

# 2022

## WHO Country Cooperation Strategy: WHO CCS Public Health Emergency (PHE) Program Report



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## **Progress Report on the 2022 Action Plan of Public Health Emergency Program Under WHO-CCS 2022-2026**

### **1. Background**

The 2022 Action Plan of Public Health Emergency Program under WHO-CCS 2022-2026 was formulated to align with the 5-year plan, and was endorsed by the PHE Program Subcommittee on 7 December 2021.

The goal of the first year's action plan was to build Thailand's capacity in public health emergency in alignment with the 5-year plan. Implementation can be categorized into 3 key areas, as follows: 1) Knowledge generation and knowledge management 2) Monitoring and evaluation and 3) Capacity building and networking. Implementation in the first year focused on policy and systems development, particularly the national health reform (Big Rock 1: Health Security), and on supporting operations in the context of Thailand still being impacted by the COVID-19 pandemic. Since PHE is a new program, in the first year, strategically identifying partners from agencies throughout Thailand was achieved through calling for proposals that aligned with national priorities, which were defined by 1) Analysis of 3 official reports including the Report of the Review Committee on the Functioning of the International Health Regulations (2005) during the COVID-19 Response (hereafter the 'COVID-19 IHR Review'), the Report of the Independent Panel for Pandemic Preparedness and Response Review (IPPPR) and the report of the Independent Oversight and Advisory Committee (IOAC) for the WHO Emergencies Programme 2) Results from the Joint External Evaluation of IHR core capacities in Thailand 2017 and the Global Health Security Agenda (GHS); and 3) national policies on health security, particularly the national health reform (Big Rock 1: Health Security) As for implementation on AMR, which is also under the PHE program, national priorities were defined to align with the national strategic plan with an emphasis on monitoring and evaluation.

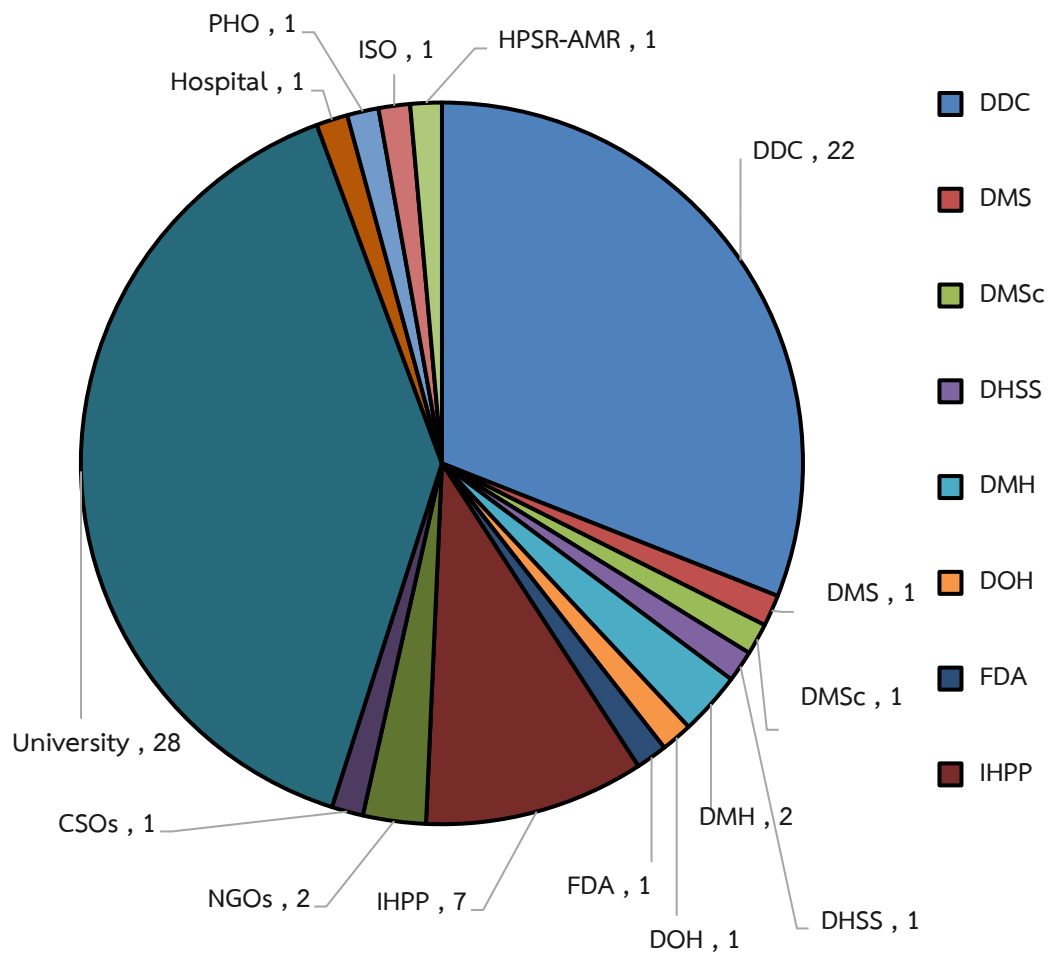
The program has funded projects that were selected based on the criteria that they have to align with national priorities. In total 8 projects were funded ( 6 projects under PHE area and 2 projects under AMR area), covering key areas on policy and health reform. Results from project implementation in the first year will be disseminated and advanced towards policy and systems development in the second year.

