


WHO-CCS PHE Program 2022-2026



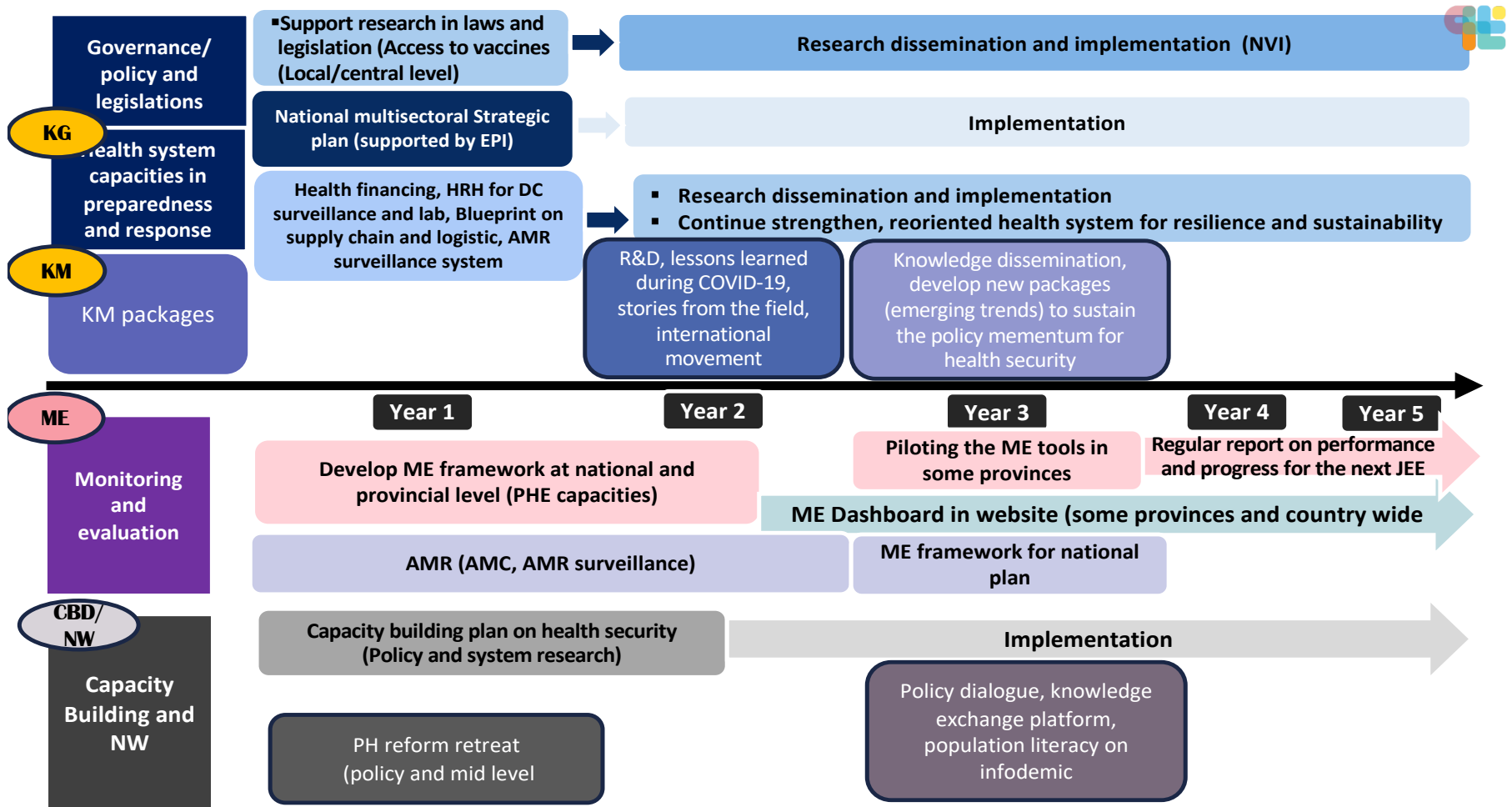
Coordinating Subcommittee
23 July 2024



Context and Key activities



	Year 1	Year 2	Year 3
Context and gaps	<ul style="list-style-type: none"> ▪ Pandemic PH reform (Big Rock 1), EPI ▪ Need Policy and system researches to support system development and the reform 	<ul style="list-style-type: none"> ▪ COVID 19 became endemic. ▪ During the pandemic, several insights and lessons were discovered. ▪ Lack of KM manager 	<ul style="list-style-type: none"> ▪ 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)	<ul style="list-style-type: none"> ▪ 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)	1. KM and distribution 1.1 distribute knowledge from research (from year 1, 2022) 1.2 Use platforms/KM packages in year 2 (Website, story from the field, research series) 1.3 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) 2. Implement the capacity building plan to strengthen Policy and research and system capacities 3. M&E (work with DDC, use the tool for piloting in some provinces)



PROGRAM GOALS

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

Knowledge generation to support policy decisions

Knowledge Management and dissemination

Monitoring and Evaluation

- Public Health Reform (Big Rock 1)
- 5 core health emergency components: HEPR

Collect national assests and lessons learned from COVID-19

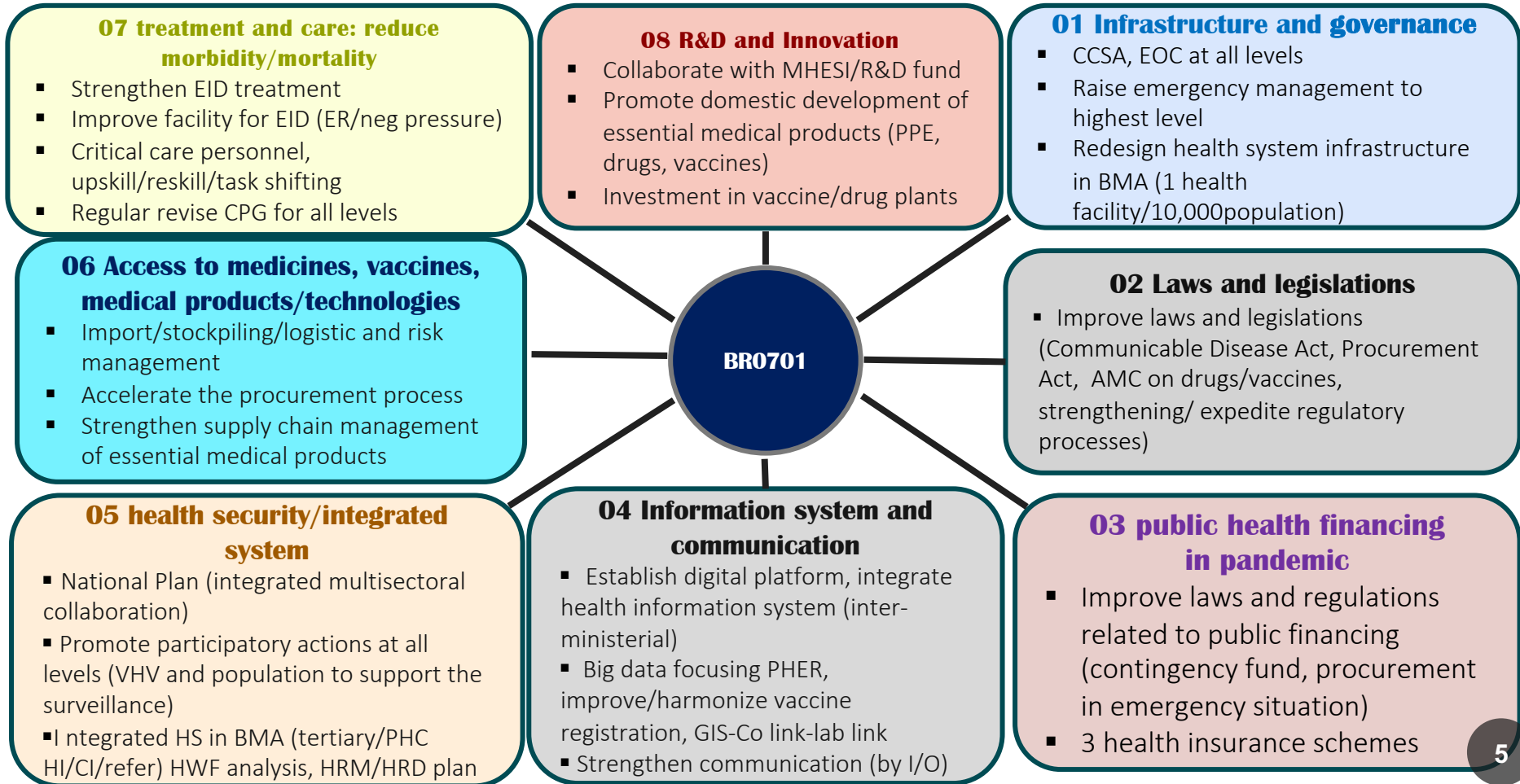
PHE capacity M&E tool at provincial level

