

Proposal

Prevention and Control of Noncommunicable Diseases

RTG-WHO Country Co-operation Strategy

January 2017—December 2021

Table of Contents

Executive Summary	05
1. Introduction	06
1.1 Burden of noncommunicable diseases and risk factors	06
1.2 Global NCD movement	06
1.3 National reposnse	07
1.4 Lessons from previous CCS	09
2. Guiding principles	11
3. Strategic Objectives	12
4. Strategic actions and expected outcomes	12
5. Links with other programmes	17
6. Programme management	17
7. Monitoring Indicators	18
8. Estimated budget	19
 Annexes	 20
Annex 1. Detailed action plan with timeline and budget.....	20
Annex 2. References.....	31

Acronyms

ASH	Action on Smoking and Health
BoE	Bureau of Epidemiology
BoNCD	Bureau of Noncommunicable Disease
BoTC	Bureau of Tobacco Control
CCS	Country Cooperation Strategy
CKD	chronic kidney disease
CVD	cardiovascular disease
DDC	Department of Disease Control
DOH	Department of Health
FCTC	Framework Convention on Tobacco Control
FDA	Food and Drug Administration
GATS	global adult tobacco survey
GSHS	global school health survey
GYTS	global youth tobacco survey
HDC	Health Data Center
HiTAP	Health Intervention and Technology Assessment Program
HSRI	Health System Research Institute
IHPP	International Health Policy Program
MoE	Ministry of Education
MoF	Ministry of Finance
Mol	Ministry of Information
MoPH	Ministry of Public Health
MoTS	Ministry of Tourism and Sports
NCD	noncommunicable disease
NEBPAN	NCD evidence-based policy advocacy network
NGO	non-governmental organization
NHCO	National Health Commission Office
NHES	National Health Examination Surveys
NHSO	National Health Security Office
NRT	nicotine replacement therapy
OACC	Office of Alcohol Control Committee
PARC	Physical Activity Research Center
RTG	Royal Thai Government
SDG	Sustainable Development Goals
ThaiHealth	Thai Health Promotion Foundation
THLSO	Thai Healthy Lifestyle Strategy Office
THLSP	Thai Healthy Lifestyle Strategy Plan
TRC	Tobacco Research Centre

UN	United Nations
WHA	World Health Assembly
WHO	World Health Organization
WHO FCTC	World Health Organization Framework Convention on Tobacco Control

Executive Summary

Noncommunicable Diseases (NCD)—mainly heart disease, stroke, cancer, diabetes, chronic kidney disease and chronic lung disease—are the predominant killers in Thailand. NCDs and their shared behavioural risk factors (tobacco use, insufficient physical activity, harmful use of alcohol and unhealthy diet) and metabolic risk factors (raised blood pressure, overweight/obesity, raised cholesterol and raised blood sugar) are highly prevalent in the Thai population. To tackle NCDs and risk factors, Thailand has developed a national NCD strategic plan based on the Thai healthy lifestyle strategy, and adopted nine national targets in line with the global targets.

Programme principles and strategic objectives

The five-year programme will focus on “systems improvement” using existing formal and informal networks and by engaging multiple stakeholders from the government agencies as well as the civil society. The CCS programme will provide strategic support and catalyze the implementation of the national NCD strategic plan and other existing strategies for NCD risk factors. Building upon the previous CCS, the new programme will aim to (i) facilitate multi-stakeholder co-ordination; (ii) support knowledge generation and dissemination networks; (iii) improve tobacco and alcohol control policies; (iv) improve policies to reduce obesity including unhealthy diet and physical inactivity; (v) strengthen the quality of hypertension and diabetes services and capacity building of stakeholders; (vi) strengthen surveillance, monitoring and accountability system, and; (vii) facilitate international collaboration to drive the global NCD movement.

Programme management

The programme will be financed, managed and implemented collaboratively by the MoPH, WHO, NHSO, ThaiHealth, NHCO, and HSRI. Each agency will bring their unique value to the programme. For example, WHO will provide financial and technical support, carry out policy advocacy, convene national and international consultations and provide normative guidance, as needed. The other significant partners include the IHPP, FDA, NCD Alliance, NCD evidence-based policy advocacy network and nongovernmental organizations. Non-health sector Ministries such as Ministries of education, finance, sports and information will also have significant roles. The programme will be monitored using measurable indicators.

Expected outputs and estimated budget: The CCS programme will contribute towards the attainment of the nine national NCD targets. The estimated budget is 95 million over five years (90 million THB split across the following deliverables plus 5% administrative cost).

