates to attend WHA75
Attending global platforms	4 Representatives from - Lerdsin Hospital (Pandemic treaty core team) - Sapphasit Prasong Hospital (GHFP2021) - Sritanya Hospital (GHFP2021) - IHPP (WHA75, RC75 coach) [Annex 12]	- work with Team Thailand
Thai's UHC Journey workshop 2022 Health and Well-Being in All Policies: Thailand Experience	Participants from - Bangladesh - Bhutan - Indonesia - Malaysia - Myanmar - Philippines - Sri Lanka - Thailand - Timor-Leste [Annex 13]	- To share experience and lessons learn of Thailand's experience in the real actions. - To exchange experience of other countries on their movement towards health and well-being in all policies. - To build up networking among participants and speakers and keep network sharing.
Teaching materials	- WHA protocol - Making interventions [Annex 14]	- increase number of teaching materials on global health

II. Programme implementation issues

Policy issues

In view of UHC movement at global and regional levels, many countries in particular developing countries are struggling in translating global commitment on UHC into real actions. Thailand had achieved UHC since 2002. Along the journey of implementations, both success and failure lessons can be drawn and shared with other countries.

Member States adopted the Sustainable Development Goals (SDGs) to renew their commitment to promote the health and wellbeing of the population, underpinned by SDG target 3.8 for Universal Health Coverage (UHC) whereby all people and communities have access to needed quality health services without risk of financial hardship.
In 2019, the United Nations General Assembly (UNGA) adopted the Resolution A/RES/74/2 and decided to convene a high-level meeting on UHC in 2023 in New York, aimed at undertaking a comprehensive review on the implementation of the Declaration to identify gaps and solutions to accelerate progress towards the achievement of UHC by 2030.

Also, meetings of the WHO governing bodies are core platforms in translating political commitment into the real actions.

Thailand sees that this is the golden time for Member States to mitigate impacts of COVID especially the vulnerable population, primary health care, increase fiscal space for health, through continued commitments to SDGs, PHC and UHC. CCS-EnLIGHT supported Thailand's movement at global and regional level through various activities such as providing technical support to NHSO staff, developing Explanatory Memorandum to submit to EB Officers, strengthening Thailand's intervention to deliver at RC75.

As a result, Thailand, on behalf of Member States in South East Asia Region proposed additional agenda for the 152nd WHO Executive Board meeting titled "Preparations for a high-level meeting of the United Nations General Assembly on universal health coverage". This agenda was now included in EB152 agenda.

Thailand is now leading the process in developing draft resolution to strengthen UHC and mitigate impact of COVID-19 to our health systems.

Implementation issues

There are challenges which are

1. There are many major global health movements/ events/ platforms that the EnLIGHT needs to keep the work up to date or get involved and expand network
2. Emerging events outside CCS-EnLIGHT workplan that require urgent support from CCS-EnLIGHT

Lessons learnt

Lessons learnt include

1. Collaborative efforts among the global health networks contribute to the success of work of “Team Thailand”
2. Scientific Advisory Group (SAG) appointed by the Sub-steering committee provides good technical advice to the EnLIGHT

Best Practices

1.The Scientific Advisory Group for CCS-EnLIGHT

The CCS-EnLIGHT Sub-steering committee established the Scientific Advisory Group for CCS-EnLIGHT (SAG) which is chaired by Dr Jos Vandelaer, WHO Representative to Thailand. The SAG members comprise of experts in various areas such as global health, international trade and health, and foreign affairs.

Roles of SAG is to 1) direct and ensure technical quality and consider the research proposals, 2) provide technical recommendation for capacity building and development activities on Global Health Movement of the Programme and 3) provide recommendations on the participation of the global health activities under support of the EnLIGHT Programme.

2.Working with partners

The aim of CCS-EnLIGHT is to mobilize our resources in supporting Team Thailand to drive health-related agenda at global and regional level. Our working principle is to work with partners. This would allow each partner to add their expertise, experience and connections

to the task which would lead to take ownership of the CCS-EnLIGHT. This year, we also broadened our network to universities and regional OIC. We also strengthen our network with international partners in particular SEAR Member States.

III. Budget implementation

Budget received	Budget spent	Percentage implementation
9.75 million THB from - ThaiHealth 5.50 million THB - NHCO 1.00 million THB - NHSO 2.00 million THB - WHO 1.25 million THB	**8.82 million THB**	**90.46%**

IV. Annexes

Annex 1 : Summary of Thailand's movement on UHC at global and regional level
การดำเนินการเพื่อสร้างบทบาทนำของประเทศไทยในด้านการสนับสนุนการขับเคลื่อนนโยบายหลักประกันสุขภาพถ้วนหน้าระดับโลก

Annex 2 : Summary of Development of Pandemic instrument through INB process: Thailand position

Annex 3 : Summary of HIV prevention and treatment services to accelerate ending of AIDS in Thailand
สรุปเนื้อหาสำคัญที่จะนำเสนอต่อผู้เชี่ยวชาญในการจัดทำรายงานและข้อเสนอแนะต่อการบรรลุเป้าหมายการยุติปัญหาเอดส์ในประเทศไทย

Annex 4 : Summary report of 2022 Annual Global Health Meeting

Annex 5 : Report of Political economy of international trade negotiation process in Thailand the case of CPTPP Phase I

Annex 6 : Report of Lessons learned on provision of HIV prevention and treatment services to accelerate ending of AIDS in Thailand

Annex 7 : Policy brief: A Journey of Social Participation From South-East Asia Regional Committee to World Health Assembly

