Mid-Term Review of Thailand Country Cooperation Strategy 2022–2026

Table of
CONTENT

Table of
CONTENT

1 | Background

Thailand Country Cooperation Strategy (CCS) 2022–2026

The CCS is a strategic framework developed by WHO in collaboration with governments to align WHO's support with national health priorities. It connects Thailand's health strategies with global and regional goals, ensuring impactful, evidence-based interventions. The 2022–2026 CCS is unique for its participatory approach, involving over 50 stakeholders across sectors, and its pooled funding mechanism that enhances financial efficiency and accountability.

Strategic Focus

The CCS focuses on six priority areas:

1. Convergence of Digital Health Platforms and Health Information Systems (ConvergeDH) – Integrating health information systems.
2. Enhancing Leadership in Global Health – Thailand (EnLIGHT) – Strengthening Thailand's role in global health.
3. Health in all public policies for the prevention and control of NCDs – Addressing risk factors and metabolic health risks.
4. Migrant and Non-National Population Health Program – Improving healthcare access and policy advocacy.
5. Public Health Emergency (PHE) – Strengthening pandemic preparedness and AMR monitoring.
6. Road Safety Program – Enhancing policies and collaboration to reduce traffic-related deaths.

Each area integrates cross-cutting themes of gender, equity, human rights, and disability, reinforcing Thailand's leadership in global health.

Oversight & Funding Mechanism

The CCS governance structure includes:

1. Executive Committee (Ex Com) – Co-chaired by the MoPH Permanent Secretary & WHO Representative, setting policy directions.
2. Coordinating Subcommittee (CSC) – Monitors progress and reports to the Ex Com.
3. Program Subcommittees (PSC) – Implement and oversee priority areas.

The pooled funding mechanism, introduced in the 2017–2021 CCS, streamlines financial reporting and aligns resources with national priorities. The current cycle requires 303.01 million THB, with contributions from WHO, ThaiHealth, NHCO, NHSO, HSRI, and MoPH, though funding gaps remain in areas like public health emergencies and road safety.

1.1 Objectives of the Mid-Term Review

The review assesses CCS implementation as of **30 June 2024**, focusing on:

1. **Performance Review** – Evaluating progress, outputs, and outcomes.
2. **Strategic Recommendations** – Developing an improvement plan for the remainder of the CCS period.
3. **Guidance & Communication** – Transforming findings into practical tools for stakeholders.

1.2 Review Framework: OECD-DAC Criteria

The review applies the OECD-DAC criteria, widely used for development program evaluations:

- **Relevance** – Alignment with national priorities and WHO policies.
- **Coherence** – Integration with other national programs.
- **Effectiveness** – Achievement of intended objectives.
- **Efficiency** – Optimal use of resources.
- **Impact** – Long-term effects and contributions to health outcomes.
- **Sustainability** – Likelihood of continued benefits post-funding.

To align with UN values, the review also incorporates the UNEG framework, adding:

- **Cross-cutting Issues** – Integration of gender, inclusivity, and human rights.
- **Lessons Learned & Good Practices** – Identifying successful approaches and improvement areas.

This combined framework ensures a comprehensive assessment, guiding future CCS enhancements and promoting sustainable health development in Thailand.

1.3 Methodology

The mid-term review used a mixed-methods approach for comprehensive data collection and analysis:

1. Document Review – Assessed reports, financial records, and program documents to evaluate progress, challenges, and alignment. A self-assessment of ENLIGHT knowledge products rated one evaluated report as "good."
2. Online Surveys – Conducted via Qualtrics (Thai & English) with 11 responses from all CCS programs.
3. Stakeholder Interviews – 12 interviews with WHO staff, government officials, donors, and program managers, covering all CCS programs.
4. Focus Group Discussions (FGDs) – Six FGDs with 24 participants exploring cross-program collaboration, communication, and funding.

Purposive sampling ensured engagement with key decision-makers and implementers (ExCom, CSC, PSC). Triangulation across multiple data sources strengthened objectivity. Ethical safeguards included informed consent, confidentiality, and non-coercive participation, ensuring integrity and trust in the review process.

2 | Results

2.1 Convergence of Digital Health Platforms and Health Information Systems (ConvergeDH)

A) Program Overview

ConvergeDH, under Thailand's WHO Country Cooperation Strategy (CCS) 2022–2026, aims to integrate fragmented digital health systems, improve data interoperability, and strengthen governance. Despite achieving UHC in 2002, digital health adoption remains fragmented. The COVID-19 pandemic underscored the need for better digital health solutions, leading to WHO-MoPH prioritization of digital transformation.

Objectives:
1. Develop a national governance mechanism for digital health and HIS.
2. Enhance data interoperability across health and non-health sectors.
3. Strengthen health data security and privacy, aligning with Thailand's Personal Data Protection Act (PDPA).
4. Facilitate open data initiatives to support research and evidence-based policymaking.
5. Expand digital health innovations such as virtual hospitals and telemedicine.

B) Mid-Term Progress

By mid-2023, ConvergeDH made significant strides in governance, interoperability, and stakeholder collaboration.
1) Digital Health Governance: Established a central Digital Health Committee and hosted the first national forum; faces challenges in aligning with existing initiatives.
2) Data Interoperability: Developed standardized datasets and launched the Phukpan app for genomic data; integration with hospital systems and legal compliance remain issues.
3) Open Data & Legal Frameworks: Formed a data governance CoP and began drafting the Health Data Sharing Act; hindered by regulatory gaps and limited stakeholder buy-in.
4) Telemedicine & Virtual Hospitals: Pilots informed UHC policy recommendations; challenges include nteroperability and unclear regulations.

C) Key Achievements & Challenges

Achievements:
- **Stronger Governance:** Digital Health Committee formalized, ensuring strategic direction.
- **Improved Data Interoperability:** Standardized frameworks enhance cross-sector data sharing.
- **Telemedicine Expansion:** Pilots improved rural access, highlighting cost-effectiveness.
- **Research & Open Data Growth:** Open Data Day webinars fostered transparency and innovation.

Challenges:

- Data Security & Compliance: Unclear PDPA compliance hinders progress.
- HIS Fragmentation: Private hospitals remain disconnected from national systems.
- Legal & Policy Gaps: Telemedicine regulations (licensing, reimbursement) remain incomplete.
- IT Workforce Shortage: Limited digital health professionals slow implementation.
- Financial Sustainability Risks: Heavy reliance on WHO & government funding.

D) OECD-DAC Criteria Assessment

- Relevance (High): Aligns with UHC, WHO Digital Health Strategy, and ASEAN goals.
- Coherence (Moderate-High): Complements national health strategies, but interagency gaps persist.
- Effectiveness (Good, but Work in Progress): Governance, data interoperability, and telemedicine pilots are progressing, but policy adoption remains slow.
- Efficiency (Moderate): Shared resources improve efficiency, but financial strain and workforce shortages persist.
- Impact (High Potential, Requires Evaluation): Improved healthcare access & data-driven policymaking, but long-term adoption needs monitoring.
- Sustainability (Uncertain): Funding, cybersecurity, and institutional commitment must be strengthened.

E) Key Recommendations

To strengthen ConvergeDH's impact and sustainability, five key strategies are recommended:

1) Improve Coordination and Governance – Define clear roles and engagement mechanisms across key agencies (MoPH, NHSO, DEPA) to reduce overlaps.
2) Boost Stakeholder Engagement – Focus on regulatory alignment and standards before data integration; form working groups on cybersecurity, AI, and telemedicine.
3) Build National Digital Health Foundations – Prioritize public hospital system interoperability and establish legal frameworks for future private sector integration.
4) Develop the IT Workforce – Launch targeted training and foster university-industry partnerships in digital health, cybersecurity, and governance.
5) Ensure Long-Term Financing – Create a multi-sector investment strategy and strengthen PPPs to support system upgrades and digital health initiatives..

