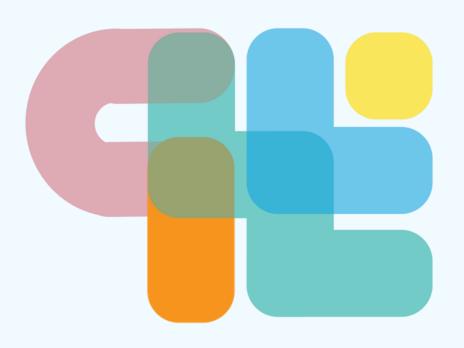
WHO-RTG CCS 2022-2026

CSC meeting 16 January 2024

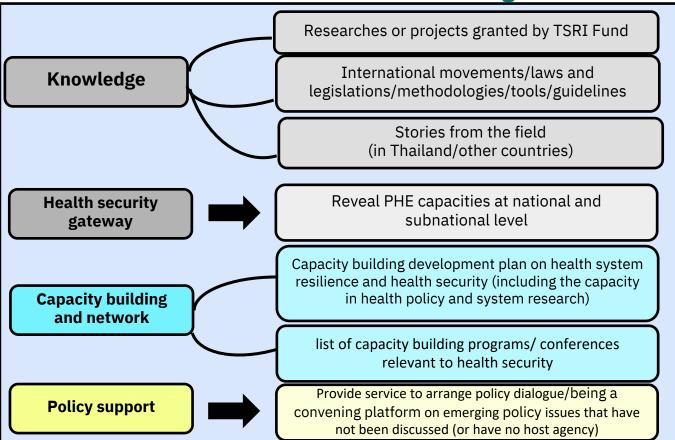




2023 Progress report [1]



KM Packages

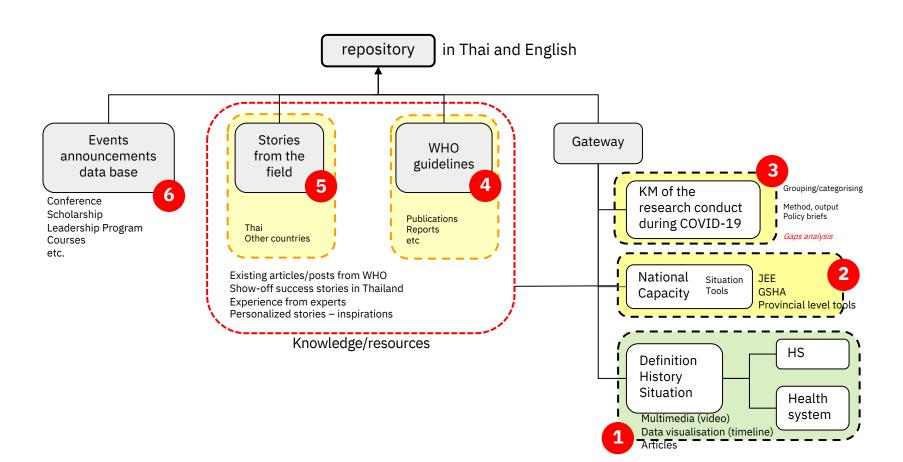


Disseminate through website or different channels

Some key activities/outputs:
National conference,
knowledge exchange forum,
award for stories from the
field, Policy and system
researcher association

2023 Progress report [2]





2023 Progress report [3]



2023 budget

| Sources of fund | Amount [THB] |
|---|---------------|
| THPF [contract 1 March 2022 – 29 February 2024] [10,000,000 Baht] | 5,000,000.00 |
| WHO [contract 1 February – 31 December 2023] | 5,070,000.00 |
| HSRI [contract 23 February 2023 – 22 February 2024] | 3,000,000.00 |
| NIEMS [contract 9 October 2023 – 31 December 2023] | 2,208,468.45 |
| Unspent balance carry over from year 2022 | 444,381.55 |
| Total | 15,722,850.00 |