Annex 8 : Manual Attending WHO Governing Body Platforms

Annex 9 : Manual for Global Health stakeholders in organizing online meeting

Annex 10 : Summary report of Global Health Fellowship Program 2022

Annex 11 : Summary report of Global Health workshop 2022

Annex 12 : Summary report of 75th World Health Assembly by Thai delegates

Annex 13 : Summary report of Health and Well-Being in All Policies: Thailand Experience

Annex 14 : World Health Assembly Protocol

Annex 2 : Development of Pandemic instrument through INB process: Thailand position

Background

Since the early of 2020, The world face tremendous challenge from COVID-19 pandemic. The existing instrument that initially used to response the pandemic was International Health Regulations 2005 (IHR2005). Moreover, the global community put their efforts to create other mechanisms or platforms to support the response, for example, COVAX and ACT-A.

While many efforts are concentrated to response to COVID-19, several evidence had shown that the response is still inadequate[1], and the world is thriving to improve the pandemic response system.

In December 2021, at World Health Assembly special sessions, Member states of World Health Organization had agreed upon decision SSA2(5) (2021)[2] to establish, in accordance with Rule 41 of its Rules of Procedures, an intergovernmental negotiating body open to all Member States and Associate Members so called "The INB.

The INB works as a subdivision of the Health Assembly with the mandate to "draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response, with a view to adoption under Article 19, or under other provision of the WHO Constitution as may be deemed appropriate by the INB". We review this ongoing process of the INB along with Thailand works and positions toward Pandemic instrument development.

Timeline

As indicated in the decision SSA2(5) (2021), the first meeting of the INB shall be held no later than 1 March 2022, in order to elect two co-chairs and four vice-chairs. The first meeting of the INB was held on February 24th. To facilitate meeting effectively, the nominated members of the bureau of the INB had 3 meetings[3] (both virtual and in-person) prior to first meeting of the INB. Co-chair of the Bureau should reflect balance of developed and developing countries and the members are one from each of the six WHO regions.

[1] Annex of Document A74/9 Add.1, paragraph 138 (https://apps.who.int/gb/ebwha/pdf_files/WHA74/A74_9Add1-en.pdf, accessed 29 Sep 2022).

[2] Decision SSA2(5) (2021) (https://apps.who.int/gb/ebwha/pdf_files/WHASSA2/SSA2(5)-en.pdf, accessed 29 Sep 2022).

[3] Meetings was held on 9, 16-17 and 23 February 2022

The discussions among 3 meetings of the Bureau are the role of the Bureau in steering the work of the INB, prepare the work within INB1 including provisional agenda, draft programme of work, method of work including timelines and deliverables.

Nominated members of the Bureau of the INB
Co-Chairs **AFR – Ms Precious Matsoso (South Africa)** **AMR – Ambassador Tovar da Silva Nunes (Brazil)** Vice-Chairs **EMR – Mr Ahmed Salama Soliman (Egypt)** **EUR – Mr Roland Driece (the Netherlands)** **SEAR – Dr Viroj Tangcharoensathien (Thailand)** **WPR – Mr Kazuho Taguchi (Japan)**

First meeting of the INB (24 February 2022)

In the first meeting of the INB, the meeting started with election of two co-chairs and four vice-chairs then adopted the agenda followed by discussion among the method of work which concluded as document A/INB/1/3 Rev.1[4]. The principles in method of work are 1) Functions of the Bureau (worth to mentioned: the INB members had debated whether the bureau could or could not make proposals on ways forward.) 2) Idea of having open-ended subgroups (including drafting groups), and intersessional work and 3) area of supports from WHO secretariat.

[4] Document A/INB/1/3 Rev.1(https://apps.who.int/gb/inb/pdf_files/inb1/A_INB1_3Rev1-en.pdf, accessed 29 Sep 2022)

First resumed session of the INB meeting (14-15 March 2022)

After agreed upon method of work, the meeting had discussed the process to identify substantive elements and seek agreement upon 1) participation of relevant stakeholders in the INB[5] and 2) timeline and deliverables as concluded in document A/INB/1/6 Rev.1[6].

For process to identifying substantive elements, the Bureau had initially proposed the solicited substantive elements then member states and relevant stakeholders will have opportunities to send their inputs via digital platform in two ways 1) through online tool and/or 2) submit an open-ended written submission. The duration for obtaining inputs were 6 weeks between 21 March 2022 to 29 April 2022

The Bureau's proposal of substantial elements was synthesized from the work of Working group on strengthening WHO preparedness and response to health emergencies (WGPR) which consisted of 4 elements: 1) Equity 2) Governance & Leadership 3) System & Tools and 4) Financing.

Regarding to participation of relevant stakeholders, WHO secretariat announced that first set of public hearings were scheduled to be held on 12-13 April 2022 and would also focus on the collection of substantive elements.

First public hearings (12-13 April 2022)

The first public hearing was featured both spoken component through virtual platform and a written component through a dedicated web portal with the guiding question: "What substantive elements do you think should be included in a new international instrument on pandemic preparedness and response?".

There are 122 speakers took the floor within two days session and 36,294 written submissions were received. The secretariat had reviewed the written submissions and found many similar in content and wording, and many also appeared not to conform with the terms of participation.