PHE Communication Framework

AMR Monitoring and Evaluation
(Antimicrobial consumption, AMR surveillance)

Policy forum: PH reform retreat, Policy dialoue on ACPHEED

Key activities of the national reform committee: Big Rock 1



Expected outcomes 2022 (system development and health reform)

Reforms/Program priorities	Expected outcomes of CCS	EPI
Governance, policy and legislations	<ul style="list-style-type: none"> Legislation gaps and policy recommendations to improve governance/laws (CD Act, Vaccine security Act and local authority to procure vaccine) 	<ul style="list-style-type: none"> Support the development of NSP of EID 2022-2027 Support the development of Action Plan for the Communicable Diseases Act, B.E. 2558 Decision Support System for Multi-Agency Public Health Emergency Operations Centers
Strengthening PHC in BMA	-	<ul style="list-style-type: none"> Community models, community information system
Health Information System	<ul style="list-style-type: none"> Under WHO-CCS Digital Health 	<ul style="list-style-type: none"> Support reform committee/policy advocacy/support innovation at regional/local level
Health financing	<ul style="list-style-type: none"> Review health financing during COVID, policy recommendations 	-
HRH	<ul style="list-style-type: none"> HRH for disease prevention and control including lab, HRD plan 	-
Access to medicines/vaccines	<ul style="list-style-type: none"> Identify legal and other barriers in access to vaccines and policy recommendations National blueprint for supply chain and logistics 	<ul style="list-style-type: none"> Documentation of drug procurement processes during COVID-19
Strengthening NRA	<ul style="list-style-type: none"> Support as a part of Access to Medicines 	<ul style="list-style-type: none"> Support reform committee, policy advocacy
ME	<ul style="list-style-type: none"> National ME tools, provincial score card 	<ul style="list-style-type: none"> -

