WHO-CCS 2022-2026 Programme Proposal

Enhancing Leadership in Global Health-Thailand (EnLIGHT)

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1. Title of the Proposal

Enhancing Leadership in Global Health-Thailand (EnLIGHT)

2. Executive Summary

EnLIGHT programme aims to promote demonstrated collective leadership and contributions of Thailand in global health, through enhancing Team Thailand's collective capacity for collective international movements towards good governance for sustainable health.

EnLIGHT addresses three emerging global health opportunities.

- Opportunity to implement Thailand Global Health Action Plan (2021-2027) which
 recognizes the demand for cross-sectoral collaboration, including engagement of nonstate actors and international bodies. The Action Plan is designed as a common platform
 for coordinated works on agreed priorities, and puts high expectation for Team Thailand
 to work on the dynamic and complex global health landscape and emerging technical
 agenda/opportunities.
- Lesson learned from CCS 2017-2021, including but not limit to, Global Health Diplomacy and International Trade and Health (CCS-GHD & CCS-ITH), which are both technical domain by themselves, and mechanisms to provide support to other CCS programmes.
- Promoting SDG Achievement is another challenging global health agenda. All CCS programmes relate to many SDG targets, while potential contribution from global health mechanism for Thai SDG achievement has not been well captured.

EnLIGHT enhances *value-added* and *return-on-investment* of all 2022-2026 CCS programmes through five C principles: Collectiveness through Team Thailand, Collaboration beyond health sector; Compatibility with dynamic global health terrain, Catalysing role and Constancy for its reliability. EnLIGHT employs the '2x4 work model'.

- 'Two core functions' cover two scope; 1) key global health agenda; and 2) supporting function to other CCS programmes and other agencies.
- 'Four Strategic Actions' include 1) evidence generation, 2) capacity building, 3) international movement, and 4) knowledge management including establish resource centers/platforms, effective policy communication to support policy decisions.

Under the supervision of its Sub-steering Committee including its scientific advisory group, and coordinating mechanisms with CCS supporting agencies and all CCS programmes, EnLIGHT collaborates with partners to deliver results, including technical products, knowledge management activities and materials, strengthened collective and exhibited Thailand's role in selective global health movements.

3. Background/Rationale/Lessons from CCS cycle 2017-2021

3.1 Dynamic global health demand and terrain

Most of public health agenda in modern time have bene classified as 'Wicked problem' due to their complexity, as well as interconnectedness and interdependency of causes and determinants, lying beyond any sector boundary. Wicked problem is impossible to solve with isolated effort within one sector, or any approach based on single discipline. Countries increasingly realize the limitations of countries in tackling modern health problem alone.

Global Health is the "area of study, research, and *practice* that places a priority on improving health and achieving equity in health for all people worldwide". Although the term has been used for long, the modern concept of Global health has evolved from the practice of 'international health' since the second World War. The major conceptual shift is from donor & recipient relationship toward the development partners.

The evolution of global health context is very dynamic and challenging. Since the beginning of the 21st century, the psychological mark for modern global health era, there have been three mega-factors in global health evolution.

- Emergence of new global health actors. International Health practices were dominated by governments and inter-governmental organizations, such as WHO. Mushrooming stakeholders in global health domain now include international agencies, NGOs, and private sector, as well as innovative partnership across these state and non-state actors. All increasingly involve in shaping global health agenda. The landscape of "Global Health Governance" therefore has changed ever since.
- Changes in health burden profile and determinants. The joint effort to address root
 causes of health problems, beyond health sector and beyond individually targeted
 interventions-like health services, have been prominent in recent years. Determinants
 of modern problems, including emerging infectious diseases and lifestyle-related NCD,
 are shared across countries. No countries escape from health impacts from climate
 change and environmental degradation.
- Health problem is not merely health agenda. Modern global health practices always accommodate implications from other scope including trade and commerce, diplomat and socioeconomic development. This shift was displayed through the concept of "Global Governance for Health", which include actions in other non-health agencies but affecting health of the global population. Health problems and initiatives, such as HIV/AIDS, NCD, TB and UHC, have been upscaled for discussion at UN General Assembly in the last ten years. Global community enjoys the inclusion of health and health-related elements in the Sustainable Development Agenda, especially through the Sustainable Development Goals (SDGs) by 2030 which frame global direction and priority for global health.

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¹ Koplan JP, Bond TC, Merson MH, et al. (2009). "Towards a common definition of global health". *Lancet.* **373** (9679): 1993–5.

The COVID-19 pandemic taught us a clear lesson on interconnectedness of global health actors, "no country is safe until every country is safe"; health interventions should therefore rely on action beyond national policies and boundaries. The pandemic also affects the progress of countries towards achieving SDGs.