- **Co-ordination:** Improved intra and inter-agency co-ordination through establishment of a functional secretariat in the MoPH (20 million).
 - **Knowledge management:** Policy briefs, research papers published and new public policies adopted that favorably impact health (12.5 million)
 - **Tobacco and alcohol:** Improved compliance with implementation of WHO FCTC policies and alcohol policies (10 million)
 - **Obesity including unhealthy diet and physical inactivity:** Improved policies to reduce obesity (10 million)
 - **Health services:** Improved quality of hypertension and diabetes services and capacity building of stakeholders (12.5 million)
 - **Surveillance and monitoring:** Comprehensive surveillance system for NCDs and risk factors developed and timely data analyses and dissemination (20 million)
- International partnerships:** Facilitate international collaboration and linkages (5 million)

1. INTRODUCTION

1.1. Burden of noncommunicable diseases and risk factors

Noncommunicable diseases (NCD) such as heart disease and stroke, cancer, diabetes and chronic lung diseases are the predominant killers in Thailand causing an estimated 354,000 deaths each year (or 71% of all deaths). Nearly half of all deaths from NCDs occur prematurely among people who are in their prime years, often family bread winners and productive citizens. The economic loss from major NCDs to the Thai society was an estimated THB 280 billion in 2013.

The four major NCDs listed above are caused by four shared behavioural risk factors, which are largely preventable. These are: tobacco use, insufficient physical activity, harmful use of alcohol and unhealthy diet (excessive salt, sugar and saturated fat). Behavioral risk factors are highly prevalent among the Thai population. Forty percent of adult males smoke. A recent survey shows that one out of six students (13-15 year old) uses tobacco. The prevalence of tobacco use has plateaued in recent years. The average annual per capita consumption of alcohol is 6.9%, the highest in the South-East Asia Region. One out of five Thai adults and one of three Thai children (6-14 year old) and youth (15-24 year old) do not have the required level of daily physical activity. Consumption of unhealthy diets is common. Sugar consumption has increased over the years to 26 teaspoons (104 gm) per capita daily, far exceeding the WHO recommendations of a maximum of 12 teaspoons daily. Similarly, daily salt consumption per person (9 gm) is nearly twice the WHO recommended limits.

Behavioural risk factors lead to metabolic risk factors namely: raised blood pressure, overweight/obesity, raised cholesterol and raised blood sugar: these risk factors are also on the rise in the Thai population. The percentage of overweight adults has dramatically gone up from 28% in 2005 to 38% in 2014. One out of four Thai adults has high blood pressure and the trend is going upward. Moreover, the prevalence of raised blood sugar has increased from 6.9% in 2009 to 8.9% in 2014. The high prevalence of risk factors and NCDs is posing a heavy burden on the health care services and is draining the universal health coverage budget.

1.2. Global NCD movement

The global NCD movement has been visible since 2000 when the World Health Organization (WHO) adopted the global NCD strategy. The WHO Framework Convention on Tobacco Control (WHO FCTC), the first international public health treaty, adopted by the World Health Assembly (WHA) in 2003 was a significant milestone towards tobacco and NCD prevention and control. Subsequently, a number of other important NCD related strategies were endorsed by the WHA including the global strategy on diet and physical activity (2003) and the global strategy to reduce the harmful use of alcohol (2010). In 2011, the global NCD movement received a big boost when the UN High General Assembly held a special session on NCDs. The outcome of this meeting was the adoption of a Political Declaration on NCDs, endorsed by the Heads of government or their representatives.

Because the underlying determinants and drivers of NCDs and their risk factors lie in various sectors outside the health sector, such as trade, finance, agriculture, education, urban development, among others, the UN Political Declaration on NCDs calls upon all countries to mobilize a “whole of government” and “whole of society” response to tackle NCDs. To move forward the NCD agenda, the WHA approved the global action plan in 2013 and nine global voluntary NCD targets. In September 2015, the global NCD movement received further impetus after the sustainable development goals (SDG) were adopted with inclusion of three specific targets on NCDs to be achieved by 2030: (i) reduce by one-third premature mortality from NCDs; (ii) strengthen the prevention and control of substance use, including narcotic drug abuse and the harmful use of alcohol; (iii) 10% reduction in alcohol per capita consumption; (iii) strengthen the implementation of the WHO FCTC;

1.3. National Response

Thailand recognized the increasing threat of NCDs and initiated a number of actions even before the global and regional NCD movement picked momentum. The Tobacco Product Control Act of Thailand came into force in 1992, more than a decade earlier than the WHO FCTC was adopted. Thailand was among the first 40 countries to become a party to the WHO FCTC.