[5] Document A/INB/1/7 Rev.1(https://apps.who.int/gb/inb/pdf_files/inb1/A_INB1_7Rev1-en.pdf, accessed 29 Sep 2022)

[6] Document A/INB/1/6 Rev.1(https://apps.who.int/gb/inb/pdf_files/inb1/A_INB1_6Rev1-en.pdf, accessed 29 Sep 2022)

Period of receiving input for substantive elements (21 March – 29 April 2022 with extension to 13 May 2022)

As Bureau meeting on 28 April 2022, the secretariat reported that there are 31 entities (13 Member states and 18 stakeholders) had submitted a response, resulting in a 6% overall response rate from 489 entities that had been invited to participate in the online tool (197 MS and 292 stakeholders). The secretariat also noted that some countries had requested for their inputs not be made publicly available, and the Bureau agreed that same countries should also not to be able to access other countries' inputs. Due to the response rate, the Bureau suggested to extend the online platform by two weeks to 13 May 2022. Result as of the deadline was 159 entities responses (102 MS, 57 stakeholders) with overall response rate of 33% (52% MS, 20% stakeholders).

Period of Drafting the draft consolidated outline document of substantive elements (May 2022)

After the secretariat had collected inputs from Member states and stakeholders through the online tools and the open-ended submissions, the Bureau had reviewed and discussed possible options to articulate the draft consolidated outline document of substantive elements. There are various approaches regarding the format of the paper either same format used to collect inputs (i.e., four strategic pillars with five categories) or the technical areas related to pandemic prevention, preparedness, response and recovery (PPPR) or from the work of WGPR as for matters related to governance, equity, systems and tools and finance. The Bureau agreed on a format for the document that would be flexible in allowing for subcategories at a later stage, based on PPRR and used a matrix as an annex to reflect cross-mapping of the substantive elements as per the strategic pillars and categories.

Second resumed session of the first INB meeting (6-8 June and 15-17 June 2022)

The meeting started with secretariat presented the summary report on the results of the INB digital platform[7] and the outcomes of the first round of public hearings[8]. Several issues had been highlighted, especially in the area of equity, that was underscored as a critical and cross-cutting principle of the potential international instrument. Others were mentioned as

[7] Document A/INB/1/9 (https://apps.who.int/gb/inb/pdf_files/inb1/A_INB1_9-en.pdf, accessed 30 Sep 2022).

[8] Document A/INB/1/10 (https://apps.who.int/gb/inb/pdf_files/inb1/A_INB1_10-en.pdf, accessed 30 Sep 2022).

the guiding principles of the instrument, namely transparency, accountability, solidarity, multilateralism, trust, non-discrimination, human rights, cooperation and a right to health.

Next the INB had discussed upon white paper containing a draft annotated outline of a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response[9]. The INB agreed to have interactive session with the relevant stakeholders and further discuss the white paper with Member states on 16 and 17 June 2022 with a view to collecting inputs and not entering into negotiations at that time.

Then, the secretariat gave a short presentation on information paper on the provisions of the WHO Constitution under which the instrument could be adopted[10], which have three types of possible instrument regarding WHO Constitution: 1) Conventions or agreements per Article 19, 2) Regulations, per Article 21 or 3) Recommendations, per Article 23.

The drafted annotated outline of a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response.

The draft annotated outline was the evidence of effort, inclusivity and cooperation from various entities including WHO secretariat team and the Bureau to articulate what the world needs from this international instrument. In the drafted containing 13 parts with part 3 to 6 dedicated to technical area measures (Prevention, Preparedness, response and recovery). Within each technical part have the strategic themes (equity, governance and leadership, system and tools and finance) related to its technical part, and in each strategic theme is containing the subtheme related to its strategic theme. Moreover, other cross-cutting issues also addressed in part 7 to 10, namely: One health, Access and benefit sharing, Scientific and technical cooperation and communication and health and pandemic literacy.

Within the discussion period between 15-17 June 2022, Member states had given the essential inputs for secretariat and the Bureau to consider in developing a working draft. While some of the Member States required adequate time to consult within their capitals to consider their positions, the Bureau had opened for written inputs until 24 June 2022.

[9] Document A/INB/1/12 (https://apps.who.int/gb/inb/pdf_files/inb1/A_INB1_12-en.pdf, accessed 1 Oct 2022)

[10] Document A/INB/1/INF./1(https://apps.who.int/gb/inb/pdf_files/inb1/A_INB1_INF1-en.pdf, accessed 1 Oct 2022)

The work between resumed session of the first INB meeting and second INB meeting

Since the secretariat received inputs for draft annotated outline document both from verbal report and written format, the secretariat was working closely with the Bureau to plan and prepare for the second meeting of the INB. It was agreed that the meeting should be held over five days in order to provide ample time for discussions among the Member States. It was also noted that Bureau members, accompanied by the Co-Chairs would participate in the upcoming regional committees.

By the deadline for written submissions on 24 June 2022, the secretariat received 25 submissions from Member states (two submissions came as regional statement) and more than 20 submissions from other stakeholders. Periodically, the secretariat had presented the progress made in developing the working draft, while the Bureau reiterated the importance of ensuring that all comments received from Member States were reflected in the document. The Bureau also discussed other aspects related to working draft, such as the structure based on the strategic pillars or cross-cutting categories, the nature of the documents and provisions that cross-referenced other international instruments. The need to avoid duplication in the working draft had been addressed and agreed withing the Bureau.

Other than the process of developing a working draft, the discussion on the provision of the WHO constitution under which the instrument could be adopted was the topic that set out in decision SSA2(5) (2021) to be identified within second INB meeting. The Bureau stressed the need for allowing an open debate among Member States as the most appropriate way forward.