WHO remains the main actors in global governance for health, as the one and only intergovernmental agency designated for health. One particular emerging opportunity, WHO is the leading agency, in coordination with other 12 UN agencies and initiatives², for implementation of the *Global Action Plan on Healthy Lives and Well-being for All* to drive the achievement of SDG 3.

These challenging difficulties and megatrends require high and continuous political commitment, cross-sectoral collaborations and national capacities.

3.2 'Team Thailand' for the Global Health Action Plan (2021-2027)

Thailand is still among only few low-and middle-income countries (LMICs) which have global health strategy/plan in place. Our first directive paper came in the form of Thailand Global Health Strategic Framework (2016-2020). The mid-term review on the Framework was conducted to provide extensive inputs in terms of lessons learned and challenges, which lead to the development of Global Health Action Plan (2021-2027). The Action Plan inherits visions from the Strategic Framework by working as a common platform for coordinated works on agreed priorities.

Both Strategic Framework and the current Action Plan are very progressive in nature, at least in three logics.

- They highlight cross-sector collaboration, especially between health and foreign affair agencies. The Framework and Action Plan emphasize on opportunities to use health initiative as diplomat opportunities.
- They recognize and promote the roles of domestic actors beyond public sector, while underscore policy coherence across agencies and sectors and the need for coordinated actions among domestic actors.
- They reflect potential contribution and collaboration with international agencies -beyond WHO, non-state actor in other countries, and regional collaboration, especially ASEAN.

The Action Plan also focuses on the need of global health knowledge, both technical as well as system and process, and the need for capacity strengthening both organizational and individual levels. It puts high expectation for "Team Thailand" to work on the dynamic and complex global health landscape with many emerging technical agenda/opportunities, through its five strategic issues.

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² Global Alliance for Vaccine and Immunization (GAVI), Global Financing Facility, International Labour Organization, Global fund, UNAIDS, UNDP, UNFPA, UNICEF, UNITAID, UN Women, World Bank, and World Food Programme

3.3 Lesson learned from previous CCS

This EnLIGHT uses lessons learned from CCS 2017-2021 as a stepping stone to address gaps and opportunities in broader perspectives, including using the sustain development agenda as an important backdrop, and addressing changing terrains of global health and cross-border determinants of health. For the past five years, RTG-WHO CCS (2017-21) had developed a platform for agencies from different sectors working on agreed significances.

The scope of EnLIGHT includes, but not limited to, spirits and areas covered by two 2017-2021 CCS programmes, i.e., the Global Health Diplomacy and International Trade and Health (CCS-GHD & CCS-ITH). CCS-GHD & CCS-ITH have clearly demonstrated their contribution to Thai RTG-CCS, health sector and Thai society in a number of ways.

- CCS-GHD has continued its main function to support the capacity building of Thailand in many international platforms. The explicit performance of Team Thailand for proactive engagement in bilateral, regional and global health framework such as UN, WHO and ASEAN Health governing bodies as well as other international health alliances including FPGH and GHSA. CCS-GHD expanded global health capacities of agencies both in and outside Ministry of Public Health. This also intensifies competency of Thailand in driving health-related global agenda UHC, alcohol and mental health through close collaboration with WHO HQ, SEARO and WHO Thailand country office. The capacity building activities, as a diplomatic tool, also expanded to other countries which then tightens the connection between countries.
- The CCS-ITH has brought in-demand evidence for Thai society to engage in international trade negotiation and preparedness enhancement at the policy level.
 Recent examples include CPTPP policy briefs and recommendations for Thailand to participate in the WTO platform on increase access to COVID-19 related products.
- Both CCS-GHD and CCS-ITH have demonstrated user-friendly collaborative mechanisms for health and non-health sectors to work together on common goals.
 Apart from knowledge generation and communication to support policy decision, CCS-ITH helped establishing three International Trade and Health Network Centres as a mean to expand networks of experts and agencies and to sustain the work in this area.
- As "impact enhancer", CCS-GHD and CCS-ITH worked to promote value-added of other CCS programs. To name a few, CCS-GHD collaborated with CCS Road Safety to draw lessons from the Thailand's global movement on this issue including supporting CCS road safety team to attend the WHO meeting in developing the Global performance targets on key risk factors and service delivery mechanisms. So did CCS-ITH and CCS-NCD on international trade and investment in highlight-processed food industry, related to CCS-NCD.