### **2. Implementation**

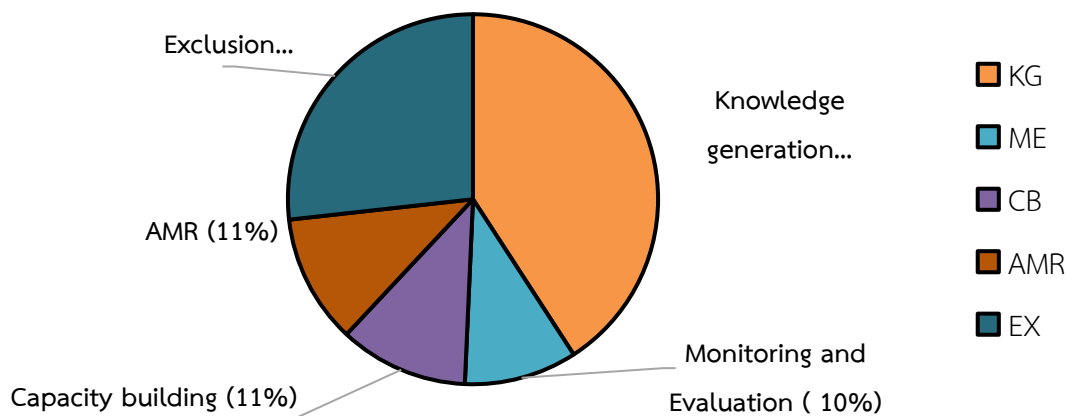
Implementation involved 2 key procedures, as follows 1) Calling for concept notes; and 2) Developing full proposals

#### **2.1 Selection of concept notes**

The call for concept notes was initiated in October 2021 with the main objective to receive concepts that align with the first year's goal (ANNEX 1: Call for Proposals) The message was communicated to agencies and all sectors throughout Thailand through official channels, social media and through existing network. A total of 71 concept notes were received from agencies throughout Thailand (Annex 2: List of Concept Notes)



**Figure 1:** Overview of concept notes received from agencies throughout Thailand



**Figure 2:** Overview of concept note topic areas

Details of the call for concept notes are as follows:

- The call for proposals was from 15 October to 15 November 2021. The Working Group was convened twice to screen and prioritize projects to include in the PHE program under the WHO-CCS. Meetings were held on 20 December 2021 and 5 January 2022 (ANNEX 3: Project Selection Criteria)
- The PHE Program subcommittee approved 16 projects on 11 January 2022.
- Results from the concept notes selection was announced on 14 January 2022 (ANNEX 4: Announcement of Selected Projects)