During the period of developing a working draft, The Bureau agreed on the need to articulate a clear intersessional process in preparation for the third meeting of the INB and this process might include possible subgroups or informal meetings as well as written input from Member States.

Health instruments under WHO's Constitution

Pursuant to paragraph 1(3) of decision SSA2(5), the INB would identify the provision of the WHO Constitution under which the instrument should be adopted at the end of second meeting of the INB. In this regard, there are three articles under WHO's Constitution that the instrument could be adopted which described in the following table.

Instrument	Process for establishment	Entry into force	Legally binding character	Example(s)
Conventions or agreements (Article 19, 20)	Adopted by the Health Assembly through a 2/3 vote (consensus is possible)	Enforcing each Member States when accepted by it in accordance with its constitutional processes	Yes	WHO Framework Convention on Tobacco Control
Regulations[11] **(Article 21, 22)**	Adopted by the Health Assembly through a simple majority (consensus is possible)	Enforcing all Member States after due notice has been given of their adoption by the Health Assembly, except for such Member States as may notify the DG of rejection or reservations within the period stated in the notice.	Yes	-International Health Regulations (2005) -WHO Nomenclature Regulations
Recommendations (Article 23)	Adopted by the Health Assembly through a simple majority	No enforcement	Not Legally binding	-Pandemic Influenza Preparedness Framework

[11] Note that for Regulations under Article 21, 22 has the specific scope not further than; a) sanitary and quarantine requirements and other procedures designed to prevent the international spread of disease; b) nomenclatures with respect to diseases, cause of death and public health practices; c) standards with respect to diagnostic procedures for international use; d) standards with respect to the safety, purity and potency of biological, pharmaceutical and similar products moving in international commerce; e) advertising and labelling of biological, pharmaceutical and similar products moving in international commerce.

Second meeting of the INB (18-21 July 2022)

This meeting aimed to collect inputs from Member States regarding the working draft, presented on the basis of progress achieved, contained in document A/INB/2/3[12] and identify the provision of the WHO Constitution under which the instrument should be adopted, as the secretariat facilitated the background information contained in document A/INB/2/INF./1[13].

For the working draft, presented on the basis of progress achieved, Member States provided comments and suggestions to improve the document and requested the Bureau to ensure complementarity and coherence between the work of the INB and the Working Group on Amendments to the International Health Regulations (2005). The INB also agreed to the process of intersessional work as seen in Annex of document A/INB/2/5[14], including provision of written input, input through regional consultation, second round of public hearings and informal, focused consultations with a view to presenting a conceptual zero draft for the consideration of the third meeting of the INB to be held on 5-7 December 2022.

Regarding the identification of provision of the WHO Constitution under which the instrument should be adopted, discussion among Member States were extensive and various option had been proposed. In the end of meeting, the INB agreed that the instrument should be legally binding and contain both legally binding as well as non-legally binding elements. Therefore, the INB identified that Article 19 of the WHO Constitution was the comprehensive provision under which the instrument should be adopted, without prejudice to considering, as work progress, the suitability of Article 21.

The INB also approved the list of entities proposed by Member States for inclusion in Annex E of document A/INB/1/7 Rev.1[15] and that it continued to be a living document with further possibilities for updates as deemed appropriate by the INB.

The component of Working draft, presented on the basis of progress achieved, of a WHO Convention, Agreement or other international instrument on pandemic prevention, preparedness and response (the "WHO CAII") for the consideration of the INB at its second meeting[12]

[12] Document A/INB/2/3 (https://apps.who.int/gb/inb/pdf_files/inb2/A_INB2_3-en.pdf, accessed 2 Oct 2022).

[13] Document A/INB/2/INF./1 (https://apps.who.int/gb/inb/pdf_files/inb2/A_INB2_INF1-en.pdf, accessed 2 Oct 2022).

[14] Document A/INB/2/5 (https://apps.who.int/gb/inb/pdf_files/inb2/A_INB2_5-en.pdf, accessed 2 Oct 2022)

[15] Document A/INB/1/7 Rev.1 (https://apps.who.int/gb/inb/pdf_files/inb1/A_INB1_7Rev1-en.pdf, accessed 2 Oct 2022)

As developed upon the draft annotated outline document, while considering the inputs through digital platform and during session of the INB, as well as the public hearings, the working draft had been synthesized and grouped as thematic basis.

The Working draft of WHO CAII contained: 29 preamble paragraphs, vision, Part I: introduction with 2 articles of 1) definitions and use of terms and 2) Relationship with international agreements and instruments, Part II: Objective(s), principles and scope containing 5 objectives and 15 principles, Part III: 13 general obligations, Part IV: 14 specific provisions/areas/elements/obligations, Part V: 4 sections of Governance mechanism for this WHO CAII and Part VI: final provisions.

Way forward to third meeting of INB on 5-7 December 2022

As planned within second meeting of INB, the secretariat had arranged the web portal for written submission from Member States and relevant stakeholders to provide their inputs on working draft by 15 September 2022, hold the second round of public hearing on 29-30 September 2022 and arranging Informal, focused consultations in September to October 2022.

For the Informal, focused consultations, the secretariat outlined four broad topics that the Bureau had previously proposed on the basis of the elements of the working draft. The meetings would be facilitated by a moderator with 2 sessions: 1) Round table discussions among experts for 90 minutes and 2) open sessions with Member States and relevant stakeholders with the experts for another 90 minutes while the discussions with experts were not prejudice to and would not imply a particular position of speakers.