Table 1: Challenges from previous CCS programmes (2017-2021) and possible solutions

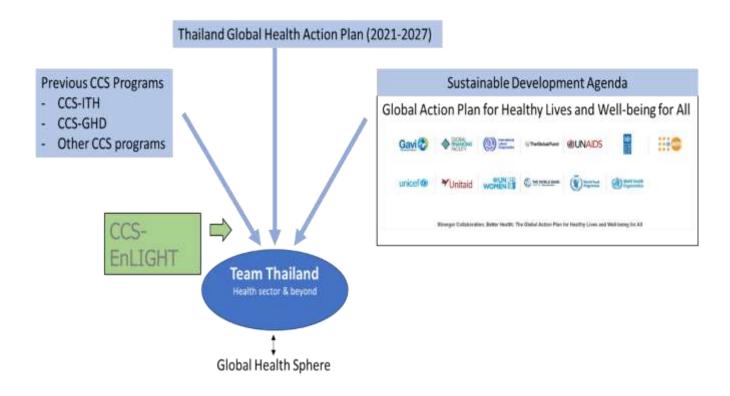
Challenges	Possible solutions for EnLIGHT programme
 Limited involvement of stakeholders and partner organizations 	 Identify multi-hubs for network, including proactive engagement from national authorities, especially OIC hubs of MOPH Departments
 Limited platforms for knowledge management and policy linkage 	 Expand knowledge generation and knowledge management mechanisms to academic and other relevant partners
Programme execution and	Dissemination of information beyond formal channels
Fragmented and event-	Merit-based and transparent process for grant support
based activities	Front load implementation at year beginning
Limited cross-program collaboration	 Installing systematized capacity, focusing on continuity and priority agenda
	Establishing multi-level coordination platforms, across CCS programs, and novel mechanisms for scientific advice

3.4 Synthesized opportunities

EnLIGHT Program aims to address emerging key opportunities for Thailand in global health domains and beyond. It serves to congregate many actors and actions to work together as Team Thailand. Three groups of opportunities, as depicted in Figure 1, include;

- Opportunity to promote the synergy among CCS programs
- Opportunity to support implementation of the Thailand Global Health Action Plan (2021-2027), as the agreed mainframe, in a more coordinated manner
- Opportunity to support Thailand's achievement in SDGs, especially with potential contribution from various international agencies, especially based on the convening leadership of WHO as the lead agency for SDG 3 in the Global Action Plan for Healthy Lives and Well-being for All.

Figure 1: Three major opportunities for EnLIGHT and Team Thailand



All six areas of selected CCS Program (2022-2027) directly and indirectly relate to many SDG targets, as displayed in Table 2.

Table 2: Direct and related linkages of CCS Programmes (2022-2027) to SDG targets

Programmes	Primary linkage	Related linkage		
CCS-NCD	3.4 Reduce mortality	3.5 Prevent and treat substance abuse		
	from non-	3.8 Achieve universal health coverage		
	communicable	3.9 Reduce illnesses and deaths from		
	diseases and promote	hazardous chemicals and pollution		
	mental health	3.a Implement the WHO framework		
		convention on tobacco control		
		3.b Support research, development		
		and universal access to affordable		
		vaccines and medicines		
		2.2 End all forms of malnutrition,		
CCS-Road safety	3.6 Reduce road injuries	11.2 Safe, affordable, accessible and		
	and deaths	sustainable transport systems		
CCS-Public Health	3.d: Improve early	3.8 Achieve universal health coverage		
Emergency	warning systems for	3.b Support research, development		
	global health risks	and universal access to affordable		
		vaccines and medicines		

Programmes	Primary linkage	Related linkage
		11.5 Reduce death and loss from disasters
CCS-Digital Health	3.8 Achieve universal health coverage	All SDG 3 targets
CCS- Migrant Health	3.8 Achieve universal health coverage	SDG 10 Reduced inequalities

3.5 Conceptual framework

The scope of EnLIGHT enhances "value-added and return-on-investment" of all 2022-2026 CCS programmes by working together at the operation level with every CCS programmes to address arising opportunities, related to global governance.

The EnLIGHT program employs the '2x4' scopes of work model, or two core functions and four strategies, to promote meaningful and strategic activities in both 'uplink' and 'downlink' legs between Thailand and international platforms, as displayed in the Figure 2.

Two core functions consist of actions in two interrelated domains.

- 1) 'Key global health agenda' Global Health, international relationship, global governance and geo-politic, cross-border determinants of health, trade and health are all technical areas by itself. This function is, more or less, the knowledge and practice domain of "global governance for health system and process". These include technical areas/agenda highly specific to global health rather than technical programs at national level, for example global health financing, international migration of health workers or cross-border consumption of health care services or intellectual property and health, or emergence of new global health treaty.
- 2) 'Supporting function' Through this arm of function, EnLIGHT could support other CCS programmes on 'global health implications' of issue-specific domain. This allows ENLIGHT to facilitate support from abroad to domestic agencies/movements, and vice versa. These are, for examples, to support the export of domestic expertise to other countries, to promote issue-specific collaboration across countries, to support the implementation of global/regional initiatives/tools/standards to convene intersectoral dialogue on specific issue. This additional support is, however, not to duplicate/replace the work of CCS programs. A clear mechanism to identify and agree up on demand for support from EnLIGHT to other CCS programmes is to be set up by CCS Coordination mechanism and donors. Not limited to CCS, EnLIGHT can also support other priority global health agenda of institutions and authorities, with guidance from EnLIGHT governance.