## **2.2 Development of full proposals and selection process**

- A meeting was convened to clarify the process and duration for developing full proposals under the Public Health Emergency Program to Principal Investigators on 20 January 2022.
- Small group meetings were convened to involve research teams working on similar areas to create mutual understanding and divide scope of work (drug system/ supply chain on 26 January 2022 ; law and legislation on 21 February 2022)
- The duration for developing full proposals was from 17 January to 28 February 2022.
- Full proposal documents were submitted to experts for consideration (round 1) from 1 -14 March 2022.
- Six PHE Program subcommittee meetings were convened to approve proposals and budget for the first year, as follows: 7 December 2021; 11 January 2022; 4 April 2022; 14 June 2022; 15 September 2022; and 8 December 2022. Details are in Table 1.
- Six Working Group meetings were convened to screen and prioritize concept notes/projects to be included in the PHE program under WHO-CCS, and to select full proposals, as follows: 20 December 2021; 5 January 2022; 24 March 2022; 29 March 2022; 9 May 2022; and 1 September 2022 Details are in Table 2.
- In conclusion, in the first year, a total of 8 projects were funded by the program (details in 4.)

## **3. Program governance**

The program is supervised by the PHE Program subcommittee (ANNEX 5: Appointment of the PHE Program subcommittee) and the subcommittee has appointed a Working Group on Concept Note/ Project Eligibility Screening and Priority Setting to select projects to include in the PHE program. Later, the Working Group's name was changed to the Working Group on Priority Setting and Monitoring for projects under the WHO-CCS PHE Program 2022-2026. (ANNEX 6: Appointment of the Working Group) At every subcommittee and working group meeting, committee/working group members applied the Declaration of Interest and management of Conflict of Interest policy.

### 3.1 The PHE Subcommittee meetings are as follows:

**Table 1:** Overview of PHE Subcommittee meetings

meeting	meeting outcomes
No. 1/2021 7 December 2021	<ul style="list-style-type: none"> <li>Set guidelines for working.</li> <li>Approve the 2022 Action Plan.</li> <li>Approve project selection criteria.</li> <li>Appoint Working Group.</li> </ul>
No.1/2022 11 January 2022	<ul style="list-style-type: none"> <li>Acknowledge list of concept notes screened by Working Group.</li> <li>Select concept notes</li> <li>Approve mechanism to develop full proposals, and invite experts for review/feedback.</li> </ul>
No.2/2022 4 April 2022	<ul style="list-style-type: none"> <li>Acknowledge list of concept notes screened by Working Group.</li> <li>Approve 6 projects in round 1, advise 3 projects to revise within one month to be considered in the next round, and eliminate 6 projects.</li> <li>Guidelines for Risk Communication policies and strategies, and Primary Health Care in BMA.</li> </ul>
No. 3/2022 14 June 2022	<ul style="list-style-type: none"> <li>Acknowledge list of concept notes screened by Working Group.</li> <li>Approve 2 projects in round 2.</li> <li>Updates on key areas: public health reform, health security and UHPR.</li> </ul>
No.4/2022 15 September 2022	<ul style="list-style-type: none"> <li>Update the results from review of health system reform, EPI, disease prevention and control system.</li> <li>Review of priority areas for the 2<sup>nd</sup> year (2023)</li> <li>Approve 1 project in round 3.</li> <li>Approve change in appointment of Working Group (i.e. names and responsibilities added)</li> </ul>
No.5/2022 8 December 2022	<ul style="list-style-type: none"> <li>Acknowledge program implementation progress in the 1<sup>st</sup> year (2022)</li> <li>Approve the 2<sup>nd</sup> year's Action Plan (2023)</li> </ul>



### 3.2 The Working Group on Concept Note/ Project Eligibility Screening and Priority Setting to select projects to include in the WHO-CCS PHE program 2022-2026 meetings are as follows:

**Table 2:** Overview of the Working Group meetings

meeting	meeting outcomes
No. 1/2021 20 December 2021	<ul style="list-style-type: none"> <li>■ Acknowledge WHO CCS and PHE program</li> <li>■ Acknowledge and agree upon working guidelines (call for proposal and selection criteria)</li> </ul>
No.1/2022 5 January 2022	<ul style="list-style-type: none"> <li>■ Screen and prioritize 15 concept notes/ proposals (Assign Secretariat to propose to sub committee)</li> <li>■ Acknowledge and develop mechanism to develop full proposals/ review results from experts in each area.</li> <li>■ Prioritize areas that can be developed into areas of collaboration in the following phases.</li> </ul>
No.2/2022 24 March 2022	<ul style="list-style-type: none"> <li>■ Acknowledge review results from experts.</li> <li>■ Screen and prioritize projects. Under PHE, 4 projects required minor revisions and can start implementation, while 4 projects were given one month for revision and will be reconsidered by the WG and 3 projects were eliminated. Under AMR, minor revision was required while implementation can start. Prioritization was ranked at no. 2,3 and 4.</li> <li>■ Assign Secretariat to propose to subcommittee.</li> </ul>
No.3/2022 29 March 2022	<ul style="list-style-type: none"> <li>■ Proposals to present to the subcommittee on 4 April 2022.</li> </ul>
No.4/2022 9 May 2022	<ul style="list-style-type: none"> <li>■ Progress report on projects approved by the subcommittee.</li> <li>■ Consideration of 5 projects requiring additional revisions (4 projects were given 2 weeks for revision; while one project was eliminated)</li> <li>■ Assign Secretariat to propose to subcommittee on 14 June 2022.</li> </ul>
No.5/2022 1 September 2022	<ul style="list-style-type: none"> <li>■ Consider 1 project.</li> <li>■ Assign Secretariat to propose to subcommittee on 15 September 2022.</li> <li>■ Add names and responsibilities for WG.</li> </ul>

#### 4. Progress on Implementation of Projects

Of all the projects approved by the PHE Program, 6 were under PHE area, while 2 were under AMR area. Details of project implementation are as follows:

**Table 3:** Progress on Implementation of Projects

Project Code and Name	Output	Budget (baht)	Status
<b>PHE Area</b>			
<b>PHE 01</b> The development of policy recommendations for improving public health laws or interventions of COVID-19 crisis in health sector for future pandemic preparedness and the case studies for access to medicines and vaccines	<ul style="list-style-type: none"> <li>▪ Overall analysis of legislation according to research framework and specific issues</li> <li>▪ Complete report and policy recommendations to improve legislation</li> <li>▪ Analysis of key barriers to access to medicines and vaccines in value chain</li> <li>▪ Complete report and recommendations to increase access to medicines and vaccines</li> <li>▪ Guidelines for therapeutics/vaccine procurement and access (supported by EPI Program)</li> </ul>	940,640	<ul style="list-style-type: none"> <li>▪ Started on 5 May 2022.</li> <li>▪ Submission of 1<sup>st</sup> output 5 August 2022</li> <li>▪ Submission of 2<sup>nd</sup> output 5 November 2022</li> <li>▪ Submission of final output and completion of project 4 May 2023.</li> <li>▪ Operating cost = 241,360 THB</li> </ul>

