

## Terms of Reference – 2022 CCS Audit

The Country Cooperation Strategy (CCS) guides the collaboration between the Royal Thai Government (RTG) and the World Health Organization (WHO) and focuses on six priority programmes:

| Programme                | Agency                                                                        |
|--------------------------|-------------------------------------------------------------------------------|
| Digital Health           | Health Intervention and Technology Assessment Program Foundation (Nonthaburi) |
| EnLIGHT                  | International Health Policy Program Foundation (Nonthaburi)                   |
| Noncommunicable Diseases | Department of Disease Control (Nonthaburi)                                    |
| Migrant Health           | Health Systems Research Institute (Nonthaburi)                                |
| Public Health Emergency  | International Health Policy Program Foundation (Nonthaburi)                   |
| Road Safety              | Road Safety Foundation (Khon Kaen Hospital)                                   |

A Letter of Agreement (LOA) signed in January 2022 establishes the principles that guide participating agencies' contributions to the WHO-RTG CCS priority programs and implementation by the lead agencies. Lead Organizations are those agencies responsible for implementing a priority programme and Funding Organizations are those agencies responsible for providing funds in support of one or more priority programmes.

As per section III (Financial matters) of the LOA, each Lead Organization (or the sub-recipient agency chosen by them to receive funding and implement the activities) will facilitate the conduct of an independent financial audit of the priority program accounts. Such audits will be carried out for each calendar year (2022, 2023, 2024, 2025 and 2026) of the priority programs. Lead and/or sub-recipient Organizations will make available all relevant financial information, as well as certified statements of account, relating to implementation of the priority programs being audited and provide satisfactory explanations to any queries arising in connection with the audits referred to above.

To sufficiently substantiate charges, each Lead and/or sub-recipient Organization is expected to maintain financial records, supporting documents, statistical records and all other records pertinent to the collaboration in accordance with generally accepted accounting principles formally prescribed by the International Accounting Standards Committee (an affiliate of the International Federation of Accountants) Accounting records that are supported by relevant documentation will as a minimum be adequate to show all costs incurred under the collaboration, receipt, and use of goods and services acquired, the costs of the program supplied from other sources, and the overall progress of the program. Unless otherwise notified, Lead Organizations' and sub-recipients' records which pertain to this collaboration shall be retained for a period of five years from the date of submission of the final financial report.

The audit will assess the effectiveness and efficiency of internal controls in and financial systems of each Priority Programme implemented by respective Lead Organizations and provide recommendations on the following elements:

**Financial:** assess the correctness and credibility of financial documents and ascertain that accounts, reports, registries and other documents, including programme expenses, were correct and complete and that there were no material errors of irregularities noted.

**Compliance:** assess compliance with rules, regulations, fee schedules as per the Lead Organizations' own rules and LOA provisions

The selected auditor will carry out the following services in 2023 covering the 2022 CCS financial period:

- a) **Risk identification and assessment:** identify risks, including specific fraud risks that may occur and would cause programme implementation to fail in meeting the set objectives and goals, including operational risks, financial risks, compliance risks. Subsequently assess the levels of risks by considering impact and likelihood of loss against the existing internal controls to identify whether they are adequate and effective in preventing and detecting risk or loss.
- b) **Programme formulation and execution:** formulate an audit programme to assess the adequacy and effectiveness of key controls to prevent and detect risk or loss and execute the audit programme as planned. Record results and gather evidence to support the preparation of the audit report.
- c) **Interview with lead agencies:** meet with programme managers and concerned persons to present the draft audit report. Discuss and gather feedback from programme managers about the findings and plans to address identified issues.
- d) **Reporting:** submit a written audit report that provides information on the work performed, the results of that work, the issues identified and recommendations to address such issues to HSRI Board and WHO in both English and Thai. The report would also be expected to include material irregularities found or suspected cases of fraud, as well as a follow-up on the recommendations (if any) in the previous closure reports. The distribution of the written report will be subject to prior approval by WHO. The 6 final audit reports for 2022 are due on 31 March 2023.

## Annex 1: Expected 5-year programme cost

| CCS Programmes | 5 Years Requested Amount | 5 Years Pledge by Donor |             |          |           |           |             | Total Pledge  | Remaining Funding Gap |
|----------------|--------------------------|-------------------------|-------------|----------|-----------|-----------|-------------|---------------|-----------------------|
|                |                          | WHO                     | Thai Health | NHCO     | NHSO      | HSRI      | MOPH        |               |                       |
| ConvergeDH     | 15.69                    | 4.70                    | 4           | -        | -         | -         | 1.5         | 10.2          | 5.49                  |
| EnLIGHT        | 56.25                    | 6.25                    | 30          | 5        | 15        | -         | -           | 56.25         | -                     |
| Migrant Health | 49.05                    | 6.05                    | 25          | -        | -         | 15        | 3           | 49.05         | -                     |
| NCDs           | 50.00                    | 15                      | 25          | -        | -         | 5         | 3           | 33            | 2                     |
| PHE            | 84.52                    | 25.35                   | 25          | -        | -         | -         | 3           | 53.35         | 31.17                 |
| Road Safety    | 47.50                    | 14.25                   | 20          | -        | -         | -         | -           | 34.25         | 13.25                 |
| <b>Total</b>   | <b>303.01</b>            | <b>71.60</b>            | <b>129</b>  | <b>5</b> | <b>15</b> | <b>20</b> | <b>10.5</b> | <b>251.10</b> | <b>51.91</b>          |

\*the budget (million baht)

- **NCDs : Health in All Public Policies for the Prevention and Control of Non-communicable Diseases**
- **ConvergeDH : Convergence of Digital Health Platforms and Health Information Systems (HIS) Implementation in Thailand**
- **EnLIGHT : Enhancing Leadership in Global Health-Thailand**
- **PHE: The Development and Strengthening of Public Health Emergency Policy and System in Thailand**