Four strategies include evidence generation, capacity building, international movement, and knowledge management including establish resource centers/platforms, effective policy communication to support policy decisions.

a) Knowledge generation

The knowledge generation aims to conduct research to provide policy recommendations for Thailand's movement at global and regional levels. This work area will also draw lessons from previous movement to improve coordination and enhance learning and application. In addition, future scenario will be analysed based on the new world order and deviated function of work of global health governance, as witnessed by stronger and more robust collaboration among international agencies such as WHO and WTO, or with the private sector.

Peer-reviewed journals are key quality-assured outlet for research and other knowledge generation for EnLIGHT programme. Research topic will be identified, priority is given to health and health-related Sustainable Development Goals, WHO's Triple Billion Targets, and national priority. One clear domain of research is international trade and health. The interface between trade and health is on the cutting edge of health diplomacy. Health professionals and policy makers need to understand this interaction and well equipped with clear evidence to assure rational trade policies and agreements, informed by health needs and supported through progressive trade and foreign policies.

Interested research institutes and networks are welcomed to collaborate in this working area to expand the global health research community in the country.

b) Capacity building

In order to develop human capital, this area will develop series of activities, especially core competency on global health, specifically for different target groups. For example, Global Health Diplomacy workshop and workshops on specific skills for young generation and attending global or regional platforms to expand real-life global health experience for both young generation and mid-career group. This would allow Team Thailand to *understand-through-action* global health platforms and its protocol, dynamic of global health movement and determinants of global health. Online platform will be developed as alternative approach for training programmes. This also allows us to extend Thai and international audiences.

c) Collective global health movement

This strategic action aims to facilitate Thailand's preparedness and capacity of Team Thailand for key global health movements at various global platforms. The movement topics include, but not limit, to global health agenda which Thailand has shown its leadership in the past, such as UHC, tobacco and alcohol control, HIV/AIDS, and Health promotion. Scope of work includes identifying health or health-related agenda; identifying appropriate approach and platforms; forming and advancing the position(s) of Team Thailand by working with relevant partners across sectors and in particular other CCS programmes; to enhance Thailand strategic global health movement. This can add value of Thailand's CCS programmes in global and regional platforms. Furthermore, EnLIGHT intends to expand collaboration to other health-related agencies or platforms, particularly those of which Thailand is a member, such as UN including WTO and UNAIDS, ASEAN, FPGH, APEC and other potential partners. In additional,

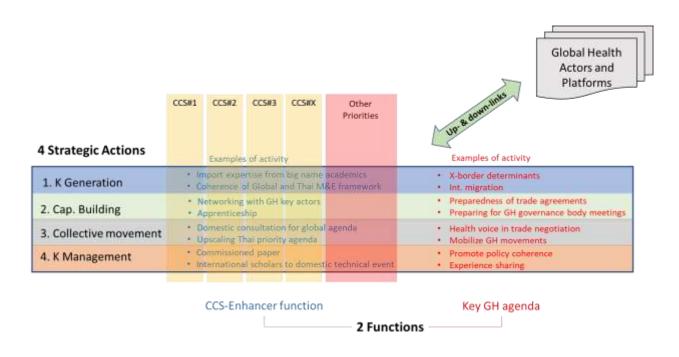
all global and regional platforms will be identified to specify potential roles of Thailand for more effective movements.

d) Knowledge Management

Knowledge management covers communication activities to link knowledge to awareness, actions, and policy; as well as technical exercise to prepare and to learn from any global health events. A proactive approach of knowledge management and communication will be applied to cope with the dynamics of situation and audience behaviours. Analysis of key success factors and lessons learned will be included as a basis for improving our works.

The existing knowledge available on the Resource Center on Global Health, and website of the current International Trade and Health Programme is valuable foundation for this purpose. EnLIGHT, further, aims to increase availability, quality and outreach of technical and semitechnical products; including both number and types of materials available at the Resource Center. Additional E-learning system will be developed to attract Thai and international audiences. In addition, the EnLIGHT communication hub, such as website, will be linked to websites of related organizations such as ThaiHealth, NHSO, NHCO, Global Health Division, and IHPP.

Figure 2: 2x4 Operating model and examples of activities



4. Guiding Principles

EnLIGHT respects the core principle of RTG CCS, including not an implementing mechanism for routine functions. With expectation to provide added values to other CCS programmes, as well as other organizations, EnLIGHT observes Five C principles in its operation; as follows:

- Collectiveness: EnLIGHT aims to promote coordinated international movements, preferably through unified position of "Team Thailand3", rather than fragmented effort and response by each body. Trust among partners is therefore crucial for EnLIGHT.
- Collaboration: EnLIGHT enjoys convening power, including of our funding agencies, in creating collaborative mechanisms for actors within and beyond health sector boundary. EnLIGHT does not work on isolated 'standalone' basis program. Any possible success relies on alignment of the EnLIGHT and other programmes.
- Compatibility: Taking into account the fluidity of global health domain, EnLIGHT aims to prepare for promptness and flexibility of Team Thailand. Equal foothold partnership and communication are key to this principle.
- Catalysing: As system lubricant, EnLIGHT aims to provide support and facilitate actors/agencies, especially national authorities in each topic, not by "replacing" their core functions.
- Constancy: It is the core responsibility of EnLIGHT Programme management to ensure proficiency and reliability of its work in response to demand of relevant partners.