	Topic(s)	Date
First IFC	Legal matters	21 September
Second IFC	Operationalizing and achieving equity	5 October
Third IFC	Intellectual property (IP), and access to pandemic response products	7 October
Fourth IFC	One-Health, AMR, Climate, and Zoonosis	14 October

After process of collecting inputs through informal, focused consultation, the Bureau will develop the conceptual zero draft within the early of November and by Mid-November

2022, the Bureau will share with all Member States and relevant stakeholder, the conceptual zero draft for consideration and discussion in the Third meeting of the INB to be held on 5-7 December 2022.

Thailand's works and positions in INB meetings.

Structure

In the period of developing Pandemic instrument through INB, there are other ongoing works related to strengthening health emergencies preparedness and response, such as working group on strengthening WHO preparedness and response to health emergencies (WGPR), working group on sustainable financing (WGSF) and informal consultation for IHR amendment discussion under USA's proposal. To coordinate and link between the works, Global Health Division of Ministry of Public Health Thailand (GHD) has established the technical working group to follow the WHO related works to strengthening health emergencies preparedness and response. The structure of this group consisting of two teams: Team A as the learner and documenting the processes and Team B to represent Thailand in INB meeting and other works related.

Team	Tasks	Expectations/outputs
A : for learning and interlinked process with other related works (4 members, from DDC, DMS, GHD and MOFA[16]).	- To draw lessons of WGPR+IHR amendment and INB as an asset for Thailand Global Health	- Documentations and teaching materials related to pandemic instrument
B : to represent Thailand **B1 : core working team (consisting of 4 members as team A)** **B2 : Key actors from DDC+GHD+MOFA (3 members from executive level)**	- B1: To drafts Thailand's interventions in consultation with B2 and delivers Thailand's intervention to the	- Safeguard Thailand's interests. - Alliance with like-minded countries in SEAR and Group of Friend for Pandemic Treaty

[16] DDC = Department of Disease Control, DMS = Department of Medical Services, GHD = Global Health Division, MOFA = Ministry of Foreign Affairs.

B3: Learners and administrative support (3 members of administrative officer from respective departments)	meetings after B2 approval or endorse. - B2: endorse/approves Thailand's interventions.	- Ally with developing country's interests.

Works and position in INB meeting

From the beginning, Thailand foresees the possibility of protraction in the meeting as the nature of negotiation process. Therefore, our position is mainly to push forward the agenda by proposing the method of work that creating only necessary negotiation, for example, Thailand suggested that the consolidated outline document should be approved through a written silence procedure only as the process would still be dynamic and would not bind, limit, or prejudice the position of Member States.

Thailand had formed the principle for work in the INB and other related works as followed; 1) Safeguard Thailand's interests 2) Alliance with like-minded countries in SEAR and Group of Friend for Pandemic Treaty and 3) Ally with developing country's interests.

In developing an input for consolidated outline document to be sent through the online tool and written submission, Thailand collected the inputs from the whole government by circulated the online tool to relevant sectors and set the meeting for gathering inputs on 18 April 2022 and finalized the written submission. The written submission was sent to WHO on 5 May 2022 as the deadline had been extended.

For the written submission, Thailand proposed 24 critical inputs that would be essential for the instrument. Some have been well documented in working draft such as measures to support time-bound waivers of protection of intellectual property rights during pandemics.

The working team in Thailand also work closely with colleagues from MOFA in Geneva to participate in the meeting and represent the country's interests. Multiple communication platforms were used; the line application was used to timely communicate and e-mail loop to send essential information and documents and also for archiving the activities.

Conclusion

In the period of eight months since the first meeting of the INB on 24 February 2022, there are 4 sessions including 13 days of formal meetings, 23 sessions of Bureau meetings (as of 13 October 2022), 2 public hearings and 2 input surveys through online portal and written submission. Theses extensive processes of INB are mean to reflect their efforts to create the pandemic instrument that represent the inclusiveness and solidarity among Member States and relevant stakeholders.

This review was conducted while the informal, focused consultations is still in its discussion process. The secretariat and the Bureau are collecting inputs for developing the conceptual zero draft. Thailand's team is also actively engaging in the consultation process. Until now, the progression of work by the INB is in line with their planned timetable but there still in its initial phase. As the conceptual zero draft will be circulated in mid-November, the development of the zero draft and establishment of drafting group modalities are expected to be discussed within the third meeting of INB held on 5-7 December 2022. The active participation from Member States and relevant stakeholders are essential for developing the zero draft that will for creation of the instrument to protect present and future generations from the devastating consequences of pandemics, on the basis of equity, human rights and solidarity.

Annex 3 : Summary of HIV prevention and treatment services to accelerate ending of AIDS in Thailand

สรุปเนื้อหาสำคัญที่จะนำเสนอต่อผู้เชี่ยวชาญในการจัดทำรายงานและข้อเสนอแนะต่อการบรรลุเป้าหมายการยุติปัญหาเอดส์ในประเทศไทย