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

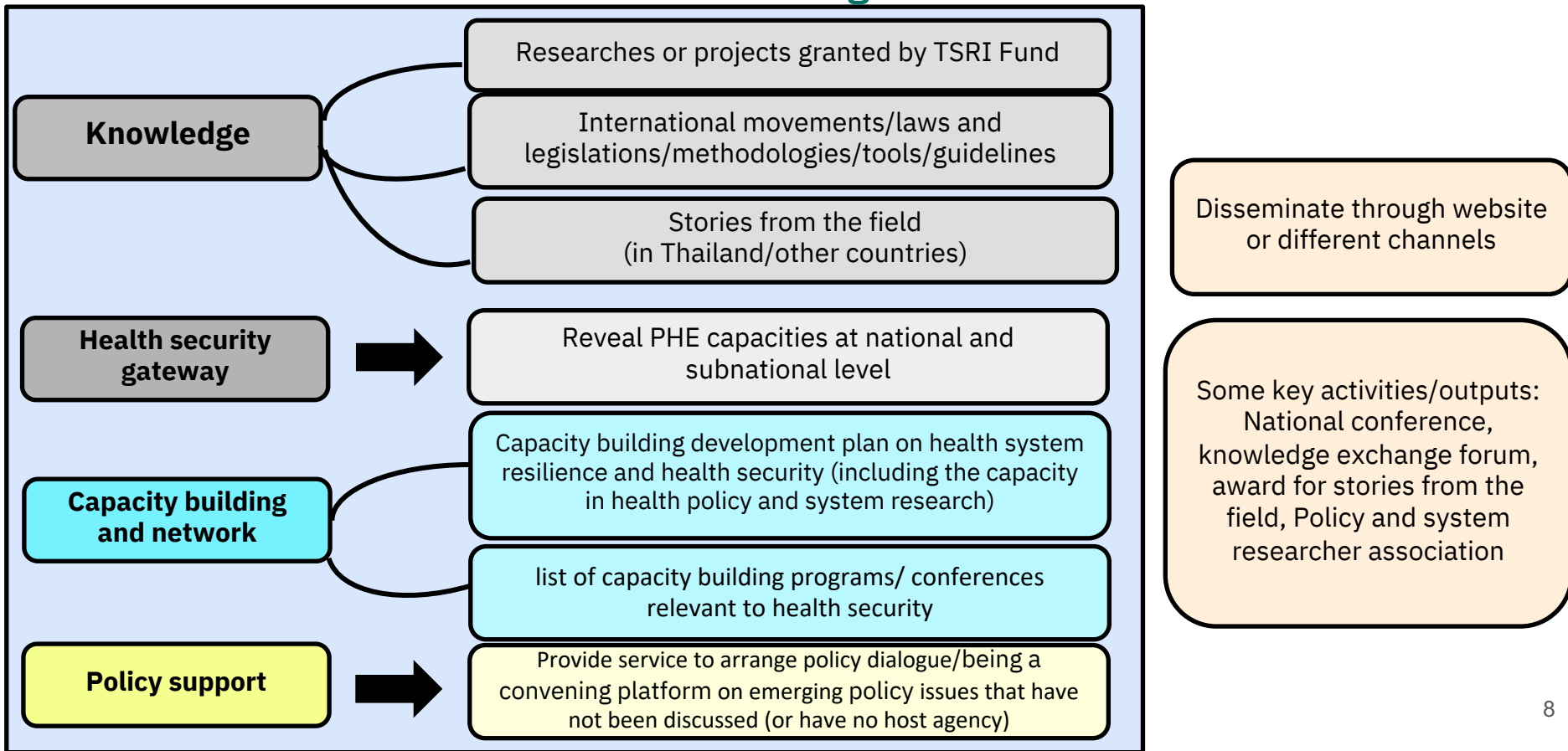


Collaborative surveillance	Strengthening disease surveillance (DDC, TSRI fund)
	Strengthening AMR surveillance (DDC, WHO-CCS) OH report, Antimicrobial consumption (WHO-CCS), Disease X Protocol
Community protection	NGO, Population sector, NHCO, THPF, TSRI fund, etc.
	Risk communication/infodemic (WHO-CCS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

2023-2024 KM packages



KM Packages



2024 Action plan



Objectives

1. To support *the first year of the research project* and *disseminate the knowledge gained* to relevant policy mechanisms, suitable targets, and channels.
2. To *create and distribute* knowledge management (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 media/website)
3. Health security capacities demonstrated on website
4. Utilize PHE monitoring tool (Provincial scorecard through pilot program/national expansion)
5. Convene knowledge exchange forum and policy dialogue on potential topics (boost policy/public interest)



Communication Framework

(WHO-CCS PHE Program)



Purpose

- to *outline a strategic approach* for successfully informing, advising, and guiding key stakeholders in the field of health security—such as policymakers, health professionals, communities and the general public.