5. Goal and Strategic Objectives

5.1 Vision

Demonstrated collective leadership and contribution of Thailand in global health

5.2 General objective

To Enhance Team Thailand's *collective capacity for collective international movements* towards good governance for sustainable health

5.3 Specific objectives

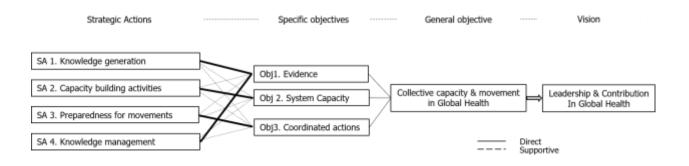
- 1) To develop, disseminate and communicate technical evidence to support Thailand's preparedness for global health engagement, in selective areas
- 2) To strengthen capacity of individuals and organizations, in relation to other CCS programmes, in participating in global health events/movements, including their SDG-related implications

³ Team Thailand, hereafter, refers to whole-of-society collective capacity of Thai society, with multi-disciplinary nature and engagement of multisectoral partners beyond health system, including academia, civil society, professional bodies and private sectors

3) To convene cross-sectoral coordinated actions for identified movements of Thailand in global health domain, in accordance with the Thailand Global Health Action Plan

Activities in all four strategic action domains contribute and compliment to all three specific objectives at their execution level. However, Strategic Action Domain#1 (knowledge generation) and #4 (knowledge management) are closer to specific objective 1., while Strategic Action Domain #2 (capacity building) and #3 (collective movements) are more adjacent to objectives 2 and 3 respectively.

Figure 3: Deliberate linkages between strategic actions, specific objectives, general objective and vision of EnLIGHT



6. Activities, Outputs and Timeline

The detailed activities for EnLIGHT are to be identified and agreed up on, according to preparedness of and priority areas set up by key actors, as well as emerging opportunity(s) in global health domain. Table 3 shows the potential activities and output for each Strategic Action Domain, as well as activities for programme management and coordination.

 Table 3 Group of activities and output for each strategic action domain

Strategic Action	Activities			Output ⁴ (per year)			
				items	Quantity		
1. Knowledge	1.1	Primary Research	1.1.1	Research report	2		
generation			1.1.2	Summary paper	2		
	1.2	Secondary research/technical report (including quick	1.2.1	Technical paper/policy brief/factsheet	5		
		review)	1.2.2	Presentation	5		
2. Capacity	2.1	Training media/materials	2.1.1	Book	1		
building			2.1.2	E-learning material/module	2		
	2.2	Capacity building workshop (1-2 days)	2.2.1	Workshop	2		
	2.3	Global health journal club (1-2 hours)	2.3.1	Journal club	6		
	2.4	Major conferences	2.4.1	Attached event/satellite event	3		
			2.4.2	Standalone event	1		
	2.5	Global Health Fellowship Program	2.4.3	Fellowship program	24 persons		
3. GH movements	3.1	Technical preparation for selective movement	3.1.1	Position paper	3		
	3.2	GH experience	3.2.1	GH event participation	15 persons		
4. Knowledge management	4.1	Data source development	4.1.1	Materials uploaded and available on Resource Center	15		
	4.2	Communication channels	4.2.1	Graphic and text media (for social media channel e.g. Facebook)	24		
			4.2.2	VDO format (e.g. YouTube)	3		
			4.2.3	Audio format (e.g. Podcast)	3		

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⁴ Initial format of activity outputs, subjected for finetuning in annual workplan.

Strategic Action	Activities		Output ⁴ (per year)		
				items	Quantity
	4.3	Decoding Thai expertise/experience	4.3.1	Semi-technical report	2
5. Programme management	5.1	5.1 Programme management	5.1.1	EnLIGHT technical team	1
and coordination			5.1.2	Partner individual/team networking	5
	5.2	CCS program coordination/networking	5.2.1	Stakeholder dialogue	6

The content of the Table 2 is, although, just the activities formats, global health topics and priority agenda for EnLIGHT activities will be identified through the Scientific Advisory Group. The detail content of the annual work plan is to be reviewed and endorsed through formal mechanism. The activities of EnLIGHT also involve individuals and agencies in other countries, the Programme however might focus on key countries in Thailand Global Health Action Plan such as Myanmar, Laos, Cambodia, Timor Leste and Bhutan. Standard Operating Procedures for EnLIGHT activities include;