ประเด็น	ความสำเร็จที่สำคัญที่เกิดขึ้นระหว่างปี 2017-2021	ความท้าทายสำคัญ	แนวทางการแก้ปัญหาที่สำคัญระยะสั้นและระยะยาว
Continuum and Comprehensive Prevention, Care, Treatment and Support	- เยาวชนสามารถเข้าถึงบริการ ได้โดยใช้สิทธิประกันสังคม และ 30 บาท (หลักประกันสุขภาพถ้วนหน้า) - การรับรู้ของประชาชนมากขึ้น สื่อพูดถึงผู้อยู่ร่วมกับเชื้อในแง่มุมที่หลากหลายมากขึ้น และคนตื่นตัวในการเข้าถึงการรักษามากขึ้นในกลุ่มเป้าหมายที่เป็นเยาวชน - หน่วยงาน และ องค์กรที่นำโดยเยาวชน มีส่วนร่วม ในการเข้าถึงการรักษา	- การใช้บริการยุ่งยาก และใช้เวลา การเดินทาง รวมทั้งค่าใช้จ่ายที่มากไปสำหรับ กลุ่มผู้ขายบริการ ที่เป็นเยาวชน ต้องใช้บริการหลายๆที่ บริการต่างๆ ยังไม่ถูกควบรวม - การส่งต่อการรักษา การให้ข้อมูล ที่ยังมีความล้าสมัย หรือมีการให้ข้อมูลที่ผิดอยู่ ในบางเรื่อง จาก โรงเรียน, สาธารณสุข, และให้ผู้บริการทางสุขภาพ - ข้อมูลและความเป็นส่วนตัวของข้อมูลผู้ใช้บริการยังไม่ได้รับความมั่นใจว่าถูกเก็บอย่างถูกวิธีเมื่อไปใช้บริการ ชื่อ อายุ หรือการเรียกขอเอกสาร เช่น บัตรประชาชน จากเจ้าหน้าที่	- แก้ระบบการศึกษา ให้เด็กได้เรียนรู้เรื่องการรักษา การเข้าถึงการป้องกันอย่างถูกวิธี ปรับปรุงหลักสูตรที่ถูกต้อง ช่วยลดการตีตราและอัพเดทข้อมูลทั้งในบริบทโรงเรียนและภายนอกโรงเรียน - การแก้กฎหมายเพื่อประโยชน์ทางการศึกษา เช่นการสอนสวมใส่ถุงยางอนามัย ด้วยสื่อสาธิตเสมอจริง (เช่น อวัยวะเพศปลอม) - สร้างเสริมการมีส่วนร่วมของเยาวชนและองค์กรที่นำโดยเยาวชนให้มีความเป็นผู้นำ รวมทั้งกลุ่มเป้าหมายที่เป็น

ประเด็น	ความสำเร็จที่สำคัญที่เกิดขึ้น ระหว่างปี 2017-2021	ความท้าทายสำคัญ	แนวทางการแก้ปัญหาที่สำคัญระยะสั้นและระยะยาว
	- บุคลากรทางการแพทย์รุ่นใหม่ ได้รับการฝึกฝน และตระหนักมากขึ้น ในการให้บริการ สำหรับ กลุ่มเป้าหมายที่เป็นเยาวชน - องค์กรที่นำโดยเยาวชนในทุกพื้นที่ ของประเทศ ตระหนักถึงเรื่องราวที่ เกี่ยวกับ HIV ได้ หรือ สุขภาพทาง เพศ - Agencies given more priority and importance to online outreach and education - and reaching younger people - Some discussions started on test early and get on treatment early and the	-เยาวชนส่วนมากยังขาดความตระหนักรู้ในการ ป้องกันตนจากเชื้อ HIV แม้ในปัจจุบันจะสามารถ หาข้อมูลได้จากทุกแหล่งก็ตาม - Services for and reaching those that use chemsex is limited - need to do more as these are high risk groups - Needing to invest more in community demand generation for services, for example PrEP for Thailand is not yet at scale - Prices for HIV self testing is still too high	เยาวชนในทุกความหลากหลาย ในการ ยุติปัญหาเอดส์ในประเทศไทย - เพิ่มการตระหนักและรับรู้ต่อการมีอยู่ ของปัญหา HIV และ โปรแกรมสุขภาพ ทางเพศและอนามัยการเจริญพันธุ์ใน กลุ่มเป้าหมายที่เป็นเยาวชน - Provide support to community-based organisations to deliver services and education (including for new innovations) -Removing policy barriers for young people to access information and STI/HIV services they require

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	benefits of staying on ART (to U=U) - Differentiated service delivery, particularly with community-based and community-led services.		-Look at model services for young people that can be replicated
Sustainable Financing	- โรงพยาบาลของรัฐขนาดใหญ่ และกลุ่มองค์กรภาคประชาชน ได้รับการสนับสนุนจาก สปสช เยาวชนสามารถเข้าถึงบริการในการตรวจ HIV อย่างทั่วถึง รัฐเน้นการประชาสัมพันธ์ให้ประชาชนได้ทราบ	- ราคาชุดตรวจ HIV ยังราคาสูง และ เข้าถึงได้ยากสำหรับเยาวชน และยังต้องการการสนับสนุนอย่างมากจากหน่วยงานรัฐให้ทั่วถึง - งบประมาณถูกตัดจากแหล่งทุน ในหลายๆ องค์กรเยาวชน และ กลุ่มชุมชน แม้จะมีความต้องการสูงก็ตาม และไม่ได้รับการสนับสนุนเพิ่มจากรัฐบาล - กลุ่มองค์กรภาคประชาชนและกลุ่มที่นำโดยเยาวชน ยังไม่ได้รับการสนับสนุนจากรัฐบาลมาก	- ร่วมมือและประสานงานกับผู้มีส่วนได้ส่วนเสีย ทั้งภาครัฐ ภาคเอกชน ชุมชน และ สื่อ ในการทำงานขององค์กรที่นำโดยเยาวชน เพื่อความยั่งยืนในการแก้ปัญหาขององค์กรที่ทำงานกับกลุ่มเป้าหมายที่เป็นเยาวชน - Allowing overhead charges for the community-based organisations