In 2011, the cabinet approved the Thailand Healthy Lifestyle Strategic Plan (2011-2020). The main aim of the THLSP was to bring both the health and the non-health ministries on board to control NCDs. The THLSP has been lauded as a comprehensive plan but it could not be operationalised largely due to the absence of a focal unit for co-ordination, the lack of targets and the absence of clear accountability measures. In addition to THLSP, a number of other national plans have been developed or are currently being developed that include NCD related strategies (Box 1).

Box 1. National Strategic Plans for NCDs and Risk Factors

- Thailand Healthy Lifestyle Strategic Plan 2011-2020
- National Tobacco Control Strategic Plan 2010-2014 and 2015-2019
- National Alcohol Strategic Plan 2011-2020
- Overweight and Obesity Management Strategic Plan 2010-2019
- Thailand Strategic Plan for Reduction in Salt and Sodium Consumption 2016-2025
- Draft Physical Activity Strategic Plan 2017-2026
- Draft National Strategic Plan for NCD prevention and control 2016
- Draft Strategic Plan for Nutrition 2016

As a part of the global NCD movement, Thailand endorsed the nine global NCD targets (Table 1). In addition, Thailand has also endorsed a number of regional resolutions and

ministerial declarations on NCDs and related risk factors namely on prevention and control of hypertension, accelerating WHO FCTC, reducing harmful use of alcohol and promoting physical activity.

A number of public organizations responsible for prevention and control of NCDs in Thailand including (i) Thai Health Promotion Foundation (ThaiHealth), (ii) National Health Security Office (NHSO), (iii) Ministry of Public Health (MoPH), and (iv) other relevant agencies, such as the Ministry of Education and Department of Local Administration, Ministry of Interior.

Recently, the Ministry of Public Health designated the Department of Disease Control to co-ordinate with stakeholders to develop an integrated NCD strategic plan. The DDC in consultation with a number of stakeholders has developed the draft NCD strategic plan based on the THLSP. The objectives of this plan are as following:

- To raise the priority of NCDs into the national development agenda with international collaboration
- To strengthen capacity of governance for multisectoral actions for prevention and control of NCDs
- To reduce risk factors and improve social determinants
- To strengthen health care service system to improve accessibility and patient centered health care
- To build research capacity
- To monitor trends in risk factors and evaluate impact of interventions

The draft NCD strategic plan has six strategies as follows:

- Developing and improving public policy and legislation
- Catalyse social mobilization and public communication
- Improve and strengthen community and network capacity
- Improve surveillance systems and data management systems
- Re-orient health service systems to be consistent with the area context
- Improve supporting system to move forward the above integrated NCD prevention and control strategies

The draft NCD action plan has been is in the process of being approved by the MoPH. It is expected that the NCD action plan will be approved and ready for implementation by January 2017.

Table 1 List of NCD targets

No.	Target	Baseline (2010)	Current value 2014	Target for 2025
1.	25% reduction in premature mortality from four major NCDs (Probability of premature mortality)	16.9%	-	-
2.	10% reduction in harmful use of alcohol (average per capita consumption –litres per capita/per year)	6.7	6.9	6.03
3.	A 30% relative reduction in prevalence of tobacco use among persons aged 15+ years	21.4 %	20.7%	15%
4.	A 30% relative reduction in mean population intake of salt/sodium among persons aged 18+ years	3.2 mg	NA	2.4 mg
5.	10% relative reduction in prevalence of insufficient physical activity	18.5	19.2	16.7
6.	A 25% relative reduction in the prevalence of raised blood pressure	21.4 %	24.7%	16%
7.	Halt the rise in diabetes and obesity among persons aged 18+ years	34.7%	37.5%	34.7%
		6.9%	8.9%	6.9%
8.	At least 50% of people aged 40+ years receive drug therapy and counseling to prevent heart attacks and strokes	NA	NA	50%
9.	An 80% availability of the affordable basic technologies and essential medicines required to treat major NCDs in both public and private facilities	NA	NA	50%

1.4 Lessons learned from the previous WHO Country Cooperation Strategy

In 2012, WHO and the MoPH agreed to set multi-sectoral networking for NCDs as one of five priority programmes under the WHO Country Cooperation Strategy (CCS) for the period of 2012-2016. The goal of the CCS was to facilitate the implementation of the THLSP. The CCS aimed to form a network of NCDs partners—local, national and international—raise public awareness on NCDs and promote research and monitor the progress of NCD control. After two years of work and inability to facilitate implementation of THLSP, the CCS programme of work was revised to focus on: (i) social mobilization and advocacy; (ii) capacity building; (iii) knowledge transfer; and (iv) knowledge generation.