- Broad dissemination of information to ensure transparent and merit-based selection/review process & opportunities
- Expanded partnerships and collaborations directly and through established networks/mechanisms, especially in working with OIC (or similar bodies) of MOPH Departments and other national authorities.
- Ensure consultative and full-spectrum participatory process of partners. Number and natures of partners involved would be a key success indicator for EnLIGHT.
- Effective management to link output to outcome and impact. Technical products, as
 displayed in Table 3, need a proactive management turning them into key input for
 desirable longer-term outcomes and impact. Logic linkage and theory of change will
 be used, in consultation with key definite stakeholders-beyond health sector, in the
 development of annual workplan.

As an enhancer, EnLIGHT will work closely with other programmes to conduct before-, in- and after-action reviews and sharing lesson learned across CCS-programmes. This 'CCS Retreat activity' will support formal mechanisms, such as the RTG-WHO CCS Executive committee and CSC.

7. Expected Outcomes, Milestones and Impacts

7.1 Expected outcomes

Active collaboration and sharing of experience among partners and actors in global health terrain have become essential and beneficial for the development and implementation of healthy public policies. Thailand can play active role in "uplink" contributing to global and regional arena as well as the "downlink", by utilizing and importing public products to Thailand. However, there are still rooms of improvement for both up- and down-link legs. EnLIGHT aims contribute to overcome those challenges.

The Vision on leadership and meaningful contribution of Thailand on global health is to be promoted through the following four deliverables/expected outcomes.

1. Quality and availability of *knowledge-in-demand* to support global/regional movements.

These include primary research, quick and secondary research, decoded lesson learned, technical and position paper to support Thailand's global movements, including in relation to SDG achievement. EnLIGHT envisage to becoming a part of global health think tank for policy decision, particularly for policy level at Ministry of Public Health, to support the implementation of the Global Health Action Plan (2021-2026). Specific issues or agenda, as well as movement platforms, will jointly be identified with relevant partners.

2. Expanded platforms for movements.

ENLIGHT will work with partners in identifying and extending platforms to capture Thailand opportunities in contributing and showing its leadership. These include, for examples, UN platforms such as UNAIDS Programme Coordinating Board (PCB) of which Thailand will be the Chair in 2022; WTO which provides a platform for health emergencies and international trade; or other international collaboration platform such as ASEAN which there are rooms for Thailand to drive agenda across four health clusters, and APEC which Thailand will be host in 2022; and other international alliances as well as bilateral cooperation with other countries.

3. Mobilized system capacity.

Human resources and agencies equipped with relevant knowledge and capacity to drive agenda to support global governance for sustainable health. EnLIGHT also aims to promote the capacity of Thailand to achieve global targets, especially SDGs. The knowledge generation and management activities also indirectly contribute to strengthen capacity of research institutes on global health to support Thailand's movement. EnLIGHT programme focuses on priority groups for capacity building, including MOPH Departments-especially through OIC and similar bodies, and international cells of key public health agencies. The Resource Center on Global Health is online platform in compiling various types of materials on global health including

outputs from EnLIGHT and providing e-learning platform to domestic and international audiences.

4. Promoted collaborations at three levels

- 1) Collaborations across CCS programmes: EnLIGHT aims to support all CCS programmes, at least in two perspectives;
 - To drive their agenda at global and regional levels through capacity building programme, collaborations for the movement, and expanding network; and
 - To promote their linkage to SDG achievement.
- 2) Collaborations among domestic partners/actors: EnLIGHT will involve more health-related agencies. These are, for examples, Ministry of Commerce on international trade and health, universities to conduct research and suitable training, health facilities at provincial level to gain better understanding on global health and linking global health to national health.
- 3) Collaborations with other countries and international agencies: Apart of WHO, EnLIGHT aims to support the collaboration between Thailand and domestic partners/actors with many more international agencies, relevant to selective agenda. These are, for examples, World Trade Organization, UNAIDS, and JICA (through GLO+UHC partnership). EnLIGHT will also help to identify target individuals/organizations/countries that Thailand can have further collaborations, in particular developing countries in Asia.

7.2 Impact and Milestone

- Demonstrated key successes, reflecting leadership of Thailand in global health movements through multisectoral collaboration, identified by key stakeholders, with clear contribution of EnLIGHT, in five years
- Demonstrated key value-added to CCS programmes, especially in magnifying their global health and SDG-related implications

8. Involvement of Multi-Stakeholders and how they will add value

This proposal is collectively drafted by Global Health Division, Ministry of Public Health and the International Health Policy Program (IHPP), based on three opportunity streams; as declared in the first section. During the consultation with major stakeholders held on 10 August 2021 and later the meeting of CCS Steering Committee on 24 August 2021, a number of key actors declared their commitment to engage in the implementation of this EnLIGHT, including Ministry of Foreign Affairs, Thai Health Promotion Foundation, National Health Commission Office, National Health Security Office. Comments and recommendations from technical Departments of the Ministry of Public Health, WHO Country Office also contributed to the development of this proposal for CCS 2022-2026. The new network "EnLIGHT Core Group", will be formed with the operational representative from these committed agencies, and open for additional commitment in the future.