2.2 Enhancing Leadership in Global Health – Thailand (EnLIGHT)

A)   Program Overview

EnLIGHT, a key initiative under Thailand's WHO CCS 2022–2026, aims to enhance Thailand's leadership in global health governance, particularly in international health diplomacy, trade and health, universal health coverage (UHC), and pandemic preparedness.

Objectives:
1) Knowledge Generation – Research to inform global health engagement.
2) Capacity Building – Leadership training for policymakers.
3) Global Health Movements – Advancing Thailand's global health priorities.

Implementation Strategies:
1) Knowledge Generation – Evidence-based research and policy analysis.
2) Capacity Building – Leadership training and technical workshops.
3) Global Health Movements – Strengthening Thailand's role in regional and multilateral health platforms.
4) Knowledge Management – E-learning platforms, technical reports, and digital resources.

B)   Mid-Term Progress

1. **Knowledge Generation (programmatic):** The program delivered four research reports and six policy briefs, meeting its set targets. However, only one research product underwent formal peer review, indicating a need to strengthen quality assurance mechanisms. Several products were cited in internal policy dialogues (e.g., PSC meeting notes, 2023), though external uptake tracking remains limited.
2. **Capacity Building (programmatic with catalytic potential):** The Global Health Fellowship Program trained 10 fellows in 2022, 22 in 2023, and totaling 32 fellows. Although the 2022 intake fell below target due to COVID-19 disruptions, the 2024 cohort exceeded expectations, demonstrating the program's scalability. Workshops and networking events exceeded targets, engaging over 200 participants and fostering connections among policymakers, researchers, and health professionals. These engagements supported longer-term contributions to global health forums, although direct attribution remains challenging.
3. **Global Health Engagement (catalytic):** The program supported participation in 27 of 30 planned global health events, including WHA76, UHC2030, ASEAN health discussions, and WHO technical working groups. While EnLIGHT did not lead these engagements, it played a key enabling role in preparing fellows and contributing technical inputs.
4. **Regional & CCS Integration (partially catalytic):** Thailand's engagement in UHC and trade policy discussions remains strong, with EnLIGHT contributing indirectly through research and capacity-building support. However, collaboration with ASEAN networks and other CCS subprograms—particularly in digital health and NCDs—remains an area for further development.

C)   Key Achievements & Challenges

Successes:
a) **Catalytic global health engagement:** Thailand played an active role in ASEAN, WHO, UHC2030, and WTO discussions. EnLIGHT supported this through leadership training, networking, and knowledge generation.
b) **Evidence-informed policymaking:** EnLIGHT contributed technical inputs and research that aligned with national positions on UHC, pandemic preparedness, and health equity.

c) **Programmatic multi-sectoral collaboration:** Direct engagement with government, academia, and international partners through fellowships, workshops, and dialogues.

d) **Innovative digital learning:** Online training and resource platforms broadened leadership development access, especially in underserved areas.

Challenges:

a) **Limited mentorship and alumni follow-up:** Career tracking and long-term engagement with fellows need strengthening.

b) **Quality assurance gaps:** Heavy reliance on IHPP/IHPF limits research diversity; broader partnerships are needed.

c) **Fragmented ASEAN collaboration in emerging areas:** Limited cooperation in digital health and other new domains; stronger partnerships could enhance catalytic contributions.

d) **M&E misalignment:** Current monitoring approaches may not fit EnLIGHT's niche, which focuses on emerging global health issues and connector roles rather than direct policy leadership.

D) OECD-DAC Assessment

- Relevance: EnLIGHT aligns with national and global priorities (e.g., WHO CCS, Thailand's Global Health Plan), and has adapted to OECD and BRICS agendas.
- Coherence: Supports CCS and ASEAN goals through leadership development, though integration with subprograms like digital health remains informal and limited.
- Effectiveness: Achieved strong gender-balanced training (63% women among 54 fellows), but lacks robust post-training engagement and quality assurance.
- Efficiency: High budget execution (81%), though resource use and PI roles could be optimized, and mplementation timing should account for audit-related delays.
- Impact: 40% of fellows engaged in global health post-training, with early signs of influence but limited alumni tracking and policy impact data.
- Sustainability: Progress in e-learning and institutional partnerships is strong, but mentorship and alumni systems require further development.

E) Key Recommendations

To improve EnLIGHT's effectiveness, impact, and sustainability, the following actions are recommended:

1) **Prioritize Catalytic Impact:** Leverage Thailand's multidisciplinary expertise to lead in global health governance, position EnLIGHT as a platform for issue-based leadership hubs (e.g., climate, digital health), and facilitate strategic policy innovation with ASEAN, BRICS, and OECD.

2) **Strengthen M&E Framework:** Introduce quality- and outcome-focused indicators, develop a theory of change to distinguish direct outputs from catalytic effects, and use tools like alumni surveys and citation tracking.

3) **Diversify Research Engagement:** Balance internal and external research leadership (targeting 50:50), and partner with universities, think tanks, and global institutions to enhance research quality and responsiveness.

4) **Enhance Capacity Building:** Establish a structured leadership pipeline, expand hands-on training, implement mentorship and alumni engagement, and ensure inclusive participation from underserved regions.

5) **Improve Collaboration and Integration:** Coordinate with CCS subprograms and deepen engagement with global platforms to promote synergy and Thailand's leadership in cross-border health governance.

6) **Institutionalize Program Outputs:** Embed EnLIGHT activities into university curricula through co-designed courses and fellowships, and scale up certified e-learning platforms for wider access.

7) **Upgrade Reporting Standards:** Use annual reports strategically to advocate for EnLIGHT's impact, and clearly compare planned vs. achieved outputs to improve transparency and stakeholder engagement.

8) **Adapt to Financial & Administrative Constraints:** Align activities with fund release timelines, improve coordination between finance and program teams, and apply phased implementation with contingency plans to reduce disruptions.

2.3 Health in all public policies for the prevention and control of NCDs

A)   Program Overview

Thailand's NCD burden accounts for 74% of deaths annually, with major risk factors including tobacco use, unhealthy diets, physical inactivity, and obesity. NCDs cost 10% of GDP due to healthcare expenses and lost productivity. The WHO CCS 2022–2026 NCD program integrates NCD prevention into national and local policies through multi-sectoral collaboration, policy advocacy, digital health solutions, and international partnerships.

Key Objectives

1) To facilitate multi-sectoral mechanisms for healthy public policy development and movement.
2) To mobilize international networks through shared agendas on NCDs.
3) To advocate evidence-based policies, including media advocacy.
4) To generate a health and economic M&E framework for NCDs & conduct documentation for partners' learning and shared expectation.
5) To leverage political attention and investment during pandemics to advocate for NCDs

B)   Mid-Term Progress

By mid-2023, the program had made substantial progress in policy implementation, digital health applications, and media advocacy. However, challenges remain in ensuring long-term financial sustainability, improving economic impact assessments, and strengthening global knowledge exchange.

1) **International Collaboration:** CCS-NCD effectively expanded international collaboration beyond the UN TWG framework by actively leveraging multiple global and regional partnerships. Notable engagements include RESOLVE to Save Lives for hypertension control initiatives, the World Obesity Foundation for evidence and policy strategies, and bilateral collaboration with countries like Chile for exchanging innovative policy approaches and best practices in NCD prevention.

2) **Public Advocacy:** The CCS-NCD program successfully conducted targeted advocacy activities, promoting evidence-based NCD prevention policies nationally and regionally. However, earlier reported obesity prevention pilot projects were inaccurately attributed to the program and have thus been corrected to reflect the accurate scope of activities.