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	-There's a lot of discussion and actions in this area with different donors. -The NHSO has started to support community-based organisations and those delivering services	พอในด้านการอุดหนุนทุนในการดำเนินกิจกรรม - Support to community-based and community-led services to market their services for fee-paying customers -Developing social enterprise that community-based organisations can explore for alternative sources of funding	
Stigma and Discrimination and Human Rights	- การปรับปรุงการเรียนการสอนในโรงเรียนแพทย์ ให้ลดความเหลื่อมล้ำและตีตรา ต่อตัวผู้ป่วยและกลุ่มเป้าหมายที่เป็นเยาวชน -There's more conversation on these issues - and community have done some educational materials on this	-กลุ่มเยาวชนที่เป็นชายขอบยังไม่สามารถเข้าถึงบริการในการตรวจได้อย่างทั่วถึง -การตีตราตนเอง ของเยาวชนที่อยู่ร่วมกับเชื้อทำให้เข้าถึงการรักษาได้ยาก - การตีตราและเลือกปฏิบัติต่อกลุ่มเยาวชนที่เป็นกลุ่มข้ามเพศที่ต้องใช้ฮอร์โมนเพื่อการรักษา	-จัดการการตีตรา และการเลือกปฏิบัติที่เกิดผลเสียต่อเยาวชนในทุกระดับ ระดับครอบครัว ระบบการศึกษา และในสถานที่ให้บริการทางสุขภาพ โดยการให้ทุนและสนับสนุนความร่วมมือจากกลุ่มเป้าหมายที่เป็นเยาวชนซึ่งมีความเข้าใจรากของปัญหาและการปฏิบัติเหล่านั้น

ประเด็น	ความสำเร็จที่สำคัญที่เกิดขึ้นระหว่างปี 2017-2021	ความท้าทายสำคัญ	แนวทางการแก้ปัญหาที่สำคัญระยะสั้นและระยะยาว
		- กฎหมายที่มุ่งการลงโทษต่อเยาวชน ขายบริการ ใช้สารเสพติด -การสอบเข้ารับราชการ, การรับเข้าทำงาน ยังมีการตรวจเลือด เช่นในการรับข้าราชการ ทหาร และ ตำรวจ หรือ ภาคเอกชนบางที่ -People are still not coming out to talk about living with HIV. We need to have more PLHIV to come out.	-ทบทวนและปฏิรูปกฎหมายและนโยบายที่กระทบต่อกลุ่มเป้าหมายที่เป็นเยาวชน และ เป็นไปในแนวทางเดียวกับกฎหมายสิทธิมนุษยชนที่เป็นสากล -รับรองบริการและโปรแกรมที่ให้บริการแก่กลุ่มเป้าหมายที่เป็นเยาชนในด้านสุขภาวะที่ดี (ร่างกาย, จิตใจ, และ จิตวิญญาณ) ว่ามีบริการเหล่านั้นมีคุณภาค สามารถเข้าถึงได้ เป็นมิตรต่อเยาวชน และ ไม่มีการเลือกปฏิบัติ -Invest in community story - with people living with HIV, their families, their co-workers, their health providers etc.

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Coordination and Decentralization	- มีการประสานงานระหว่างเครือข่าย NGO ด้วยกัน ที่มีความสัมพันธ์กันอย่างแน่นแฟ้น มีการแบ่งปันทุนทรัพย์ และ ความรู้จากแต่ละองค์กรกันเสมอมา -On a project-based there seems to be more coordination, but not overall	- ขาดการประสานระหว่าง NGO กับรัฐ ยังไม่ได้รับการประสานงานอย่างถูกต้อง ขาดการประสานงานข้อมูล -ข้อมูลในหน่วยงานรัฐบาลไม่ค่อยได้รับการประสานงานและสื่อสารลงมาสู่องค์กรที่นำโดยเยาวชน -Requires more young people involvement	-ขยายการสนับสนุนในกลุ่มองค์กรที่สร้างเสริมความเข้มแข็งและความยั่งยืนของกลุ่มองค์กรที่นำโดยเยาวชนเพื่อให้มีศักยภาพในการทำงาน -ให้อำนาจแก่องค์กรที่นำโดยเยาวชนและ ให้เป็นตัวกลาง ยืดหยุ่น และ ง่ายต่อการบริหารจัดการโอกาสในด้านการจัดสรรเงินทุนและความร่วมมือในด้านต่างๆ ทั้งจากแหล่งทุนภายนอก และภายในประเทศ -Capacity training and development for young people to engage more actively.

Annex 14 : World Health Assembly Protocol

What is WHA?

The World Health Assembly (WHA) is the decision-making body of WHO. It is attended by delegations from all WHO Member States and focuses on a specific health agenda prepared by the Executive Board. The main functions of the World Health Assembly are to determine the policies of the Organization, appoint the Director-General, supervise financial policies, and review and approve the proposed programme budget. The Health Assembly is held annually in Geneva, Switzerland.

WHA Committees

The Health Assembly is governed by Rules of Procedure of the World Health Assembly. Officers of the Health Assembly include President and five Vice-Presidents which shall hold office until their successors are elected. The Director-General shall be ex officio Secretary of the Health Assembly.

Roles of the President are to declare the opening and closing of each plenary meeting of the session, direct the discussions in plenary meetings, ensure observance of these Rules, accord the right to speak, put questions and announce decisions. The President may appoint one of the Vice-Presidents to take her or his place during a meeting or any part thereof. A Vice-President acting as President shall have the same powers and duties as the President.