8.1 WHO, intergovernmental and international agencies

WHO at all three levels, based on given mandates of each Office, could provide great coordinated contributions using their social and intellectual capital to the Programme with primary aim on linking to country impact. WHO HQ, for example can help on advocacy and technical support, Regional Office can support on progress monitoring and evaluation as well as policy coherence, and the Country Office can offer convening, coordination and gateway power.

Through EnLIGHT's four strategic actions, WHO can add value by:

- (1) Providing support through its core and extended intellectual capital: To have leading role in global health, Thailand has driven many health and health-related issues in relevant to the Sustainable Development Goals, WHO's 13th General Programme of Work and WHO South East Asia regional flagships through all WHO governing body meetings. Based on Thailand previous successes in driving UHC, alcohol and mental health agenda, the desirable movements required collaboration between Thailand and three levels of WHO. WHO can provide technical views of those agenda, and suggestions on working process to ensure appropriate approach were used at the right time.
- (2) Exercising WHO convening power and gateway function, WHO's social capital can bridge Thailand with relevant stakeholders to strengthen, knowledge generation, knowledge communication, collective movement at the global level, as well as in capacity building. The close connection is one of key success factors and should be continued. WHO as a member of UN Country Team, can provide linkage to and promote collaboration with other UN agencies and initiatives.
- (3) Linking EnLIGHT programme to other CCS programmes, as CCS Secretariat
- (4) Facilitating technical resource, including WHO staffs and invited experts, for capacity building activities, such as training workshops and seminars, conferences. Their experience sharing is intellectual capital that gains better understanding on global governance for sustainable health for participants.

EnLIGHT and partners observe protocol and customary practices in contacting and collaborating with WHO and intergovernmental organizations.

Other intergovernmental and international agencies, as well as regional collaboration structure (such as ASEAN or APEC) can provide contribute on selective technical areas, based on their core mandates and protocol. EnLIGHT, through its activities, will also partner with other global health actors, including experts and agencies in other countries at operation level.

8.2 Domestic actors

8.2.1 National authorities: EnLIGHT fully observes responsibility of national authorities in each selective areas. These authorities include but not limit to MOPH, for example Ministry of Foreign Affair, Ministry of Commerce, Ministry of Education, etc. EnLIGHT will work on agreed terms with each authority, aiming to collaborate and support, and

- definitely not replacing. EnLIGHT focuses on full and continuous engagement of international health cells/functions of key national authorities, including but not limited to OIC and similar bodies of Technical Departments of MOPH.
- 8.2.2 CCS supporting agencies: EnLIGHT will work closely with each agency; namely MOPH, ThaiHealth, NHSO, NHCO and HSRI, to support their core businesses in relation to global health domain, including in strengthen capacity of their staffs and promoting their contribution in global health forums.
- 8.2.3 Academic and expert individuals/organizations: The work of EnLIGHT heavily relies on domestic wisdom and experiences, found in expert individuals/team and organizations. Thematic working groups, or similar bodies, on selective areas and specific event may be established.

9. Program Governance

Like all CCS Programmes, EnLIGHT enjoy supervision and guidance support from its substeering committee. All six CCS-supporting agencies, as well as the CCS-Coordinating mechanism(s)- such as CSC, would provide direction and opportunity to EnLIGHT management. Meanwhile, in order to enhance others, EnLIGHT should have an observer role in governance activities of other CCS programmes.

Figure 4: Steering, Monitoring, and Operation relationship

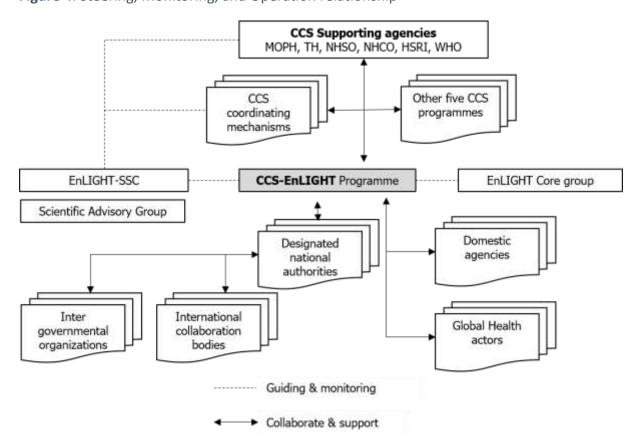


Table 4: EnLIGHT management structure

Role	Number	Name
1. Program Advisors	2	Dr. Suwit Wibulpolprasert
		 Designated Executive of MOPH responsible for global health
2. Program manager	1	Dr. Walaiporn Patcharanarumol
3. Researchers	3	Dr. Thaksaphon Thamarangsi
		Dr. Cha-aim Pachanee
		Dr. Warisa Panichkriangkrai
4. Research assistant	1	Ms. Jeerapa Sosom
5. Financial and accounting officer	1	Ms. Sudarat Suwannasri
6. Coordinator	1	Ms. Jarinporn Kongsrijan
Total	7	(not include advisors)

