

# 1/2023 Meeting of the CCS Coordinating Sub-Committee

10 August 2023 at 13:00hrs

Venue: Meeting Room 2, Second floor, Permanent Secretary Building, MOPH  
and ZOOM

## Notes for the record

[All meeting materials can be found HERE](#)

Agenda 1 Opening and welcoming by the Chair Dr Jos Vandelaer and Co-chair Khun Nanoot Mathurapote.

- Dr Jos reminded participants that Thailand's CCS is the pooling of social and intellectual capitals and not solely financial capital. He further stressed the uniqueness of Thailand's CCS; pooling of resources as well as the pool funding mechanism, the ownership of the country from inception to implementation to M&E. Dr Jos had the opportunity to present Thailand's CCS in the previous Global WHO Representatives (WR)' meeting, where the CCS received interests from other WRs, in particular those from middle-income countries.
- Dr Wiwat Rojanapithayakorn proposed that a publication on Thailand's CCS should be considered, highlighting not only the collaboration between WHO and the government but its uniqueness in the engagement of a wide range of stakeholders from various sectors.
- Dr Jos cited [one related publication in the WHO Bulletin in 2019](#). However, since there may be updates over the years, another piece of publication may be worth exploring.

Agenda 2 Summary of the [NFR of the previous CSC \(15 Dec 2022\)](#) by the secretariat

- Change in CSC committee. New order dated 29 November 2022
- Six programmes shared 2022 summary report and 2023 proposed workplan
- Timeline of M&E. CSC to meet twice per year and to continue with the same 3-tiered governance M&E structure. Technical and Financial reports to be submitted by end of February (or earlier) to facilitate auditing process.
- Others. Issues of contracting modality of EnLIGHT programme with NHSO.

Agenda 3 Six programmes provided progress report. [Please see slides here for details.](#)

- Feedback from CSC committee - Public Health Emergency Programme: Amidst Health Emergency, issues of mistrust and infodemic are of great challenge. Apart from scientific knowledge generation, strengthening the public's digital and health literacy as well as building trust between the government and the public should be an integral part of the pandemic preparedness. In line with this, Khun Nanoot further shared that NHCO is actively working on "social participation" in health, one of the case studies has shown a correlation between the success of vaccination campaigns and the trust that the people/community had for the government. Such findings may be useful for CCS-PHE. CCS-EnLIGHT programme also has done works in infodemic and will later share materials with CCS-PHE. Dr Jos further had a question on how the CCS-PHE programme will make use of over 170 stories cited in the presentation, programme responded that they yet have

to make the selection of which stories that likely will be useful to the country for future preparedness (documentation for the country to look back and review). Dr Suwit summarized two good practices/strengths of CCS-PHE; 1.) programme activities are designed based on the real needs of the issues and not limited by the availability of funds and 2.) good example of how the programme can be proactive. In many occasions, the CCS-PHE programme manager actively reached out to many project implementing partners for them to increase/revise the activities, to fulfill objectives as planned. This is an example of a good project management. Dr Suwit finally stressed the values of the CCS and encouraged programmes to not let the financial constraints be a barrier but to mobilize and make the best use of social and intellectual capital of all partners. Also, reporting and recommendations should be “critical” to bring about real changes. “Diplomatic” reporting does not add much value.

- Feedback from CSC committee - EnLIGHT Programme: Programme manager Dr Warisa raised the issues in relation to the financial audit; 1) field auditor was a foreigner who was unable to understand Thai documents, 2) audit process was delayed throughout from the beginning, data collection and reporting, 3) If the audit report with recommendations will only become available in July, programmes are left with a few months until the end of the year to seek remedial solutions and improve programme implementation. Khun Nanoot had asked to hold the discussions on audit issue until the end following the agenda. Khun Nanoot further acknowledged the importance of the Global Health fellowship programme of EnLIGHT and asked on the outcomes of the fellows in their contributing to the Global Health works. Dr Warisa responded that it is yet a young programme on its third year with long term goals to increase Global Health workforce, programme seizes any opportunity for its fellows to learn and contribute to Global Health, for example in the past year involvement in APEC, PMAC, other WHO governing bodies meetings.
- Feedback from CSC committee – Digital Health Programme: A question on real world evaluation of vaccine efficacy and clinical outcomes during the pandemic when data is scattered at different departments; lab, clinical outcomes, epidemiology. What is the role digital health on this? Dr Surakameth (programme manager) responded that this is not the scope of the CCS-Digital Health, rather a governance mechanism establishment, but he feels data can be integrated if there is a political will. Governance mechanism integration will help facilitate data integration – key players like Ministry of Digital Economy, Health, NHSO, Education, the Comptroller General’s Department can come together to discuss this. For example, Banks have agreement on data sharing. Since Digital Health is a very crowded area, Dr Suwit encouraged the programme to find its true “niche”.
- Feedback from CSC committee – Migrant Health Programme: Dr Kumnuan asked about the involvement of business sector in the programme. Dr Surasak clarified that there are engagements with the Federation of Thai Industries, private sector associations, major construction companies. Dr Surasak reaffirmed programme’s consideration and commitment in integrating the programme’s standard health dataset into the country’s bigger picture follow Dr Jos’s question. Dr Suwit reminded the programme, similar to other programmes, to find a niche, the position that the program should be placing itself, works that are not redundant with the other players, do not need significant funds, but mobilize and maximize intellectual and social capital of WHO-RTG CCS partners.
- Feedback from CSC committee – NCDs Programme: Dr Wiwat Roj commented on the benefits and strengths of multisectoral collaboration of the UN thematic workgroup in raising the public awareness and engagement on NCDs. Dr Jos asked for clarifications on “Digital disruption and new paradigm is needed”, where Dr Kamolthip (from CCS-NCDs) elaborated that this refers to the need of innovative solutions and strategies that are up to date to address the complex issues of

NCDs, examples include gamification for sugar intake reduction, digital health stations for health screening, etc.