VDO: Election of President

https://www.youtube.com/watch?v=5S7ovo8FGtY

VDO: Election of the five Vice-Presidents

https://www.youtube.com/watch?v=COtVJeLW4qI

- **Committee of Credential**

A Committee on Credentials consisting of representatives of 12 Members shall be appointed at the beginning of each session by the Health Assembly on the proposal of the President.

This committee shall assess whether the credentials of Members and Associate Members are in conformity with the requirements of the Rules of Procedure and report to the Health Assembly. Pending a decision by the Health Assembly on their credentials, representatives of

Members and Associate Members shall be seated provisionally with all the rights pertaining to their participation in the Health Assembly.

VDO: Appointment of the Committee on Credentials

https://www.youtube.com/watch?v=ZrALdbrq6N4

o General committee

The General Committee of the Health Assembly shall consist of the President and Vice-Presidents of the Health Assembly, the Chairs of the main committees of the Health Assembly and that number of delegates to be elected by the Health Assembly as shall provide a total of 25 members of the General Committee, provided that no delegation may have more than one representative on the Committee. Meetings of the General Committee shall be held in private unless it decides otherwise.

The General Committee, in consultation with the Director-General and subject to any decision of the Health Assembly, shall decide the time and place of all meetings, determine the order of business at each plenary meeting during the session, transfer subsequently items of the agenda allocated to committees from one committee to another, if necessary, coordinate the work of the main committees and all committees established at plenary meetings during the session and fix the date of adjournment of the session.

VDO: Establishment of the General Committee

https://www.youtube.com/watch?v=T8UJc8Xcyno

The Health Assembly, after consideration of the recommendations of the Board and the General Committee, shall allocate items of the agenda to the two main committees in such a way as to provide an appropriate balance in the work of the main committees.

VDO: Adoption of the agenda and allocation

https://www.youtube.com/watch?v=aaY0JreUakw

Main committee

The main committees of the Health Assembly shall be:

(a) Committee A – to deal predominantly with programme and budget matters;

(b) Committee B – to deal predominantly with administrative, financial and legal matters.

The Chairs of these main committees shall be elected by the Health Assembly. Each main committee shall elect two Vice-Chairs and a Rapporteur.

VDO: Election of the Chairs of the main committee

https://www.youtube.com/watch?v=3TVFF9lEv1I

VDO: Election of vice-chair and Rapporteur of Committee A

https://www.youtube.com/watch?v=UAmY33epLi4

Process

o Opening of the main committee

At the opening of the meeting, the Chair of the main committee informs the meeting about key information such as agenda management, time limit of individual/group statement, traffic light system, speed of statement delivery, written statement, and the right of reply. After the opening of the main committee, the meeting considers agenda and Member States are welcome to deliver statement to share views, comments, and recommendations. At the end of each agenda, the Secretariat would response the comments and questions from the meeting.

VDO: Opening of the main committee

https://www.youtube.com/watch?v=wMifoKZTvEQ

o Rapporteur report

At the beginning of each day, the rapporteur is invited to read the main committee report from the previous day for approval from the meeting which includes adoption of resolutions and decisions. Then the meeting adopts the report which then will be reported at the Plenary session after that.

VDO: Report of Committee A

https://www.youtube.com/watch?v=436LNgPYpW8

o Report of the main committee at Plenary

The reports of all committees shall be submitted by Main committees to a plenary meeting. Such reports, including draft resolutions, shall be distributed, in so far as practicable, at least 24 hours in advance of the plenary meeting at which they are to be considered.

VDO : Report of the main Committee at the Plenary

https://www.youtube.com/watch?v=YFYQa1rFE3M

Other important process

o Point of order

A point of order is basically an intervention directed to the presiding officer, requesting her or him to make use of some power inherent in his office or specifically given her or him under the Rules of Procedure. It may, for example, relate to the manner in which the debate is conducted, to the maintenance of order, to the observance of the Rules of Procedure, or to the way in which presiding officers exercise the powers conferred upon them by the Rules. Under a point of order, delegates or representatives are enabled to direct the attention of the presiding officer to violations or misapplications of the Rules by other delegates or representatives or by the presiding officer herself or himself.

VDO: Point of order

https://www.youtube.com/watch?v=5q9JupPs5Kc

o Right of reply

Member states are also allowed to exercise the right of reply, in which they can rebut criticism voiced during the meetings. The right of reply shall be accorded by the President to any delegate or representative of an Associate Member who requests it. Delegations should exercise their right of reply at the end of the day.

VDO: Right of Reply

https://www.youtube.com/watch?v=lTwIAgdhBC0

Methods of Voting at the Health Assembly

Each Member shall have one vote in the Health Assembly. For the purposes of these Rules, the phrase “Members present and voting” means Members casting a valid affirmative or negative vote. Members abstaining from voting are considered as not voting.

o Roll-call vote

When the Health Assembly conducts a recorded vote without using electronic means, the vote shall be conducted by roll-call, which shall be taken in the English or French alphabetical order of the names of the Members. The name of the Member to vote first shall be determined by lot. Voting shall be by word of mouth and shall be expressed by “Yes”, “No” or “abstention” only. The vote of each Member participating in a recorded vote shall be inserted in the record of the meeting.

VDO: Roll call vote

https://www.youtube.com/watch?v=EoMl6Gt0uzY

o Vote by show of hands

The Health Assembly shall normally vote by show of hands, except that any delegate may request a recorded vote.

VDO: Vote by show of hands

https://www.youtube.com/watch?v=oqzFG4UEYKU