10. Monitoring & Evaluation

Section#6, #7.1 and #7.2 provide clear targets and indicators yearly and over five-year period for ENLIGHT, at the level of output, deliverables/outcome and impact. EnLIGHT will provide summary report on its performance and contribution every year. Apart from regular monitoring and progress report through agreed mechanisms, EnLIGHT Programme is open for additional evaluation and assessment, including the mid-term and final reviews of RTG CCS.

11. Estimated Budget

EnLIGHT programme operates on the total budget of 56.25 million Baht over five years (equally distributed to 11.25 million Baht annually for 2022 to 2026 period), as displayed in Table 5.

 Table 5: Breakdown of budget by Strategic Action, activities and outputs

Strategic Action		Activities		Output	Quantity x budget per unit	Budget (Baht)
1. Knowledge generation	1.1	Primary Research	1.1.1	Research report	2 reports x 500,000 Baht	1,000,000
	1.2	Secondary research	1.2.1	Technical paper/policy brief/factsheet	5 pieces x 50,000 Baht	250,000
2.Capacity building	2.1	Training media/materials	2.1.1	Book	1 book x 100,000 Baht	100,000
			2.1.2	E-learning material/module	2 pieces x 50,000 Baht	100,000
	2.2	workshop	2.2.1	Workshop	2 workshops x 300,000 Baht	600,000
	2.3	Global health journal club	2.3.1	Journal club	6 times x 10,000 Baht	60,000
	2.4	Major conferences	2.4.1	Attached event/satellite event	3 events x 300,000 Baht	900,000
			2.4.2	Standalone event	1 event x 2,000,000 Baht	2,000,000
	2.5	Global Health Fellowship program	2.5.1	GHFP	1 fellowship program x 600,000 Baht	600,000
3.GH movements	3.1	Technical preparation for selective movement	3.1.1	Position paper	3 papers x 80,000 Baht	240,000
	3.2	GH experience	3.2.1	GH event participation	15 persons x 100,000 Baht	1,500,000
4.Knowledge management	4.1	Data source development	4.1.1	Electronic files	15 files x 8,000 Baht	120,000

Strategic	Activities			Output	Quantity x	Budget
Action	4.2	Communication channels	4.2.1	Graphic and text media (for social media channel e.g. Facebook)	budget per unit 24 pieces x 5,000 Baht	(Baht) 120,000
			4.2.2	VDO format (e.g. YouTube)	3 pieces x 55,000 Baht	165,000
			4.2.3	Audio format (e.g. Podcast)	3 pieces x 5,000 Baht	15,000
	4.3	Decoding Thai expertise/experien ce	4.3.1	Semi-technical report	2 reports x 80,000 Baht	160,000
	4.4	Maintenance of Resource center website	4.3.1	1 website maintenance	1 website x 50,000	50,000
5.Programme management	5.1	Programme management	5.1.1	EnLIGHT technical team	1. Program manager	2,076,000
and coordination					80,000 baht x 0.2 FTE x 12 months =192,000 Baht	
					2. Researcher	
					60,000 baht x 0.6 FTE x 12 months x 2 person	
					=864,000 Baht	
					3. Research assistant	
					25,000 baht x 1 FTE x 12 months x 1 person	
					=300,000 Baht	
					Financial and accounting officer	
					25,000 baht x 1 FTE x 12 months x 1 person	
					=300,000 Baht	
					Coordinators	

Strategic Action		Activities		Output	Quantity x budget per unit	Budget (Baht)
					35,000 baht x 1 FTE x 12 months x 1 person =420,000 Baht	
			5.1.3	Partner individual/team networking	5 times x 5,000 Baht	25,000
	5.2	CCS program coordination/ networking	5.2.1	Stakeholder dialogue	6 times x 15,000 Baht	90,000
	5.3	Materials			12 months x 5,000 baht	60,000
	5.4	Overhead (10%)				1,023,100
Total per year	•	•	•	•		11,254,100

12. Contracting Agency:

Program Manager:

Dr. Walaiporn Patcharanarumol, Director Global Health Division, Ministry of Public Health

• Contracting agency:

Global Health Division, Ministry of Public Health, with International Health Policy Program (IHPP) as leading program implementation agency