

2/2022 Meeting of the CCS Coordinating Sub-Committee

15 December 2022 at 9:00-11:00 hrs

Venue: Meeting Room 2, 2nd floor, Permanent Secretary Building, MOPH

Or Zoom

<https://who.zoom.us/j/95900693466>

Meeting ID: 959 0069 3466

Passcode: CCS@2022

Notes for the record

All meeting materials and annexes can be found [HERE](#).

Agenda item 1: Introduction

- New CCS Executive Committee's order for the appointment of CSC Committee signed on 29 November 2022 (Annex 1) was presented. The order was revised to reflect the new senior management team of MOPH. The CSC will now be chaired by Dr. Jos Vandelaer, WHO Representative and co-chaired by Ms. Nanoot Mathurapote, Head of Global Collaboration Unit, NHCO (Annex 2). The function of the CSC Committee remains the same, i.e oversight and M&E function. Committee members remain largely the same.

Agenda item 2: Six programmes to share 2022 summary; progress and challenges and 2023 proposed workplan

- Migrant Health (Annex 3): Questions were raised on issues of registration of migrants and barriers to registration. Suggestions were made to rename the programme into a "Non-Thai People" Health Programme, to accommodate those who were born in Thailand but are without a nationality. Also, the committee stressed that funds are not key to implementation, rather, the social and intellectual capital of CCS should be mobilized and maximized. Concerns were also raised on the coverage of vaccination among migrant population and the size of the actual target population of the programme, whether the programme covers "stateless" and "undocumented" population. It was clarified that the program covers both documented and non-documented migrants, and also people born in Thailand without proper documentation.
- Digital Health (Annex 4): Digital Health is now highly prioritized in the national agenda. Not only in the health sector (MOPH), but Digital Health is now also in the workplan of many agencies such as Ministry of Digital Economy and Society, Digital Economy Promotion Agency, etc. The National Digital Health Committee was also recently established. Furthermore, each hospital must have a Digital Health section. The question was raised about how can this program be a catalyst? The CCS-programme is not the

implementor, the CCS's wisdom should be used to analyze the players and see how the programme can fill in the gaps and catalyze the ongoing activities at national level. Convergence meeting (planned for mid-2023) needs high social and intellectual capital.

- EnLIGHT (Annex 5): Comments were on the International Trade and Health (ITH) component of EnLIGHT, intellectual property and trade not linked to health, food safety. It was suggested to encourage the Ministry of Commerce to promote health and trade, not only trade.
- NCDs (Annex 6): Concerns were around the limited involvement of non-health sector. It was recommended to maximize the capitals of the UN Thematic Working Group to mobilize engagement of high-level non-health Ministers. Suggest the Minister or the Permanent Secretary to chair this UN Thematic Working Group. The role of WHO Representative is crucial to support this function.
- Public Health Emergency (Annex 7): Questions were on ambiguity of the abbreviations. It was recommended to avoid using "EPI" (that stands for Ending Pandemic through Innovation) which is more widely known as the abbreviation for WHO's longstanding "Expanded Programme on Immunization". There are gaps in the 2023 financial plan. The National Institute for Emergency Medicine has pledged to fill in the gap and in a longer term, is interested to become a new contributor to the pool fund.
- Road Safety (Annex 8): Road Traffic Injuries are important to Thailand's DALYs. Suggestions were made to also engage non-health sector and UN agencies in promoting 100% helmet use, as this requires strong advocacy. Also, recommendations were made to promote zero tolerance to drink and drive.

Agenda item 3: Timeline of M&E of CCS (Annex 9).

- There will be 2 CSC and 2 Executive Committee meetings per year. The secretariat will notify committee members well ahead of time.
- Suggestions: There should be some other mechanisms/channels where programs can share their progresses more frequently than the CSC meetings (which is only twice a year and with limited time), such as websites.
- Reports: The CSC had agreed in the previous meeting on 6th July 2022 (Annex 10) that the M&E framework that was used in the previous cycle should be continued. Though the LOA point 5.1 (Annex 11) states that the annual reports (both technical and financial) should be submitted by March 31, the programmes agreed in this CSC meeting that they will instead submit the reports by the end of February (or earlier) to facilitate more speedy auditing processes. The same technical and financial reporting templates will be used (Financial report template – Annex 12 and Technical report template – Annex 13).
- Audits – Suggestions were made
 - To explore domestic auditor instead of international. International auditors may lack the understanding of local regulations/contexts, hence, the delay.
 - Suggest the auditor to arrange a prep meeting/information session with the programmes (may be in Nov-Jan) before the actual auditing process (starts from