3) **Behavioral Strategies:** CCS-NCD is designed to catalyze policy advocacy and facilitate multi-sectoral coordination rather than direct behavioral intervention implementation. This clarification ensures alignment with the program's strategic scope and objectives.

C)   Key Achievements & Challenges

1) CCS-NCD played a pivotal catalytic role by providing strategic advocacy, technical support, and stakeholder coordination, significantly contributing to the successful development and endorsement of Thailand's 5-year Multi-sectoral Plan on NCD Prevention and Control.

2) The program enhanced knowledge-sharing and international partnership building, facilitating Thailand's active participation in international NCD policy forums and global exchanges.

Challenges

1) Enforcement and implementation challenges predominantly stem from limited capacity among regulatory and implementing agencies rather than industry interference, which primarily impacts the earlier stages of policy formulation.

2) Infrastructure gaps initially mentioned in the review are reconsidered as not reflective of CCS-NCD's strategic focus, given existing widespread decentralized health infrastructure. Geographic access remains a broader health system challenge beyond the direct catalytic role of CCS-NCD.

D) OECD-DAC Assessment

- Relevance (Alignment with Needs and Priorities): CCS-NCD's objectives and activities are highly relevant to national health priorities, particularly regarding policy advocacy and strategic partnerships to address NCD burdens.

- Coherence (Consistency with Other Policies and Programs): CCS-NCD demonstrates coherence by aligning its work with broader national and global NCD strategies and by complementing existing MoPH-led initiatives without duplication. The program's catalytic focus is designed to accelerate action in specific areas where WHO has technical, social, and intellectual capital. Close coordination with other CCS programs and WHO-supported platforms ensures synergy in knowledge dissemination, policy advocacy, and multisectoral collaboration.

- Effectiveness (Achievement of Objectives): Effective in mobilizing international networks, facilitating multi-sectoral policy discussions, and advocating for evidence-based policies, despite some limitations in quantifying direct behavioral outcomes.

- Efficiency (Resource Use and Cost-Effectiveness): Efficiently leveraged international resources and networks to amplify national policy efforts without duplicating existing government programs.

- Impact (Orientation Toward Impact): Catalytic impact through substantial contribution to policy frameworks and international knowledge exchanges. Direct attribution to population-level health outcomes is limited due to the program's catalytic nature.

- Sustainability (Long-Term Viability): Strong potential for sustainability through integration of CCS-supported strategies into national policy frameworks and ongoing international partnerships.

E) Key Recommendations

1) Expand and strengthen international collaboration and knowledge exchange with developed countries (e.g., OECD member states), focusing on advanced NCD policy frameworks, economic assessment methodologies, and innovative multi-sectoral engagement strategies.

2) Revisit private-sector involvement critically within WHO's FENSA guidelines and commercial determinants of health framework, ensuring private-sector engagement remains confined to responsible, transparent consultation roles strictly during the implementation phase.

2.4 Migrant and Non-National Population Health Program

A) Program Overview

The Migrant and Non-National Population Health Program (MHP) under Thailand's WHO-CCS 2022–2026 aims to improve healthcare access, financial protection, and health equity for migrant workers, refugees, non-national populations, and Thai citizens abroad. The program prioritizes policy reform, multi-sectoral coordination, and health system strengthening to ensure inclusive and sustainable migrant health services.

Key Objectives

1) To enhance health equity for migrants, non-national populations in Thailand, and Thais living abroad by improving access to healthcare and providing financial risk protection.
2) To strengthen the migrant health management system to ensure efficient healthcare services for migrant populations.
3) To improve health literacy on migrant and non-national issues to promote informed decision-making and well-being.

B) Mid-Term Progress

During the 2022-2023 proposals and activities, the MHP set core objectives, which were accompanied by specific activities aimed at strengthening migrant health services. The main areas of focus included 1) an expansion of health-care access and service coverage 2) Policy development and legal framework improvements 3) Digital health and data integration and 4) Regional and cross-border health coordination.

A comparison of the 2022 & 2023 progress reports against the MHP proposals reveals that the program has made considerable progress, particularly in multi-sectoral and regional collaborations, which have strengthened Thailand's role in migrant health governance. The notable achievements of the MHP was the facilitation of the "Migrant Health Policy Framework", which integrates WHO and ASEAN health security principles, reinforcing Thailand's commitment to migrant health inclusion in national and regional health policies.

Additionally, the MHP established disease surveillance networks in high-risk border regions, significantly improving early outbreak detection. Over the first two years of MHP activities, several mobile clinics were deployed in migrant-dense provinces, particularly in border areas, providing primary healthcare services and vaccinations to underserved migrant populations.

Activities Requiring Continuation

Although, the MHP have made a considerable progress, there are key activities remain ongoing and require further attention:

1. **Advocacy for National Health Security Act Amendments:** The policy amendment process has been delayed, potentially impacting the timeline for securing long-term financial protection for migrants.
2. **Expansion of Health Insurance Coverage for Migrants:** While a proposal to integrate migrant health insurance into national health policies is under review, financial and administrative barriers continue to limit access for undocumented migrants.
3. **Digital Health Integration:** Pilot projects linking migrant health records to national databases are ongoing; however, full-scale implementation is pending due to data security concerns.
4. **Cross-Border Health Coordination:** Joint training programs and workshops with partner countries have been initiated, but policy alignment challenges have delayed full cooperation and implementation.

In conclusion, the MHP has made significant progress in advancing migrant healthcare access, policy advocacy, and regional health coordination. However, sustained efforts in policy acceleration, financial sustainability, and digital health innovation will be essential to ensuring the long-term impact and equitable healthcare access for migrant populations in Thailand.

C) Key Achievements & Challenges

Successes

The Migrant Health Program (MHP) has been instrumental in advancing health equity, improving healthcare access, and strengthening governance for migrants in Thailand. Based on 2022–2023 progress, key achievements include:

- **Stronger Governance & Access:** MHP supported inclusive health policy reforms, notably contributing to the 2022 Cabinet Resolution endorsing migrant health rights. It also improved healthcare delivery and vaccination programs, especially for children, through collaboration with local governments and NGOs.
- **Improved Health Systems & Digital Integration:** MHP advanced digital health systems by piloting a migrant health data integration project at Vachira Phuket Hospital, in partnership with ConvergeDH, enhancing coordination across agencies.
- **Cross-Border Health Cooperation:** MHP promoted regional health security through joint initiatives with Cambodia and Lao PDR, focusing on border health services, disease surveillance, and safe cross-border mobility.
- **Health Literacy Promotion:** MHP expanded training for Migrant Health Volunteers and strengthened community engagement, boosting health and social security literacy among migrant populations.

Challenges
- **Resistance to Policy Reforms.** The proposals to extend health coverage to all migrants faced opposition from segments of the government and public concerned about costs. The political and societal resistance can suspend the adoption of UHC for all.
- **Fragmented Data Systems.** Different departments within the MoPH using incompatible data formats and systems, leading to delays and inaccuracies in migrant health reporting. This different health information systems prevent efficient data sharing and comprehensive health monitoring.
- **Geographic Inequities.** Migrants in remote areas face significant barriers to accessing health services. For example, migrants working in isolated plantations or construction sites often have no access to regular health services, relying only on occasional mobile clinic visits.
- **Financial Barriers.** Limited budget allocations have restricted the expansion of mobile clinic services beyond pilot areas, affecting continuous care availability.