Project Code and Name	Output	Budget (baht)	Status
<p>PHE 02</p> <p>A study on government laws and regulations that do not facilitate public access medicines and vaccines in the period of public health emergencies</p>	<ul style="list-style-type: none"> <li>Recommendations on reform of regulations not enabling State Administration, particularly on the issue of access to medicines and vaccines.</li> </ul>	426,433	<ul style="list-style-type: none"> <li>Started on 17 May 2022</li> <li>Submission of 1st output 17 July 2022</li> <li>Submission of 2nd output 17 September 2022</li> <li>Submission of final output and completion of project 17 November 2022.</li> <li>Operating cost = 426,433 THB</li> </ul>
<p>PHE 03</p> <p>The requirement and management plan for health workforce in pandemic detection and response in COVID-19 pandemic</p>	<ul style="list-style-type: none"> <li>Policy recommendations based on lessons learned from disease control and laboratory HWF management</li> <li>Proposed disease control and laboratory HWF needs and future demands</li> </ul>	925,000	<ul style="list-style-type: none"> <li>Started on 1 December 2021</li> <li>Submission of 1st output 1 March 2022</li> <li>Submission of 2nd output 1 July 2022</li> <li>Submission of final output and completion of project 30 November 2022.</li> <li>Operating cost = 42,800 THB</li> </ul>

Project Code and Name	Output	Budget (baht)	Status
PHE 04 Financing for preparedness, prevention and responses: lesson learnt from Thailand COVID-19	<ul style="list-style-type: none"> <li>Thailand's financing scope and policy recommendations on financing preparedness for prevention and response in PHE</li> </ul>	1,303,700	<ul style="list-style-type: none"> <li>Started on 5 May 2022</li> <li>Submission of 1st output 5 August 2022</li> <li>Submission of 2nd output 5 November 2022</li> <li>Submission of final output and completion of project 4 May 2023</li> <li>Operating cost = 333,542.46 THB</li> </ul>
PHE 05 Pharmaceutical Supply Chain Management System for National Public Health Emergency: a Blueprint Development	<ul style="list-style-type: none"> <li>A model to manage therapeutics in emergencies               <ul style="list-style-type: none"> <li>A set of tools to assess preparedness in therapeutics management in emergencies</li> <li>An information system and indicators on therapeutics management in emergencies</li> <li>A blueprint to manage therapeutics supply chain in emergencies</li> </ul> </li> </ul>	753,500	<ul style="list-style-type: none"> <li>Started on 2 May 2022</li> <li>Submission of 1st output 8 August 2022</li> <li>Submission of 2nd output 2 November 2022</li> <li>Submission of final output and completion of project 2 May 2023</li> <li>Operating cost = 527,450 THB</li> </ul>

Project Code and Name	Output	Budget (baht)	Status
PHE 07 Development of the national framework and provincial scorecard for monitoring public health emergency capacity	<ul style="list-style-type: none"> <li>PHE capacities evaluation framework, built on IHR core capacities evaluation and adapted to correspond with the new edition of JEE, UHPR, GHSA</li> <li>PHE capacities evaluation framework at the provincial level</li> <li>Dashboard showing Thailand's PHE capacities by province, leading to capacity building in the future</li> </ul>	1,000,000	<ul style="list-style-type: none"> <li>Started on 1 July 2022</li> <li>Submission of 1<sup>st</sup> output 1 October 2022</li> <li>Submission of 2<sup>nd</sup> output 1 December 2022</li> <li>Submission of final output and completion of project 30 June 2023</li> <li>Operating cost = 75,000 THB</li> </ul>
<b>AMR area</b>			
AMR 01 Strengthening monitoring and evaluation systems for evidence-informed Antimicrobial Resistance policies (AMR Watch)	<ul style="list-style-type: none"> <li>One Health report 2021 on AMC/AMR profile in human and food producing animals and public awareness on proper use of Antibiotics and AMR</li> <li>Expert working group meeting</li> <li>One Health dashboard</li> <li>Training workshop</li> </ul>	2,223,800	<ul style="list-style-type: none"> <li>Started on 1 July 2022</li> <li>Submission of 1st output 1 December 2022</li> <li>Submission of final output and completion of project 30 June 2023</li> <li>Operating cost = 302,133.94 THB</li> </ul>

