

**Notes for the Record: Key points from 16 January 2024 CSC meeting, brought forward for CCS Executive Committee's attention/approval on 17 January 2024**

For Executive Committee's information

1. There seems to be cross cutting issues across CCS programmes for example
  - a. Areas for potential synergistic collaboration, e.g. 1.) the Road Safety and NCD Programmes could explore collaboration on alcohol use, active mobility for increased physical activity, 2.) Migrant health is a component of PHE, 3.) Digital health links to NCDs, Migrant health, PHE, 3.) EnLIGHT links to many other programmes, etc.[Areas where implementing agencies can / should share experience on programmatic issues, M&E and thus learn from one another]

Instead of working individually, building such cross linkages can be expected to enhance the capacity of programme managers and make programme' outputs more productive. It was evident that there is significant interest and enthusiasm to explore this idea further.

Action point: By the end of Jan or early Feb, WHO Thailand will set up an informal CSC consultation or a workgroup to explore mechanisms/platforms to facilitate inter-programme collaboration.

2. The meeting discussed the need to ensure sustainability of programmes after the 5-year CCS cycle. EnLIGHT has laid out good examples of how the Global Health Division (GHD) has absorbed some of the programme's activities and has pledged to support these activities in the future with GHD's routine funds.
3. The financial auditor (BDO) that was previously recruited has withdrawn due to lack of capacity on the ground. The CCS will now opt for another service provider, Nathee, a Thai auditing company. According to Nathee, if programmes have their documents and financial reports ready, the audit is expected to take 1.5 months. Remarks: both BDO and Nathee have passed a rigorous selection process with a set of clear established criteria. The selection panel consisted of WHO, HSRI, and ThaiHealth.
4. Midterm evaluation in 2024  
Action point: WHO Thailand to initiate and facilitate a CCS midterm evaluation to be completed by the latest Q3 of 2024.

For Executive Committee's Approval

HSRI's 2022 rules explicitly state that overhead costs will/can be granted to agencies that have policies to receive overheads. DDC as a government entity, does not have an official/written policy to receive overheads and so has been unable to receive them. Funders (WHO, HSRI, ThaiHealth) have discussed the matter and have no objection in DDC receiving overheads. This was reported to the CSC on 16 Jan 2024 and no objection was raised.

Action point: To request Executive Committee to concur that DDC would be able to receive overheads under the CCS modality from 2022 onwards.