D) OECD-DAC Assessment

- **Relevance:** Well-aligned with Thailand's UHC goals and international frameworks, but operational impact is limited by slow implementation and bureaucratic barriers.
- **Coherence:** Line up with national health policies and MoPH mandates, though fragmented data systems and limit cross-sectoral coordination hinder systemic coherence.
- **Effectiveness:** Demonstrated progress through policy advocacy, pilot data integration, and provincial health boards, but scaling is constrained by governance shifts and lack of central coordination.

- **Efficiency:** Strategic partnerships have improved reach, yet underspending, HR shortages, and geographic disparities limit cost-effectiveness.
- **Impact:** Expanded access and improved outcomes in priority areas, but undocumented migrants still face barriers, and long-term health impact data is limited.
- **Sustainability:** Data integration pilots and community-based models like MHVs support long-term viability beyond donor support.

E)   Key Recommendations

1. **Establish a National Coordinating Body**

   Form an Inter-Ministerial Steering Committee on Migrant Health and develop a National Migrant Health Strategy (2024–2026) to guide UHC, data systems, and cross-border cooperation.

2. **Secure Sustainable Funding**

   Expand the Migrant Health Insurance Scheme (MHIS), leverage CSR and public-private partnerships (e.g., employer-sponsored health cards), and advocate for migrant health integration into the national health budget.

3. **Expand Community-Driven Health Initiatives**

   Scale up the Migrant Health Volunteers (MHVs) program, set up community-based health posts, and introduce multilingual digital health and telemedicine services to reach underserved migrant populations.

4. **Enhance Monitoring and Evaluation**

   Implement a centralized M&E system within MoPH with clear indicators on access, quality, literacy, and policy environment. Strengthen documentation to better attribute policy and service outcomes to MHP's catalytic role.

2.5 Public Health Emergency (PHE)

A)   Program Overview

The Public Health Emergency (PHE) Program, under Thailand's WHO-CCS 2022–2026, aims to enhance national preparedness, prevention, detection, and response to health crises. The program aligns with WHO International Health Regulations (IHR), Global Health Security Agenda (GHSA), and ASEAN's public health emergency framework. It addresses governance gaps, workforce shortages, and digital health limitations, exposed by past epidemics such as SARS, avian influenza, and COVID-19.

Key Objectives

1) To identify, prioritize and implement multi-sectoral actions which enable Thailand to live normal life with COVID-19 with minimum negative implication.
2) To identify, analyze, prioritize gaps and strategic actions, and take essential steps by all relevant partners to boost and sustain PHE capacities at national and provincial levels.
3) To strengthen PHE monitoring and evaluation (M&E) systems; strengthen and sustain the existing Antimicrobial Resistance (AMR) M&E platform.
4) To engage in national, regional and global collaborations, initiatives, instruments or frameworks relevant to PHE.

B)   Mid-Term Progress (2022–2023)

1. **Policy Development for Health Security:** Developed policy recommendations for public health law and pandemic preparedness, integrated proposals into national strategies including the National Vaccine Institute.
2. **Access to Medicines & Vaccines:** Identified barriers and provided legislative guidance on access, with case studies (e.g., COVID-19 procurement) informing national policy and legal reform.
3. **Health Workforce & Capacity Building:** Created HR planning frameworks for surveillance and long-term resilience, with the HRH report adopted for future workforce planning.
4. **Health System Financing & Preparedness:** Conducted epidemic financing analysis and improved frameworks for efficient public health emergency funding.
5. **Supply Chain & Logistics for Emergencies:** Finalized a logistics blueprint and integrated improvements into national systems, optimizing medicine distribution during crises.
6. **Monitoring & Evaluation (M&E) Systems:** Designed and refined national/provincial M&E frameworks, enhancing PHE planning and assessment capacity.
7. **Antimicrobial Resistance (AMR) Monitoring:** Strengthened AMR policy decisions through expanded surveillance, integrated data systems, and emergency response mechanisms.
8. **Digital Health & Knowledge Systems**: Established a Digital Health Committee, developed datasets (e.g., Phukpan app), launched CoPs, and began drafting the Health Data Sharing Act. Piloted telemedicine integration for UHC, and created a centralized KM platform for COVID-19 lessons.

C) Key Achievements & Challenges

Successes

1) **Policy Contributions:** PHE supported research and dialogues that informed proposed amendments to the Communicable Diseases Act and emergency health governance, contributing to the policy environment and strengthening provincial response teams.
2) **Digital Surveillance:** Introduced AI-driven outbreak prediction and real-time data collection, enhancing the speed and accuracy of public health assessments.
3) **Multi-Sectoral Coordination:** Engaged private sector, military, and non-health agencies in emergency preparedness and response planning.

Challenges

1) **Slow Policy Integration:** Policy recommendations are not yet embedded in legal frameworks; a dedicated advocacy task force is needed to align laws and accelerate adoption.
2) **HRH Development Delays:** Human resource planning and training lack clear milestones; phased roadmaps, expanded training partnerships, and sustained funding are essential.
3) **M&E Framework Delays:** Provincial monitoring is slow; real-time digital tools, technical support, and clear implementation timelines are needed.
4) **Health Emergency Funding Gaps:** Long-term financial sustainability requires a multi-source funding strategy, including international grants and government support.
5) **AMR Funding Instability:** Continued antimicrobial resistance (AMR) efforts need national prioritization and integration into routine health systems.
6) **Incomplete Knowledge Management:** A centralized KM system must be finalized, with dedicated management, digital infrastructure, and national dissemination activities.
7) **Limited Global Collaboration:** Greater engagement with WHO, participation in global forums, and cross-border trainings are needed to strengthen international partnerships.

D) OECD-DAC Assessment

- **Relevance:** The PHE program is relevant to Thailand's health security needs, particularly in responding to COVID-19 and strengthening the health system for future public health emergencies. The program aligns with the National
- Strategic Plan for Emerging Infectious Diseases4.
- **Coherence:** The program demonstrates internal coherence by integrating knowledge generation, capacity building, and monitoring and evaluation tools. However, some delays in project implementation indicate challenges in coordination across multiple stakeholders. Externally, the program aligns with Thailand global health action plan (2021-2027)5 and ASEAN's strategic framework for public health emergencies.6
- **Effectiveness:** During 2022-2023, PHE program partially met its objectives, achieving significant progress in knowledge generation, policy recommendations, and antimicrobial resistance (AMR) implementation. However, some projects, such as the M&E framework, require extensions due to delays in data collection and analysis.
- **Efficiency:** The financial contingency plan for PHE was not fully implemented. Budgeting delays hindered efficient fund disbursement. However, the program reallocated budgets to support knowledge dissemination, showing adaptability.

- **Impact (Orientation Toward Impact):** The program contributed to strengthening Thailand's AMR surveillance system and refining legal frameworks for vaccine accessibility. However, translating research into actionable policy changes has been slow, particularly in integrating M&E frameworks into national policies.
- **Sustainability:** The program has established a foundation for future public health emergency response, particularly through capacity-building initiatives and knowledge management systems at the national and local levels. However, sustainability is contingent on continued strengthening coordination within the MoPH, funding and institutionalization of best practices. The integration of AMR surveillance into Thailand's public health system suggests potential long-term impact and sustainable.

E) Key Recommendations

1) **Policy Integration & Governance:** Align PHE policies with national health security priorities through advocacy roadmaps and high-level policy dialogues.
2) **Health Workforce Development:** Accelerate emergency-focused HRH training using digital platforms for continuous learning.
3) **Monitoring & Evaluation (M&E):** Operationalize digital dashboards and self-assessment tools for real-time PHE readiness tracking at national and provincial levels.
4) **Knowledge Management:** Finalize the centralized KM platform and apply AI tools for health emergency trend analysis.
5) **International Collaboration:** Strengthen cross-border surveillance and engage in WHO and ASEAN initiatives to boost regional leadership.
6) **Sustainable Financing:** Introduce health emergency bonds and enhance financial transparency to attract diverse funding sources.
7) **AMR Monitoring:** Integrate AMR surveillance into routine reporting and launch awareness campaigns on antibiotic use.