2023 Progress report [4]



2023 budget

| Category | Approved Budget 2023 [THB] | Actual expenditure [Jan - Dec 2023] [THB] | Unspent balance [until Dec 2023] [THB] | |
|--|----------------------------|--|--|--|
| 1. Core team cost | 3,132,000.00 | 3,132,000.00 | 0.00 | |
| 2. Administrative cost | 64,000.00 | 64,000.00 | 0.00 | |
| 3. Operating cost | 11,097,500.00 | 2,122,196.00 | 8,975,304.00 | |
| 3.1 Continue to support PHE projects from the 1 st year (HRH on CD surveillance and lab, National ME Framework/Provincial scorecard 2 nd year) | 3,491,500.00 | - | 3,491,500.00 | |
| 3.2 AMR | 2,200,000.00 | 300,000.00 | 1,900,000.00 | |
| 3.3 Meeting allowance | 306,000.00 | 177,000.00 | 129,500.00 | |
| 3.4 KM Packages | 5,100,000.00 | 1,645,196.00 | 3,454,804.00 | |
| 4. Institutional overhead (10% of items 1,2,3) | 1,429,350.00 | 1,429,350.00 | 0.00 | |
| Overhead คืน | - | - | 150,000.00 | |
| Total | 15,722,850.00 | 6,747,546.00 | 9,125,304.00 | |

2023 Progress report [5]



2023 budget

| Category | Approved Budget 2023 [THB] | Actual expenditure [Jan - Dec 2023] [THB] | Unspent balance [until Dec 2023] [THB] | |
|---|-------------------------------|--|--|--|
| 3. Operating cost | | | | |
| 3.4 KM Packages | | | | |
| 3.4.1 Knowledge management of researches granted by TSRI fund | 1,000,000.00 | 800,000.00 | 200,000.00 | |
| 3.4.2 Capacity building program and conference data based | 100,000.00 | - | 100,000.00 | |
| 3.4.3 Longterm capacity building plan on Health system resilience and health security | 1,000,000.00 | 214,000.00 | 786,000.00 | |
| 3.4.4 Policy dialogue | 100,000.00 | - | 100,000.00 | |
| 3.4.5 Health security policy and system research roadmap/framework | - | - | - | |
| 3.4.6 Knowledge exchange forum | 100,000.00 | - | 100,000.00 | |
| 3.4.7 Stories from the field | 800,000.00 | 353,500.00 | 446,500.00 | |
| 3.4.8 Website and data visualization | 2,000,000.00 | 277,696.00 | 1,722,304.00 | |
| Total | 5,100,000.00 | 1,645,196.00 | 3,454,804.00 | |

The PSC (3/2566, 20th October 2023) agreed in principle to reallocate the unspent budget under the operating cost to be covered for knowledge distribution expenses







50% of provinces will strengthen their capacities and demonstrate improvements in at least 5 benchmarks to a level of demonstrated capacity as measure by relevant PHE assessment tools and relevant authority



All provinces have completed an evaluation of public health capacities and will have undergone planning and resource mobilization to address gaps and will be in the process of implementing activities to achieve impact

PHE Program under WHO CCS

- KNOWLEDGE GENERATION/KM
 - Governance, policy and legislation
 - Health system capacities

Policy decision/ strategic actions

Implementation

MONITORING AND
EVALUATION
(national/provincial)

CAPACITY
BUILDING AND
NETWOKING

Prepare, prevent, detect, respond (from national to local level)

In country (health/non health, national/local International collaboration
GH governance (pandemic treaty, new

pandemic financing mechanism

Bilateral collaboration/strategic alliances

PROGRAM GOALS
Improved national
capability to prepare,
prevent, detect and
respond to public
health emergencies



NATIONAL OUTCOMES

- Better governance
- Comprehensive national multisectoral plan
- 3. Reoriented health system
- 4. Contingency financing
- 5. PH intelligence system
- 6. ME platforms on PHE capacities
- 7. ME platform for AMT
- 3. Institutionalize IPC
- 9. AMR as a surveillance item
- 10. Multisectoral collaboration on AMR (OH)