Project Code and Name	Output	Budget (baht)	Status
AMR 02 Integrating and strengthening the high priority multidrug resistant organism surveillance system, outbreak investigation for public health emergency response.	<ul style="list-style-type: none"> <li>An integrated AMR/epidemiology system</li> <li>Surveillance guidelines for personnel development at all levels</li> </ul>	814,000	<ul style="list-style-type: none"> <li>Started on 15 September 2022</li> <li>Submission of 1st output</li> <li>15 December 2022</li> <li>Submission of 2nd output</li> <li>15 March 2023</li> <li>Submission of final output and completion of project 15 September 2023</li> <li>Operating cost = 244,200 THB</li> </ul>

## 5. Other implementations (Advancing policy in collaboration with network partners)

Besides funding projects in 2022, the National Health Reform Committee has assigned the PHE Program under the WHO-CSS and the Ending Pandemic through Innovation (EPI) Program under Thailand Center of Excellence for Life Sciences or TCELS (Public Organization) to organize a forum to discuss next steps for the health reform (Big Rock 1: Health Security) from 3 – 4 August 2022 at the Sukhosol Hotel Bangkok. Objectives of the meeting were (1) To discuss implementation guidelines on the health reform (Big Rock 1: Health Security) in the next phase, and to identify and prioritize areas of the reform that can be realized/lead to concrete results (2) The roles of WHO-CCS PHE Program and EPI Program in supporting priority areas in health reform will emphasize on three key areas, as follows: 1) Reforming and strengthening primary health care system in BMA 2) Developing digital health/ health information systems 3) Strengthening the National Regulatory Authority (NRA), particularly encouraging a new approach to manage the organization in order to increase access to therapeutics and medical supplies, and build sustainability and self-reliance. A total of 188 key stakeholders from 63 agencies participated in the meeting, including the National Health Reform Committee, the Big Rock Committee, TCELS Committee, WHO-CCS PHE Program Subcommittee, experts in three health systems, and agencies/organizations that have essential roles in advancing the priority areas (high-level representatives/decision makers participated in the meeting)

**The outcomes of the meeting are the following policy recommendations:**

### **(1) Primary Health Care reform in BMA**

1.1 BMA acts as the host agency in providing/managing health care by having a System Manager at the group of districts level (hospitals) and Area Manager at the district level (Public Health Centers) who will act as the coordinator with all 5 groups of health service providers, health funds, and other local sectors. Creating a participatory approach and enhancing public sector roles should also be encouraged, particularly in designing the system.

1.2 BMA advances primary health care in 2 sandbox areas by collaborating with key stakeholders, Thai Health and HSRI to ensure a systematic M&E, as well as drafts a roadmap to build upon the project by having clear activities and timeframe.

1.3 BMA and all health funds co-design a payment system by factoring in flexibility and efficiency. The proportion of budget allocation to the public sector should be considered, while also seeking private sector collaboration in establishing more primary health care units, and allowing direct payments to these units. Legislation/ relevant regulations should be revised as necessary.

1.4 BMA should coordinate with NHSO to set up a rehabilitation fund essential to health, in the same manner as what Provincial Administration Organizations have already done.

1.5 BMA develops a new/ participatory volunteer system, by collaborating with Thai Health and NHSO to ensure the system meets the needs of different urban contexts e.g. housing complexes, condominiums, virtual volunteers etc. to give more opportunity/develop other channels for different types of volunteers to participate in providing health services (health volunteer platform)

1.6 HSRI acts as host agency to collaborate with BMA and Thai Health to create a knowledge generation and knowledge management mechanism to develop the health system in BMA. In the following phases, when appropriate, this mechanism may be considered as a mechanism under BMA to support key policy decisions.

## **(2) Digital Health Reform**

2.1 MoPH and relevant agencies advance digital health governance by driving towards the issuance of the Prime Minister's Office regulations on the National Digital Health Committee (within one to three months)

2.2 MoPH and involved agencies draft and propose a national strategic plan on Digital Health (level 3 plan) to be endorsed through mechanisms and to be adopted by relevant agencies (within six months)

2.3 Establish a National Digital Health Agency/Authority (NDHA) to be a national/central agency advancing Digital Health with the collaboration of relevant agencies.