2.6 Road Safety

A) Program Overview

The Road Safety CCS Program aligns with Thailand's 5th National Road Safety Plan, targeting a reduction in road traffic fatalities to 12 per 100,000 by 2027. The program's key focus areas include 100% helmet use, reducing drink-driving fatalities by 50%, and strengthening road safety cooperation and policies. It prioritizes multi-sectoral collaboration with public and private stakeholders and integrates research, policy advocacy, and media campaigns to promote a Safe System Approach.

Key Objectives
1) Strengthen multi-sectoral road safety cooperation (public & private sectors, academia, policymakers).
2) Enhance motorcycle safety laws & enforcement (helmet use, drink-driving prevention).
3) Align road safety with SDGs & international frameworks.
4) Improve stakeholder capacity & data-driven policy evaluation.

B) Mid-Term Progress

1) **Strengthening Road Safety Cooperation**
   - Strategic Core Group (SCG) established, involving MoPH, TDRI, Road Safety Policy Foundation, and Provincial Road Safety Support Program.
   - Coalition platforms hosted four meetings per year, including an MOU signing in Parliament (Dec 2022) for 100% helmet use.
   - Parliamentary Road Safety Committee created (Jan 2024), modeled after the UK PACT initiative.
2) **Law & Policy Implementation for Motorcycle Safety**
   - 100% helmet-use commitment secured from top political leaders.
   - "A Million Helmets, A Million Lives" campaign mobilized public support (one million signatures).
   - National police consultations led to stricter helmet law enforcement & electronic ticketing system approval.
   - 144M THB budget proposal for enforcement submitted to the National Police Office.
   - Stronger drink-driving penalties proposed, including employment restrictions for repeat offenders.
3) **Alignment with SDGs & International Road Safety Agendas**
   - Thailand's 5th Road Safety Master Plan (2022–2027) officially endorsed.
   - Participation in global road safety networks (WHO, UN, international research institutions).
4) **Capacity Building & Community Engagement**
   - Road safety media advocacy through TikTok competitions & Behavioral Economics training ("Nudgeathon").
   - Bangkok Governor integrated road safety into smart city policies.
   - Academic collaborations with TDRI on behavioral economics & traffic law reforms.

C) Key Achievements & Challenges

a) Stronger Multi-Sectoral Coordination
   - SCG facilitated collaboration across transportation, law enforcement, health, and urban planning sectors.
   - Legislative engagement through Parliament strengthened political will for road safety.
b) Evidence-Based Policy Implementation
   - Mandatory helmet laws & anti-lock braking system (ABS) adoption for motorcycles.
   - Periodic evaluations ensure alignment with national & international safety goals.

c) NGO-Led Road Safety Advocacy
- NGOs played a critical role in policy advocacy, public awareness, and government accountability.

d) Technology & Enforcement Innovations
- Speed detection systems, alcohol breathalyzers, and electronic ticketing improved compliance.

e) Flexible Resource Management & Funding
- Private & international funding reduced reliance on government budgets.

Challenges & Areas for Improvement

a) Fragmented Agency Coordination: Siloed working among government agencies delays enforcement & action plans.

b) Law Enforcement Gaps: Inconsistent enforcement of helmet laws & drink-driving penalties.

c) Data Limitations & Access Issues: Inadequate driving speed data & slow cross-agency data sharing.

d) Behavioral Change Barriers: Public reluctance to adopt safe behaviors (helmet use, reducing drink-driving) despite awareness campaigns.
- Budget Constraints & Funding Delays: Delayed budget disbursement in 2022 affected project timelines, and insufficient funding for enforcement technologies & awareness campaigns.

D) OECD-DAC Assessment

- Relevance: Strong alignment with Thailand's public health & road safety goals, but regional disparities in enforcement need addressing.
- Coherence: Effective integration with public health, NCD prevention, and digital health initiatives, but inter-agency coordination remains weak.
- Effectiveness: Progress in helmet use & policy reforms, but monitoring enforcement impact & behavioral change needs improvement.
- Efficiency: Private sector funding & NGO advocacy enhanced cost-effectiveness, but government budget constraints affect long-term impact.
- Impact: Fatality rates reduced, but non-fatal injuries remain high, requiring better tracking of behavioral changes.
- Sustainability: Policy reforms & partnerships support long-term impact, but reliance on short-term donor funding threatens sustainability.

E) Key Recommendations

1) Enhance Law Enforcement Consistency: Expand use of alcohol detection devices, speed cameras & real-time enforcement tools.

2) Develop a Unified Road Safety Database: Improve accident analysis & evidence-based policy evaluation through centralized data systems.

3) Strengthen Stakeholder Coordination: Establish a central road safety authority for better cross-agency planning & execution.

4) Expand Private Sector Engagement: Encourage corporate partnerships to support safety technology & enforcement campaigns.

5) Improve Behavioral Change Strategies: Increase helmet-use & drink-driving prevention campaigns with stricter enforcement measures.

6) Secure Long-Term Funding: Diversify funding sources (national, international, & private sector) for financial sustainability.

7) Continue Legislative Advocacy: Push for stricter road safety laws, including helmet mandates & alcohol regulations.

3 | Cross-cutting issues

Thailand's Country Cooperation Strategy (CCS) 2022–2026 incorporates cross-cutting issues across all programs to promote equity, inclusivity, and sustainability. The strategy addresses poverty and inequality by improving healthcare access for vulnerable groups, including migrants, ethnic minorities, and rural communities. The Migrant Health program enhances access for undocumented individuals, while Public Health Emergencies (PHE) integrates marginalized groups in pandemic response efforts. Gender equality is embedded across programs but lacks systematic data collection and targeted policies. Non-communicable diseases (NCDs) address gender-specific health risks, while Digital Health seeks to improve accessibility for women and gender minorities. Human rights remain a core principle, with CCS programs advocating for universal health access—Migrant Health ensures healthcare rights, while EnLIGHT strengthens Thailand's global health leadership. Lastly, sustainability and multisectoral collaboration drive intersectoral efforts, with Road Safety fostering stakeholder partnerships and PHE leveraging collaborations for pandemic preparedness. These guiding principles help reduce disparities, promote equity, and sustain long-term health interventions.

3.1 Achievements and Gaps in Cross-Cutting Issues

Poverty & Inequality
Key achievements include ConvergeDH's progress in digital health equity, standardizing migrant health data and expanding telemedicine in rural areas. EnLIGHT promoted inclusive leadership with 63% female participation, though outreach beyond Bangkok remains limited. NCD programs improved early detection and prevention in underserved areas, while Migrant Health expanded services but continues to struggle in reaching undocumented populations. PHE prioritized migrant health in policy advocacy. However, challenges persist, including limited assessments on digital health adoption among low-income groups, unequal funding favoring urban pandemic preparedness, and a lack of structured mechanisms to ensure healthcare coverage for undocumented migrants.

Gender Equality
Progress in gender equality includes EnLIGHT's efforts in increasing female participation in leadership training, NCDs' work on gendered risk factors, and PHE's integration of sex-disaggregated data in emergency response planning. However, gender-focused digital health policies and systematic data collection are lacking, migrant maternal healthcare access remains inadequate, and gender-based interventions in NCDs and migrant health programs remain underdeveloped.

Human Rights
Human rights advancements include ConvergeDH's role in shaping discussions on data privacy under Thailand's Personal Data Protection Act (PDPA), EnLIGHT's policy advocacy on health trade and mental health, and PHE's rights-based approach to emergency response and vaccine access. However, digital health equity is not framed as a human right in policy documents, a formal human rights monitoring system is absent in CCS programs, and legal barriers persist for marginalized populations, including undocumented migrants and persons with disabilities.