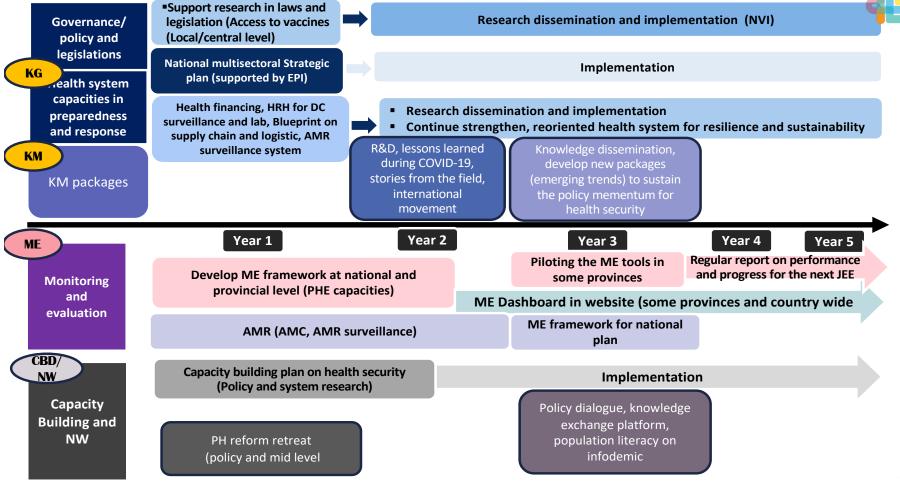
- Ending pandemics in Thailand in 2022
- Well control of the new wave of epidemic and the socioeconomic activities can continue in new normal context

2026

Thai society can live life normal in new normal context and well-prepared for the future public health threats



National reforms, EPI Initiative and other movements including whole society movement and the results of implementation



Examples of progress contributed by PHE Program and other key stakeholders (5 core health emergency components: HEPR)



| | Strengthening disease surveillance (DDC, TSRI fund) | |
|----------------------------|---|----|
| Collaborative surveillance | Strengthening AMR surveillance (DDC, WHO-CCS) OH report, Antimicrobial condsumption (WHO-CCS) | |
| Community Protection | NGO, Population sector, NHCO, THPF, TSRI fund etc | |
| Community Protection | Risk communication/infodemic (WHO-CCS in year 2024) | |
| Safe and scalable care | Health system strengthening including clinical care, protection of HW (implementing agencies/TSRI fund) | |
| Sale and Scalable care | HRH for communicable diseases and lab, Health financing during COVID-19 (WHO-CCS) | |
| Access to countermossures | Development of countermeasures and ecosystem (Universities/manufacturers/TSRI fund) | |
| Access to countermeasures | Access to vaccines (WHO-CCS) Blueprint for supply chain and logistics (WHO-CCS) | |
| Emergency Coordination | Heath workforce capacities (WHO-CCS) PHE capacity ME tool at provincial level) | 12 |

2024 Action plan [1]



| | Year 1 | Year 2 | Year 3 |
|---------------------|--|--|---|
| Context and gaps | Pandemic PH reform (Big Rock 1), EPI Need Policy and system researches to support system development and the reform | COVID 19 became endemic. During the pandemic, several insights and lessons were discovered. Lack of KM manager | The pandemic's momentum is waning, and work is returning to its previous state but in the new normal. Competing priorities To maintain strong and ongoing policy support, the pandemic must continue to gain momentum. |
| Key element | Knowledge generation, granting some projects | KM (collect national assests and lessons learned from COVID 19) | Continue KM work (esp knowledge management and distribution) Sustain the momentum during interpandemic period support IHR implementation |
| | | 1. KM packages (R&D, story from the fields, KM series, international movement, tools, PHE capacity gateway) 2. Capacity building plan (health policy and system resilience | KM and distribution 1.1 distribute knowledge from research (from year 1, 2022) 2.2 Use platforms/KM packages in year 2 (Website, story from the field, research series) 3 Provide fresh information packages that the public will find highly interesting and use new strategies for communication or platforms to help build excitement and momentum around the pandemic. (Newsletter, documentary, knowledge exchange forum) Implement the capacity building plan to strengthen Policy and research and system capacities M&E (work with DDC, use the tool for piloting in some provinces) |

2024 Action plan [2]



Objectives

- 1. To support and disseminate *the research projects* (1st year)
- 2. To *create and distribute KM packages* to aid in the development of *systems and policies* as well as to *raise public awareness* and *population literacy* of health security by
- 2.1 Carry on the work from the prior year (2023) (KM packages, website, international movement and tools, story from the fields)
 - 2.2 Develop fresh information packages
- 3. To *utilise the PHE monitoring and assessment tool* to conduct a *pilot programme* in selected provinces and create a national expansion plan
- 4. To *organise a policy dialogue or knowledge-sharing forum* on crucial health security policy issues
- 5. To support additional initiatives or activities that could **improve PHE capabilities** in accordance with the program's catalytic role.