Overall Goal

To provide information, advice, and guidance to key audiences including policy decision makers, health professionals, communities and general public *to prompt actions* that will help *individuals, communities and nation* to *be better* in preparedness, prevention, detection and response *in the next pandemic or other health threats.*

Short term (2024)

1. *Establish platforms to disseminate PHE communication products* according to the target audiences
2. *Develop communication framework to outline and guide a strategic approach* for successfully informing, advising, and guiding key stakeholders in the field of health security
3. Develop *new communication packages* (documentaries, mass communication campaigns)
4. *Convene policy dialogue* on a policy priority issue to make recommendations and sustain the momentum of policy support in health security

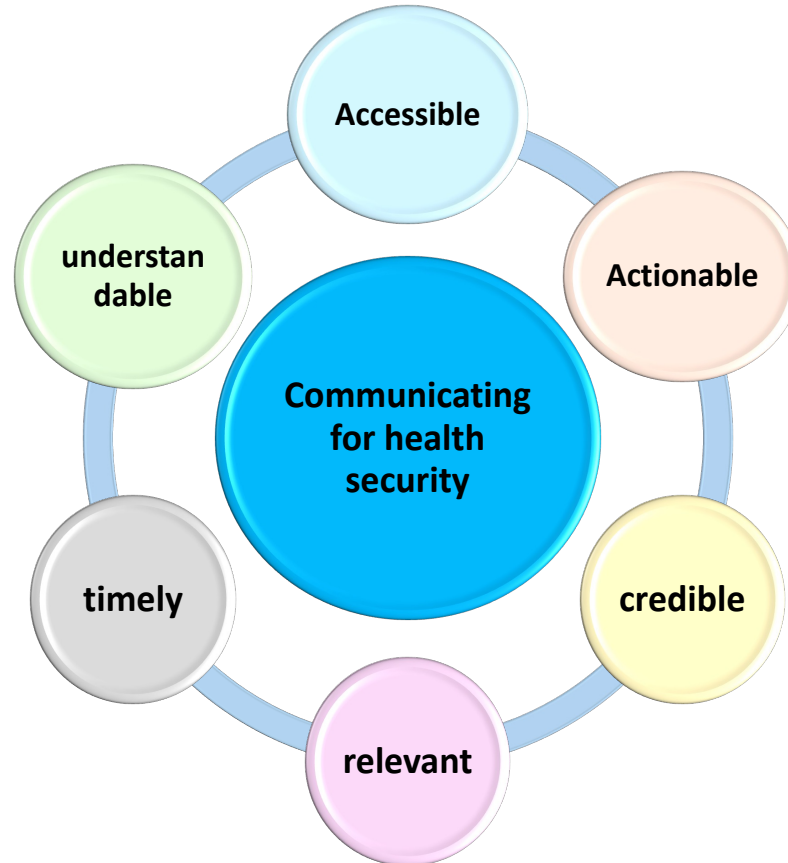
Long term

- Establish Comprehensive Health Security Literacy
- Integrate Health Security into Policy and Practice
- Foster Collaborative Networks for Health Security
- Promote Public Engagement and Participation in Health Security
- Evaluate and Adapt Health Security Measures

	health decision	
Individuals	Make decision about their own health and that of their families	<p>To inform/literate them to</p> <ul style="list-style-type: none"> recognize the importance of health security and know that they are important part of the society to achieve health security for all acquire skill sets and adjust behaviours to improve their abilities for the next pandemic/health threats. (continue good hygiene practices, skills to cope with emergency situation, skills to tackle infodemics)
Health care providers	Make decision about recommendations for patients and decision to improve health care system based on their role	<p>To inform and update on</p> <ul style="list-style-type: none"> new screening, diagnostics, treatment and health security related innovations situation of outbreaks in Thailand and in other countries /global movements on health security
Communities	make decisions about shared space, activities, and services that will support health security related activities	<p>To inform/literate them to</p> <ul style="list-style-type: none"> recognize the importance of health security and know that they are important part of the society to achieve health security for all develop skill sets as community leader/manager to improve their abilities to prepare, prevent, detect and response for the next pandemic/health threats for their communities.
Health policy makers at national and subnational levels	Make decision to implement projects/programs/interventions to improve health security for their population	<p>To update and inform them on</p> <ul style="list-style-type: none"> important global movements/new health interventions/technologies related to health security and its impact on the work of Thailand results of policy and system researches that will be input for policy decision <p>To ask for policy recommendations on priority health security issues</p>