- Feb or March). This helps the programmes to understand the process, prompt them to prepare required docs, fix schedule beforehand, etc.
- Audit process should be expedited, possibly within 3 months. It usually takes too long.
- Other business – EnLIGHT receives funds from NHSO. EnLIGHT has encountered challenges to use NHSO's funds under the CCS pool fund mechanism. As stated in the LOA point 1.3 (Annex 11), the CCS abides by the financial regulations of HSRI. Suggestions were made that this issue should be brought up to the Board of NHSO, to propose more flexibility for NHSO funds used under the CCS pool.

List of participants

1. Dr Suwit Wibulpolprasert, Advisor to the Permanent Secretary's Office/Global Health
2. Dr Jos Vandelaer, WHO Representative to Thailand
3. Dr Surakameth Mahasirimongkol, Program Manager/HIS and ConvergeDH
4. Dr Warisa Panichkriangkrai, for Program Manager/ EnLIGHT
5. Dr Kamolthip vijitsoonthornkul, for Program Manager/ NCD
6. Dr Attaya Limwattanayingyong, Program Manager/ Public Health Emergency
7. Dr Wiwat Sitamanotch, Program Manager/ Road Safety
8. Ms Boonyawee Aueasiriwan, Program Manager/ Migrant Health
9. Dr Wiwat Rojanapithayakorn, independent scholar
10. Dr Kumnaun Ungchusak, Advisor to the Department of Disease Control
11. Dr Nopporn Chuenklin, Director, HSRI
12. Dr Nuttapun Supaka, Director, International Relations Department, Thai Health Promotion Foundation
13. Ms Sietakal Nilkang, Coordinator, Policy Advocacy Unit (PAU), NHSO
14. Ms Khanitta Saeiew, NHCO
15. Dr Walaiporn Patcharanarumol, Director, Global Health Division
16. Dr Cha-aim Pachanee, Foreign Relations Officer, Senior Professional Level, Global Health Division
17. Mr Banlu Supaaksorn, Foreign Relations Officer, Global Health Division
18. Ms Orisa Sursattayawong, Foreign Relations Officer, Global Health Division
19. Ms Chanya Lohvongpaiboon, Foreign Relations Officer, Global Health Division
20. Ms Soraya Chaidussadeekul, Foreign Relations Officer, Global Health Division
21. Ms Kochaphan Dechsonthi, Foreign Relations Officer, Global Health Division
22. Ms Hataichanok Sumalee, IHPP
23. Ms Kotchamon Sukyoyot, IHPP
24. Ms. Doungtawan Sang-ngoen, IHPP
25. Mr Rungsun Munkong, Thai Health Promotion Foundation
26. Dr Teeranee Techasrivichien, National Professional Officer, WHO
27. Ms Aree Mounsookjaroen, National Professional Officer, WHO
28. Dr Sushera Bunluesin, National Professional Officer, WHO
29. Ms Benja Sae-Seai, Programme Assistant, WHO

30. Ms Ganokrat Teachanuntra, Programme Assistant, WHO
31. Ms Preechaya Srithep, Programme Assistant, WHO
32. Ms Nathaporn Wongsantativanich, Associate, WHO
33. Mr Ratchapat Jitharidkul, Executive Assistant, WHO
34. Ms Sunida Theo-pradit, Programme Assistant, WHO
35. Assoc. Prof. Dr. Wanrudee Isaranuwachai, HITAP
36. Ms Saudamini Dabak, HITAP
37. Ms Nitichen Kittiratchakool, HITAP
38. Ms Parntip Juntama, HITAP
39. Ms Benjamaporn Eiamsakul, HITAP
40. Ms Papada Ranron, HITAP
41. Ms. Natchaya Ritthisirikul, National Health Foundation
42. Ms Orntima Kularp, Interpreter