Sustainability & Multisectoral Collaboration

Progress has been made in integrating long-term sustainability and interagency cooperation. ConvergeDH emphasized digital health capacity-building, while EnLIGHT fostered interagency collaboration, though it underutilized regional networks. NCD programs institutionalized prevention strategies under the National NCD Strategic Plan (2023–2027), and Road Safety improved data-driven policymaking and public awareness. However, environmental sustainability remains unaddressed in digital health and emergency preparedness, global health engagement beyond bilateral partnerships is limited, and private sector collaboration in funding and policy implementation remains weak.

3.2 Progress and Challenges in Addressing Cross-Cutting Issues

Poverty & Inequality

Progress has been made in integrating digital health solutions (ConvergeDH) to expand healthcare access for vulnerable populations and expanding telemedicine services, which has reduced healthcare costs in rural communities. However, challenges remain, including the lack of assessment on socioeconomic disparities in digital health adoption, delays in reimbursement models limiting access for low-income groups, and unequal regional outreach in leadership training (EnLIGHT).

Gender Equality

Advancements in gender equity include EnLIGHT's success in increasing female participation in leadership training and PHE's incorporation of sex-disaggregated data in emergency surveillance. However, gender-based health strategies are missing in digital health and migrant healthcare, and migrant populations still face gaps in reproductive health services.

Human Rights

Progress in human rights efforts includes policy advocacy in health trade and mental health (EnLIGHT) and legal research on barriers to health services (PHE). However, there is no structured human rights monitoring system within CCS programs, and legal protections for marginalized groups remain weak.

Sustainability & Multisectoral Collaboration

Positive developments include stronger interagency collaboration (Road Safety) and the integration of prevention strategies under the National NCD Plan. However, environmental sustainability remains absent from health programs, and funding sustainability remains uncertain, particularly for NCD prevention efforts.

Final Thoughts

While CCS programs have made progress in addressing poverty, gender equality, and human rights, challenges remain in impact assessments, data collection, and sustainability planning. Strengthening multisectoral partnerships, legal protections, and funding mechanisms will be critical for ensuring long-term health equity and resilience.

4 | Governance System

The Country Cooperation Strategy (CCS) 2022–2026 operates under a three-tiered governance model designed to nsure multisectoral collaboration, accountability, and alignment with Thailand's health priorities. At the highest level, the Executive Committee (Ex Com), co-chaired by the Ministry of Public Health (MoPH) Permanent Secretary and the WHO Representative, oversees strategic direction, budget frameworks, and policy decisions. This committee includes senior experts and key funding partners. Below this, the Coordinating Subcommittee (CSC) serves as a platform for knowledge-sharing and monitoring, ensuring implementation across all six CCS programs and providing updates to the Ex Com. Finally, Program Subcommittees (PSCs) operate at the technical level, managing Digital Health, Global Health Leadership, NCDs, Migrant Health, Public Health Emergencies, and Road Safety. These subcommittees track progress, monitor outputs, and ensure operational efficiency.

This governance model fosters multisectoral collaboration by engaging government, academia, civil society, and development partners. It also ensures integrated governance, linking policy and implementation while maintaining accountability and transparency through regular monitoring and reporting. The structure promotes innovation by pooling resources and facilitating cross-sector collaboration, reinforcing Thailand's commitment to both global and national health priorities.

Observations on the Governance System

1) WHO-CCS Model Emphasis
The CCS governance model prioritizes mobilizing social and intellectual capital over financial resources. During the Ex Com meeting on August 10, 2023, WHO Representative to Thailand recognized Thailand's CCS as a global model for leveraging expertise rather than financial investment. An ExCom committee further emphasized the importance of networks in migrant health and emergency response. The CSC recommended expanding private sector engagement in migrant healthcare, particularly through partnerships with Thai construction firms, while encouraging digital health literacy and public trust-building for the Public Health Emergency (PHE) program rather than direct financial investments.

2) Inter-Program Collaboration
At the CSC meeting on January 16, 2024, it was agreed that CCS programs should share intellectual resources and improve coordination. Priority collaboration areas included:

- Road Safety & NCDs – Addressing alcohol-related harm and promoting active mobility.
- Migrant Health & PHE – Strengthening cross-border health response.
- Digital Health & Other Programs – Enhancing data integration.
- To further improve knowledge-sharing and joint strategies, WHO Thailand proposed an informal CSC consultation platform to foster real-time collaboration.

3) Ensuring Long-Term Sustainability

The EnLIGHT program successfully integrated its activities into the Global Health Division (GHD) to ensure sustainability beyond CCS funding. This model highlights the need for other programs to explore similar government integration or alternative funding to ensure continuity.

4) Financial and Administrative Challenges

Several financial and administrative inefficiencies have affected program execution:

- Auditing Delays: The selected auditor BDO withdrew, delaying financial reporting. The CSC recommended switching to a domestic auditor, Nathee, for streamlined auditing.
- Fund Disbursement Issues: The EnLIGHT program struggled with restrictions related to NHSO funding, while Migrant Health & PHE programs experienced delays affecting key initiatives.
- Overhead Cost Policy Barrier: The Department of Disease Control (DDC) lacked approval to receive overhead costs despite funder agreements. The Ex Com sought policy adjustments to resolve this issue.
- To mitigate financial constraints, the CSC advised programs not to let funding challenges dictate strategic decisions and instead explore alternative solutions.

5) Strengthening Monitoring & Evaluation (M&E)

The midterm evaluation in 2024 will assess program impact and governance improvements. The ExCom recommended shifting from bi-annual meetings to real-time digital reporting, allowing for more efficient monitoring and decision-making.

Between 2022–2024, the CCS governance system made significant progress in strengthening inter-program collaboration, promoting sustainability strategies, addressing financial inefficiencies, and enhancing monitoring mechanisms. To further improve effectiveness, the following steps should be prioritized:

1) Continue leveraging WHO-CCS intellectual and social capital to drive impact rather than relying on financial inputs.
2) Enhance inter-program synergies through structured knowledge-sharing platforms.
3) Secure alternative funding sources beyond CCS to ensure program continuity.
4) Streamline financial oversight to reduce audit delays and fund disbursement inefficiencies.
5) Adopt digital reporting tools for real-time Monitoring & Evaluation (M&E) to strengthen program tracking.

By addressing these areas, CCS can enhance impact, efficiency, and sustainability, ensuring Thailand's health priorities remain well-coordinated and effectively implemented.

Uniqueness of CCS Model in Thailand

The CCS model in Thailand is highly unique compared to other countries. It has garnered attention from WHO Southeast Asia and even other regions, with interest in replicating it. This model involves multiple domestic-funded partners, which sets it apart from typical CCSs, where funding is usually from international sources.

Key Differences from Other CCS Models:

a) Scope: Other CCSs typically focus on 3-5 priorities, while Thailand's CCS includes 6 priorities due to shared responsibilities and accountability among many partners.

b) Granularity: Thailand's CCS is much more detailed and specific compared to typical CCSs, which are generally high-level action plans. Thailand's CCS includes clear deliverables, a detailed timeline, a partnership matrix, and pledges from contributors, making it more actionable and concrete.

WHO's General Program of Work:

Most CCSs align with WHO's general program of work, which provides global priorities for member states. These priorities are then adapted to national health strategies. In contrast, Thailand's CCS is more focused and involves a higher level of granularity, moving beyond just high-level strategies to detailed implementation plans.

Commitment to Actionable Plans:

The commitment from the various stakeholders working on the CCS in Thailand contributes to the development of more concrete and actionable plans, which help ensure clearer execution and impact.