- Feedback from CSC committee – Road Safety Programme: Dr Witaya Chadbunchachai highlighted that CCS-Road Safety Programme is another good example of a CCS programme that encourages a multisectoral collaboration.
- Overarching feedback from Dr Kumnuan for all, how to break the silos of the 6 programmes?, how to better leverage and maximize WHO-RTG capitals including international experts?, proposing more of interactive discussions of innovations exchanges between programmes.

#### Agenda 4 Way Forward

Audit issues: Taking into considerations of feedback from partners, Dr Jos reported that earlier this year WHO, ThaiHealth, HSRI together took part in a rigorous new auditor selection process based on established criteria. BDO scored the highest but WHO also established a long-term-agreement with another company that ranked the second in the selection. As of now, we only have received audit reports from BDO for three programmes; EnLIGHT, Public Health Emergency, and Road Safety. Delays in audit reports have repercussions on the funding of the program. From investigations, causes of delays were different from programmes to programmes and many of which were from the miscommunications between the programmes and auditor. Lasse Anderson, WHO's Administrative Officer further suggested solutions to minimize miscommunications and delays; e.g. having the funders, WHO, programme, and auditor all joining the audit closing meetings where the main audit issues or findings will be discussed, for an agreement of all partners. Questions were raised whether we should consider a local Thai company to minimize miscommunications with the programme. Dr Jos summarized our options forward; Option 1 – to provide more support to BDO to lessen miscommunications such as the proposed closure meetings and Option 2 - to shift to the local auditing company. Dr Warisa shared her opinions/concerns; 1. audit company to be selected by the end of the year for a timely 2024 audit, 2. Preferable, a company should be able to understand HSRI financial rules, 3. Preferable, a company should be able to understand Thai documents. Dr Warisa agreed that the audit closing meetings may be useful to help facilitate/accelerate the process. K Rungsun echoed Dr Warisa's comments and further shared that delay in funds release also affect ThaiHealth's KPI. He reiterated ThaiHealth's support in auditor's selection. Dr Jos asked the meeting for an agreement on the next step, K Rungsun suggested a separate meeting among the funders to look at the audit issues and also to discuss the auditor selection, decision to be done by the end of the year.

Chair and co-chair thanked the participants and closed the meeting.

## List of Participants

1. Dr Suwit Wibulpolprasert, Advisor to the Permanent Secretary's Office
2. Dr Jos Vandelaer, WHO Representative to Thailand
3. Ms Nanoot Mathurapote, Head, International Cooperation Division, National Health Commission Office
4. Dr Surakameth Mahasirimongkol, Program Manager/HIS and ConvergeDH
5. Dr Walaiporn Patcharanarumol, Program Manager/ EnLIGHT
6. Dr Kamolthip Vijitsoonthornkul, for Program Manager/NCDs
7. Dr Attaya Limwattanayingyong, Program Manager/ Public Health Emergency
8. Dr Wiwat Sitamanotch, Program Manager/ Road Safety
9. Dr Witaya Chadbunchachai, Advisor to Road Safety
10. Dr Surasak Thanaisawanyangkoon, for Program Manager/ Migrant Health
11. Dr Wiwat Rojanapithayakorn, independent scholar
12. Dr Kumnaun Ungchusak, Advisor to the Department of Disease Control
13. Dr Walaiporn Patcharanarumol, Director, GHD
14. Assist. Prof. Dr. Jaruyaporn Srisasalux, Acting Director, HSRI
15. Ms Sietakal Nilkang, Policy Advocacy, NHSO
16. Mr Rungsun Munkong, International Relations Department, Thai Health Promotion Foundation
17. Ms Aree Mounsookjaroen, National Professional Officer, WHO
18. Mr Lasse Andersen, Administrative Officer, WHO
19. Dr Teeranee Techasrivichien, National Professional Officer, WHO
20. Dr Olivia Nieveras, Medical Officer, WHO
21. Dr Sushera Bunluesin, National Professional Officer, WHO
22. Ms Benja Sae-Seai, Programme Assistant, WHO
23. Ms Ganokrat Teachanuntra, Programme Assistant, WHO
24. Ms Nathaporn Wongsantativanich, Associate, WHO
25. Mr Ratchapat Jitharitkul, Executive Assistant, WHO
26. Ms Sunida Theo-pradit, Programme Assistant, WHO
27. Dr Warisa Panichkriangkrai, Deputy Director, GHD
28. Dr Cha-aim Pachanee, Foreign Relations Officer, Senior Professional Level, GHD
29. Mr Banlu Supaaksorn, Foreign Relations Officer, GHD
30. Ms Orisa Sursattayawong, Foreign Relations Officer, GHD
31. Ms Chanya Lohvongpaiboon, Foreign Relations Officer, GHD
32. Ms Soraya Chaidussadeekul, Foreign Relations Officer, GHD
33. Ms Kochaphan Dechsonthi, Foreign Relations Officer, GHD
34. Mr Porawee Poramathikul, Foreign Relations Officer, GHD
35. Ms Hataichanok Sumalee, IHPP
36. Ms Saudamini Dabak, HiTAP
37. Mr Nitichen Kittiratchakool, Researcher, HiTAP
38. Ms Benjamaporn Eiamsakul, Research Assistant, HiTAP
39. Ms Kotchamon Sukyoyot, IHPP
40. Ms Supatra Tieng-nga, HSRI
41. Ms Suvimon Sanguansat, Interpreter