## **(3) Increasing access to therapeutics and medical supplies in emergencies, as well as reform of authorization mechanism for medical products in emergencies**

3.1 Participants in the meeting proposed implementation guidelines to continue strengthening the National Regulatory Authority. In the first 3-6 months, there should be a feasibility study, business plan, organization structure, and work system to prepare for establishing an institute under the foundation or other management, as appropriate. The pilot implementation will be the first 5 years; then, in the following phases, considerations can be made to transition into a government-linked company or government-link investment company (ANNEX 7: Report of the Meeting on Next Steps for the National Health Reform Big Rock 1: Health Security)

## **6. Implementation budget**

The program was supported by 3 funding sources. Details are as follows:

**Table 4:** Funding source for 2022

<b>Funding source</b>	<b>amount (baht) 2022</b>
Thai Health Promotion Foundation	5,000,000
World Health Organization	5,070,000
Health Systems Research Institute	3,066,000
<b>total</b>	<b>13,136,000</b>



**Table 5:** Program budget for the first year of implementation  
(approved budget/actual budget/balance)

category	approved budget (baht)	actual budget (baht)	balance/ obligated funding <sup>1</sup> (baht)
1. Personnel	3,054,381.55	2,610,000	444,381.55
2. Administrative cost	64,000	64,000	0
3. Operating cost	8,687,073	2,492,919.40	6,194,153.60
research <sup>2</sup>	8,387,073	2,192,919.40	6,194,153.60 <sup>2</sup>
Sub-steering committee and WG meetings	238,000	238,000	0
Reviewers	42,000	42,000	0
taxes	20,000	20,000	0
4. Institutional overhead (10% of items 1,2,3)	1,330,545.45	pending actual expense calculation and proof of payment (as per CCS audit guidelines)	
<b>Total</b>	<b>13,136,000</b>	<b>5,166,919.40</b>	<b>6,638,535.16</b>

#### Remarks

<sup>1</sup> Balance will be carried over to the second year.

<sup>2</sup> As for research funding, the sub-steering committee has initially approved one year of funding, which is a total of 8,387,073 baht in the first year (January to December 2022) The program has actually spent a total of 2,192,919.40 on research funding as per contracts signed, while the remaining is considered obligated fund, which will be paid according to contracts in the second year of the program (January to December 2023) = 6,194,153.60 baht

## 7. Challenges and implementations that will need to be continued

The first year's implementation focused on knowledge generation and developing M&E tools to evaluate Thailand's capacity in health security. It is expected that the outputs will be evidence to support policy decisions to further develop health systems, as well as to advance key areas in health reform.

However, currently the COVID-19 pandemic has transitioned into an epidemic, and lessons learned from the program implementation in the first year illustrated that during 3 years of the COVID-19 pandemic, knowledge was generated in many areas and funding was granted to support many agencies to generate knowledge. On the other hand, the gap that remains is the lack of overall knowledge management (consolidation/analysis/repository/exchange forum) In addition, another key issue and challenge is the need to build capacity for health policy and system researchers, who will be core personnel in generating and managing knowledge to develop Thailand's health system towards health system resilience for health security. This challenge should be a basis to develop the second year's action plan through collaboration with network partners and leveraging WHO-CCS partners' social/intellectual capital, to foster sustainability in implementation and to keep the momentum of the COVID-19 pandemic to be a matter that all parties involved have joint ownership and that will continue to be driven forward.

## ANNEX

Details of ANNEX are as follows:

1. Call for Proposals
2. List of Concept Notes
3. Project Selection Criteria
4. Announcement of Selected Projects
5. Appointment of the PHE Program subcommittee
6. Appointment of the Working Group
7. Report of the Meeting on Next Steps for the National Health Reform Big Rock 1: Health Security

access the ANNEX via the QR code.