Complex Health Landscape in Thailand:

Thailand's health sector is complex, with multiple key players, including the Ministry of Public Health (MOPH), the National Health Security Office (NHSO), and quasi-independent entities like NHCO and HSRI. This complexity adds to the uniqueness of Thailand's CCS and requires extensive coordination.

Effort and Time Involved:

Creating and maintaining the CCS in Thailand is a labor-intensive process that takes a year to develop. The dialogue for the next CCS will already begin in the middle of the following year. The process is more painstaking compared to other countries, where CCSs can be produced with less effort and in a shorter time frame. Despite the effort, the work is considered worth it due to the impact and the quality of the model.

5 | Communication Strategies and Protocol

5.1 Overview

The CCS 2022–2026 employs a comprehensive communication strategy to enhance program implementation, stakeholder engagement, and policy impact. Key focus areas include advocacy and policy dialogues, where national conferences and multi-stakeholder platforms shape evidence-based policies. Knowledge management and dissemination ensure health data, policy updates, and research findings are accessible to policymakers, institutions, and the public. The program also focuses on countering misinformation and risk communication by monitoring public perception and engaging communities to build trust in health interventions. Community engagement strategies use social campaigns to address stigma, xenophobia, and promote health equity. Additionally, media and networking leverage digital tools, social media, and traditional media to amplify health messaging and foster collaboration. These strategies align with CCS objectives, ensuring transparency, inclusivity, and effective policy implementation.

5.2 Program-Specific Communication Strategies

1) ConvergeDH

External Communication
o   Public Awareness and Advocacy: Conducted webinars such as "Open House with Open Data," disseminated policy briefs through digital platforms, and utilized both traditional and social media to build public awareness.
o   Community of Practice (CoP): Established an external multi-stakeholder platform involving researchers, policymakers, and data users to promote knowledge sharing on open data practices.
o   International Collaboration: Engaged with global forums (WHO, HTAsiaLink) for benchmarking and international visibility.

Internal Communication
o   Stakeholder Coordination: Regular meetings of Steering Committees and Digital Health Committees, internal consultations with legal and regulatory bodies, and strategic alignment meetings with MoPH, WHO, and HITAP.
o   Technical Knowledge-Sharing: Produced internal technical reports, academic publications, and organized workshops targeting healthcare workers and implementing partners.

2) EnLIGHT

External Communication

o   Advocacy and Policy Engagement: Facilitated participation of fellows in global health forums (WHA, UHC2030), disseminated policy briefs and research findings externally.

o   Public and Media Engagement: Leveraged social media platforms, traditional media, and external events to highlight program achievements and influence policy debates.

Internal Communication

o   Coordination and Planning: Organized regular internal PSC meetings, progress tracking updates, and strategy planning sessions.

o   Knowledge Exchange: Conducted internal workshops, network-building events for fellows, and alumni communications to sustain engagement and knowledge dissemination.

3) NCDs

External Communication

o   Public Campaigns: Implemented public awareness campaigns on NCD risk factors (e.g., sodium reduction campaigns).

o   Stakeholder Engagement: Collaborated externally with private sector and NGOs through policy dialogues and advocacy events.

Internal Communication

o   Technical and Strategic Coordination: Held internal coordination meetings among WHO, MoPH, and partners to align NCD strategies and actions.

o   Knowledge Sharing: Disseminated internally produced technical reports and research findings through structured briefings and workshops.

4) Migrant Health

External Communication

o   Advocacy and Community Engagement: Ran public awareness campaigns addressing migrant health rights and stigma reduction, using diverse communication channels.

o   Policy Dialogue: Organized external forums with policymakers and international stakeholders to advocate for migrant health policy.

Internal Communication

o   Cross-border Coordination: Facilitated internal stakeholder meetings for cross-border health collaboration and program alignment.

o   Capacity Building: Conducted internal training sessions and information dissemination for program implementers and Migrant Health Volunteers.

5) Public Health Emergency (PHE) Program

External Communication
o   Risk and Crisis Communication: Managed public information dissemination during health emergencies, including countering misinformation.
o   Stakeholder and Media Outreach: Coordinated external media interactions and partnerships with NGOs and community leaders during health crises.

Internal Communication
o   Emergency Coordination: Maintained robust internal communication systems among MoPH, WHO, and implementing partners for emergency preparedness and response.
o   Technical Updates: Regular internal sharing of health data, risk assessments, and emergency preparedness plans.

6) Road Safety Program

External Communication
o   Public Campaigns: Conducted external awareness and behavior-change campaigns (e.g., helmet use, drunk driving prevention).
o   Advocacy with Stakeholders: Facilitated external stakeholder dialogues with government agencies, private sector, and civil society for policy advocacy.

Internal Communication
o   Program Coordination: Conducted internal coordination meetings and strategic planning sessions across implementing agencies.
o   Knowledge and Data Sharing: Disseminated road safety data and analysis through internal briefings, reports, and cross-program learning sessions.

5.3 Program-Specific Communication Strategies: Summary of Achievements, Challenges & Recommendations

Overall Progress
Strong strides in advocacy, knowledge sharing, and stakeholder engagement across CCS programs, though targeted improvements are needed at the program level.

Key Highlights by Program
- ConvergeDH: Engaged policymakers and experts through digital health platforms and CoPs; needs to expand grassroots outreach via infographics and localized content.
- EnLIGHT: Elevated Thailand's global health presence and developed e-learning modules; should improve alumni engagement and ASEAN partnerships.
- NCDs: Ran successful public campaigns and supported regulatory wins; now needs structured knowledge-sharing platforms and audience impact tracking.
- Migrant Health Program (MHP): Advanced migrant health advocacy and literacy; must boost inter-agency coordination and participatory communication with migrant communities.
- PHE Program: Excelled in crisis communication and public trust-building; should develop long-term engagement and cross-border communication frameworks.
- Road Safety: Delivered impactful awareness campaigns, especially among youth; recommended to strengthen data-driven strategies and coordination with law enforcement.

Cross-Cutting Recommendations

- Expand localized, accessible communication tools.
- Build systematic engagement mechanisms (e.g., alumni tracking, community feedback loops).
- Improve communication metrics and analytics.
- Strengthen collaboration across sectors and borders for sustained impact.

6 | Good Practices

6.1 Pooled Resource Model: A Conceptual Framework for WHO's CCS

The CCS pooled resource model integrates financial, social, and intellectual capital to align with Thailand's health priorities. While effective, expanding the framework to include political, advocacy, cultural, and emotional intelligence capitals could further enhance impact.

Beyond social and intellectual capital, programs like road safety effectively leverage political and advocacy capital to drive policy changes. A more structured multi-capital integration across CCS programs could maximize synergies and optimize resources.

The pooled funding mechanism has both strengths and challenges. It reduces transaction costs for implementers but shifts administrative burdens to funders due to compliance complexities. Additionally, financial resources alone do not guarantee impact—success depends on effective planning, collaboration, and integrating other capitals. However, stricter financial oversight could impact sustainability, requiring stronger governance mechanisms.

CCS aligns with DFID's Sustainable Livelihoods Framework, which includes physical, financial, natural, social, and human capitals, but also integrates data capital, which is crucial for health program efficiency. For instance, road safety leverages political, advocacy, and reputational capital, along with nudge theory to influence helmet use policies. Similarly, migrant health integrates social, human, and data capitals, linking with digital health for data standardization and EnLIGHT for policy advocacy. A systematic application of all six capitals can enhance collaboration, program fficiency, and policy impact across CCS initiatives.