Outputs

- 1. Disseminate research outcomes to relevant policy channels/targets
- 2. New knowledge packages with communication plan (Newsletter, documentary, VDO clip via youtube, social meadia/website)
- 3. Health security capacities demontrated on website
- 4. Utilize PHE monitoring tool (Provincial scorecard) through pilot program/national expansion)
- Convene knowledge exchange forum and policy dialogue on potential topics (boost policy/public interest)

2024 Action plan [7]



2024 budget

| Sources of fund | Amount [THB] |
|-------------------|------------------|
| THPF | |
| WHO | |
| HSRI | |
| NIEMS | |
| Refund (overhead) | 150,000 |
| Total | 15,345,000 |
| | Requested budget |
| | 15,195,000 |

The 2023 Carry over budget 10,440,741.98 THB as of 31 December 2023

- 1. Obligated fund 2,319,594 THB [AMR watch phase 2, Strengthening AMR surveillance system, NHF, Website, Blueprint]
- 2. Ongoing project/work 5,741,760 THB [HRH on CD surveillance and lab, National ME Framework/Provincial scorecard,

Knowledge distribution]

- 3. Unspent budget 1,357,200 THB [meeting allowance and AMR area]
- 4. Refund from projects 1,022,187.98 THB

2024 Action plan [8]



2024 proposed budget

| Category | Budget [THB] | | |
|---|--------------|--|--|
| 1. Core team cost | 3,432,000 | | |
| 2. Administrative cost | 64,000 | | |
| 3. Operating cost | 10,454,000 | | |
| 3.1 AMR | 2,200,000 | | |
| 3.2 Meeting allowance | 154,000 | | |
| 3.3 KM Packages | 7,100,000 | | |
| 3.4 To support project in strengthening IHR core capacity | 1,000,000 | | |
| 4. Institutional overhead (10% of items 1,2,3) | 1,395,000 | | |
| Total | 15,345,000 | | |

- 1. The budget available for AMR area in year 2024 is approximately 3,428,200 THB which is included 2023 carry over.
- 2. There is 2,250,260 THB available for KM distribution in 2024. (additional on KM packages in 2024)
- 3. The budget available for item 3.4 is approximately 3,000,000 THB which is included 2023 carry over.

2024 Action plan [9]



2024 proposed budget

| Category | Budget [THB] |
|--|--------------|
| 3. Operating cost | |
| 3.3 KM Packages | |
| 3.3.1 Develop important KM packages to create the pandemic momentum and gain interest from public (Potential topic: lessons learned and enhance health literacy for infodemic, important global movement in health security, history of pandemic [at least 6 topics to be distributed) | 3,600,000 |
| 3.3.2 create a documentary to reflect the situation and remembering the moment during crisis | 1,500,000 |
| 3.3.3 การพัฒนา website หรือ social media account และจัดทำเนื้อหาเพิ่มเติม | 1,000,000 |
| 3.3.4 การจัด Knowledge exchange forum/Policy dialogue 2 ครั้ง | 1,000,000 |
| Total | 7,100,000 |

Challenges

- How can the pandemic momentum be sustained and moving forward?
 - To sustain strong and continuous policy support
 - To increase population awareness and population literacy in health security
- How can knowledge generation and KM platforms be sustained in a sustainable manner for health security?

2024 requested funding for the CCS Priority Programmes (all figures in THB)

| CCS Programme | 2023 brought forward | 2024 total needs | 2024 requested amount | 2024 proposed contributions (FYI see 5-yr pledge next tab) | | | | | Remaining funding | | |
|-------------------------|----------------------|-------------------|-----------------------|--|------------|------|------|------|-------------------|------|--------------|
| | | 2024 total ficeus | | WHO | ThaiHealth | NHCO | NHSO | HSRI | NIEMS | MoPH | gap |
| Digital Health | | | | | | | | | | | |
| EnLIGHT | | | | | | | | | | | |
| Migrant Health | | | - | | | | | | | | - |
| NCDs | | | | | | | | | | | |
| Public Health Emergency | 10,440,741.98* | 15,195,000 | 15,195,000 - | | | | | | | | (15,195,000) |
| Road Safety | | | - | | | | | | | | |
| Total | | | - | | | | | | | | - |

Notes: *Obiligated fund and continuing work