Principles of communication framework



Key elements in 2024

Concept	Content/message	Key audiences	Channels
1.Website/other social media platforms (serve as platform for KM system, all about health security)	1.1 Health Security knowledge repository and gateway 1.2 Platform/database for documentary, mass communication campaigns 1.3 Introducing key activities of Thailand (multisectoral)/other countries 1.4 to update for events and announcements related to health security	Public health professionals, general public	-
2. Documentary (Learn from the past, protect the future.)	1. Thai society and COVID-19 2. Vaccine series 3. Traditional Medicine series 4. Story from the field Other potential topic: One health	Health professionals and general public, policy decision makers	Thai PBS, partner channels, other social media channels, International conferences, meeting
3. Mass communication campaign	Tips/Signs/Updates/East meet West/ Facts Fight Fear (build skills to tackle pandemic through case studies)	General public/health professionals/community manager/leaders	Social media, line, Bus/BTS stations, public places, partner channels, media channel (food ad)
4. Policy dialogue (priority issue)	the Executive Committee has decided that PHE will organise the policy discussion on ACPHEED in 2024	Mid level/high policy level decision makers	-

Update 2024 budget



Sources of fund	Amount [THB]
THPF [Start 1 August 2024 – 31 July 2025]	5,335,000.00
WHO [Start 15 April – 31 December 2024]	5,070,000.00
HSRI [Start 16 May 2024 – 15 May 2025]	3,290,000.00
NIEM [Start 1 July – 31 December 2024]	1,500,000.00
Total	15,195, 000.00

Financial progress [1]

Update 2024 budget (January - June 2024)



Category	1 Carry over [THB]	2 Approved Budget 2024 [THB]	3 Total budget2024 [THB]	4 Actual expenditure [Jan - June 2024] [THB]	5 Obligated/ Expected expenditure by August 2024 [THB]
1. Core team cost	-	3,432,000.00	3,432,000.00	1,716,000.00	2,288,000.00
2. Administrative cost	-	64,000.00	64,000.00	24,936.05	28,000.00
3. Operating cost	10,440,741.99	10,454,000.00	20,869,550.00	1,928,222.00	15,691,850.02
3.1 AMR	2,144,200.00 ¹	2,200,000.00	4,344,200.00	-	916,000.00
3.2 Meeting allowance	129,000.00	154,000.00	283,000.00	78,500.00	133,500.00
3.3 KM Packages	3,427,804.00 ²	7,100,000.00	10,527,804.00 -196,414.02 = 10,331,390.02	1,401,231.00	8,731,390.02
3.4 Strengthening IHR core capacity	4,739,737.98 ³	1,000,000.00	5,714,545.98* +196,414.02 = 5,910,960.00	448,491.00	5,910,960.00
4. Institutional overhead (10% of items 1,2,3)	-	1,395,000.00	1,395,000.00	-	-
Total	10,440,741.99	15,345,000.00	25,760,550.00	3,669,158.05	18,007,850.02

Note:
1: Obligated fund (AMR watch phase 2 : 671,800, Strengthening AMR surveillance system 244,200) / Remaining fund (1,228,200)
2: Obligated fund (NHF: 786,000, Website: 391,544) / Remaining fund (2,250,260)
3: Obligated fund (Blueprint 226,050) / Remaining fund (1,022,187.98) / Continuing projects (HRH 2,491,500, ME framework 1,000,000)
*ยอดไม่ตรงกัน carry over + approved budget เนื่องจาก เมื่อมีการปิดโครงการ Nation M&E ในเดือนเมษายน มีการปรับยอดเงินเหลือคืน

Estimated unspent balance (THB) = 7,752,700

Financial progress [2]



Category	Estimated unspent Balance [THB]
1. Core team cost	1,144,000.00
2. Administrative cost	36,000.00
3. Operating cost	5,177,700.00
3.1 AMR	3,428,200.00
3.2 Meeting allowance	149,500.00
3.3 KM Packages	1,600,000.00
3.4 Strengthening IHR core capacity	0.00
4. Institutional overhead (10% of items 1,2,3)	1,395,000.00
Total	7,752,700.00

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?
- Role of WHO-CCS