6.2 Intra-CCS Collaboration: A Means, Not an End

CCS collaboration improves program efficiency by aligning shared resources and expertise. For example, road safety's use of advocacy and political capital could be adapted to advance NCD policies, while shared data capital enables evidence-based decision-making across programs.

A best practice is the NCDs multi-sectoral approach (2022–2026), which institutionalized cross-ministerial collaboration, integrating NCD prevention into economic, social, and regulatory frameworks. It engaged MoPH, Finance, Education, Social Development, and Excise departments to address risk factors through taxation, urban planning, and social protection policies. Additionally, NCDs were integrated into Thailand's National Health Commission (NHC) policies, ensuring long-term sustainability. This whole-of-government approach serves as a scalable model for cross-sectoral governance in WHO CCS programs.

6.3 The Pivotal Role of Mid-Tier Governance (CSC)

The CCS governance framework consists of three levels:
- Executive Committee (Ex Com) – Sets macro-level policies but faces challenges with high leadership turnover, limiting continuity.
- Coordinating Subcommittee (CSC) – Bridges strategy and operations, ensuring program accountability.
- Program Steering Committees (PSCs) – Implement tactical and technical components of each program.

As the operational anchor, CSC plays a critical role in bridging high-level directives from Ex Com to program implementation. It provides stability amid leadership transitions, facilitates regular coordination, and ensures strategic oversight and operational execution. Stakeholder feedback consistently highlights CSC's role in driving program success, reinforcing its importance in maintaining governance efficiency.

6.4 Best Practices in Capital Integration

a) **Migrant Health: Cross-Program Collaboration**
   The Migrant Health initiative in Tak Province successfully integrates multiple capitals to strengthen policy and service delivery.

   - Relational & Political Capital – The Provincial Migrant Health Board unites government, NGOs, and communities to improve policy coherence.
   - Cultural Capital – Programs align with migrant traditions to ensure higher service uptake.
   - Data Capital – Digital health tools optimize migrant health records, enhancing service efficiency.
   - Advocacy & Ethical Capital – Mobilizing community leaders strengthens policy influence and healthcare equity.
   - By integrating digital health, NCDs, road safety, and emergency preparedness, the Migrant Health initiative creates a synergized, data-driven approach that maximizes impact and enhances policy alignment.

b) **Road Safety:** Maximizing In-Program Resources
   The Road Safety Program effectively integrates multiple WHO and program capitals to drive policy change and behavioral shifts.
   - Political & Advocacy Capital – Influences helmet laws and drink-driving penalties, aligning with WHO's Decade of Action for Road Safety (2021–2030).
   - Reputational Capital – WHO's credibility strengthens policy advocacy and fosters stakeholder trust.
   - Creative & Emotional Intelligence – Nudge theory is used to shift behaviors related to helmet use and safer driving.
   - Relational Capital – Partnerships with law enforcement and local governments ensure policy enforcement and sustainability.
   - Data Capital – Evidence-based policymaking helps identify high-risk areas and evaluate interventions.

By leveraging in-program resources, the road safety model offers a scalable best practice that can be adapted to other CCS programs, such as NCDs and migrant health, ensuring sustained public health improvements.

7 | Strategic Recommendations, and Final Reflections

7.1 Overview of Mid-Term Review Findings

The mid-term review of the Thailand Country Cooperation Strategy (CCS) 2022–2026 evaluated the framework's performance, impact, and alignment with national health priorities. Findings indicate that CCS remains highly relevant in strengthening health governance, policy implementation, and multi-sectoral collaboration.

Key achievements include stronger partnerships among government agencies, WHO, and development partners, notable policy advancements in digital health, migrant health, NCD prevention, road safety, and global health leadership, and innovative governance and funding mechanisms that improve resource alignment. Additionally, CCS has contributed to knowledge generation and leadership development, positioning Thailand as a regional and global health diplomacy leader.

However, the review also identified challenges that require targeted actions. These include coordination gaps across CCS programs, impacting implementation efficiency, the need for stronger monitoring and evaluation (M&E) to track impact and guide adaptive strategies, financial and operational sustainability concerns, and limited strategic communication and advocacy efforts, reducing CCS's visibility among stakeholders.

7.2 Strategic Recommendations for CCS 2024–2026

7.2.1 Overall Recommendations

To maximize impact in the remaining CCS period (2024–2026), the following strategic actions are recommended:

1) Strengthen Program Integration and Coordination
    a. Establish cross-program coordination mechanisms to foster synergies, particularly among digital health, migrant health, NCDs, and road safety initiatives.
    b. Enhance governance structures and accountability mechanisms to improve decision-making and operational efficiency.
2) Enhance Monitoring, Evaluation, and Impact Measurement
    a. Shift M&E focus from compliance-based reporting to impact-driven assessment to ensure measurable health outcomes.
    b. Integrate cross-cutting indicators aligned with Thailand's national health goals and Sustainable evelopment Goals (SDGs).
    c. Strengthen data-driven decision-making by leveraging digital tools for real-time monitoring.
3) Secure Long-Term Financial and Operational Sustainability
    a. Diversify funding sources through private sector partnerships, international donors, and public-private partnerships.
    b. Institutionalize CCS-supported initiatives within government policies and national budget planning.
    c. Improve financial management to address funding delays and optimize resource allocation.

4) Elevate Communication and Advocacy for CCS

   a. Develop a CCS Communication and Engagement Plan to increase visibility among policymakers, donors, and civil society.

   b. Utilize digital platforms, social media, and storytelling to showcase CCS's achievements and impact.

   c. Strengthen engagement with regional and global networks, reinforcing Thailand's role as a leader in health governance.

7.2.2 Cross-Cutting Issues Recommendations

1) Expand Grassroots and Community Engagement

   a. Develop localized health communication campaigns for rural communities, migrant workers, and low-in come groups.

   b. Utilize community health volunteers, local radio stations, and culturally adapted messaging to bridge communication gaps.

2) Enhance Digital Communication and Knowledge Management

   a. Establish a centralized digital communication strategy that integrates social media analytics, mobile health (mHealth) tools, and interactive e-learning platforms.

   b. Improve data visualization techniques to make policy findings and program outcomes more accessible to non-technical audiences.

3) Strengthen Monitoring and Evaluation of Communication Strategies

   a. mplement standardized impact assessment frameworks to measure engagement levels, media reach, and behavior change outcomes.

   b. Use real-time feedback mechanisms to refine communication campaigns and adapt strategies based on public needs.

4) Improve Inter-Agency Coordination and Unified Messaging

   a. Develop an integrated communication framework across CCS programs to ensure consistent, evidence-based messaging.

   b. Foster joint communication platforms between government ministries, civil society, and the private sector to streamline policy communication and knowledge-sharing.

5) Expand Private Sector and Regional Collaboration

   a. Strengthen corporate engagement in health advocacy campaigns, particularly in NCD prevention, road safety, and digital health innovation.

   b. Enhance ASEAN regional partnerships to share best practices, conduct joint awareness campaigns, and coordinate cross-border health initiatives.

7.3 Final Reflections and the Path Forward

The Thailand Country Cooperation Strategy (CCS) 2022–2026 remains a critical framework for strengthening Thailand's health system and advancing global health priorities. Its successes highlight the power of strategic partnerships, policy innovation, and evidence-driven decision-making.

To ensure CCS's long-term impact, it is essential to continue fostering multi-sectoral collaboration, invest in long-term health system strengthening, and leverage Thailand's leadership in global health diplomacy. The final phase of CCS (2024–2026) presents an opportunity to build on achievements, address implementation gaps, and institutionalize best practices for future national and regional health cooperation efforts.

With continued commitment from all stakeholders, CCS can serve as a model for effective country cooperation, delivering sustainable health improvements and reinforcing Thailand's position as a regional leader in health governance and innovation.

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