The previous CCS was successful in achieving a number of goals. The CCS contributed to the global NCD movement including development of the global action plan and the nine global targets, particularly the target on reducing the harmful use of alcohol. Also, it was able to catalyse the endorsement of the nine national NCD targets by the national health assembly. Another important achievement was the formalization of the NCD alliance of Thailand, a network of academia, NGOs, and professional bodies. In addition, the CCS contributed to knowledge generation and dissemination of a number of research projects. These research publications include a wide range of themes such as food policy, NCD governance, alcohol, physical activity guidelines, among others. The CCS strengthened networking among and between professional associations, MoPH, academia and NGOs. The CCS was, however, not successful in facilitating the implementation of the THLSP as much as envisioned.

The CCS underwent a formal external evaluation in 2016 and recommended that the new CCS should continue some of the current NCD activities, especially it should support networking of professionals to generate evidence for policy formulation. The CCS should also strengthen surveillance and monitoring and support implementation of NCD action plan.

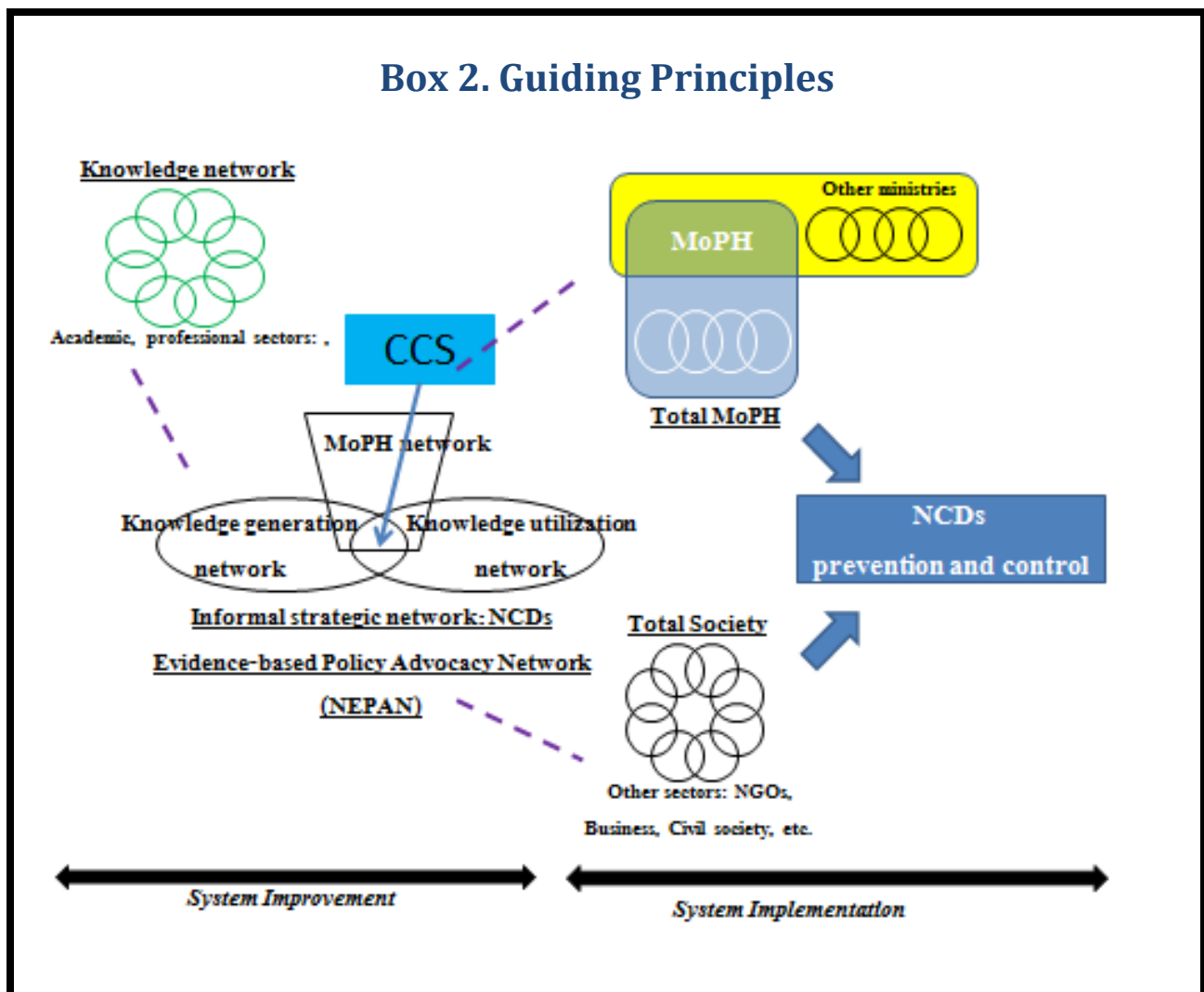
The new CCS (2017-2021) has been drafted through consultations with a number of stakeholders over the past several months. The new CCS takes into cognizance:

- available evidence on the burden of NCDs, cost-effective interventions
- ground work and foundation laid by the past CCSs.
- recent regional and global NCD movement and WHA resolutions
- inclusion of NCDs into the sustainable development agenda
- comparative advantages of various collaborating partners

2. GUIDING PRINCIPLES

The Programme will be guided by the following principles (Box 2):

1. **Multisectoral action:** Multi-stakeholder collaboration involving the “whole of government” and the “whole of society” is critical for prevention and control of NCDs.
2. **Systems improvement:** The programme enables “systems improvement” rather than “systems implementation”. Regular systems implementation is the responsibility of the MoPH.
3. **Existing networks:** The programme will build on existing networks and subnetworks within and beyond the MoPH. These networks will be utilized effectively and synergistically for knowledge generation and knowledge utilization.



3. STRATEGIC OBJECTIVES

The overall goal of the programme is to provide strategic support and catalyze the implementation of the national NCD strategic plan and other existing national strategies for prevention and control of NCDs and risk factors. The programme will focus on “**systems improvement**” as a way to increase effectiveness of the new national NCD strategic plan. The ultimate goal of the programme is to contribute towards achieving the nine NCD targets and improve the health of the population.

The specific objectives of the programme are as follows:

1. To facilitate and support multi-stakeholder co-ordination mechanisms for the implementation of the national NCD strategic action plan.
2. To catalyze evidence-based policy formulation through effective knowledge generation and dissemination networks.
3. To improve the implementation of policies and programmes for reducing NCD risk factors, with a particular focus on tobacco use, alcohol consumption and obesity including unhealthy diet and physical inactivity.
4. To strengthen health service response to NCDs, with a particular focus on the prevention and control of cardiovascular disease (hypertension and diabetes).
5. To harmonize and reinforce surveillance, monitoring and accountability systems for measuring progress towards NCD targets.
6. To facilitate collaborations and linkages with international partners to drive the global NCD movement.

4. STRATEGIC ACTIONS AND EXPECTED OUTCOMES

The CCS programme forms a small but strategic part of the national NCD action plan. The CCS will provide strategic support in the following areas:

Co-ordination: The government of Thailand has mounted a strong response for the prevention and control of NCDs in terms of developing comprehensive plans and policies. However, the implementation of these plans is suboptimal and fragmented. Within the MoPH, a number of bureaus, divisions, and departments are dealing with individual risk factors or disease. Until recently there was no focal person or unit responsible for co-ordination within the MoPH or with external partner agencies. Recently, the Bureau of Noncommunicable Disease (BoNCD) of the Department of Disease Control was designated as the focal point for co-ordinating development of the NCD action plan. Effective implementation of NCD prevention and control programme requires co-ordination within the MoPH, with other health agencies and other Ministries as well as with the civil society. One main approach of the CCS programme is to facilitate and support the development and implementation of the existing National Strategic Plans for NCDs and Risk Factors (listed in the Box 1). An equally important area of work is to promote the role of non-health ministries and agencies to address social determinants of health that increase the population risks of developing NCDs. A sustained governance structure and strong secretariat team is required to facilitate

co-ordination among the numerous stakeholders. The CCS programme will support the establishment of a secretariat to facilitate multi-sectoral co-ordination.

Knowledge networks: The previous CCS helped generate new knowledge and published and disseminated a number of research documents. Building on this success, the new CCS will further strengthen existing formal and informal networks, build capacity of networks, support policy analyses and policy research, and facilitate dissemination of research for policy formulation.

Reduction of NCD risk factors: The CCS will contribute towards improving systems for policy implementation focusing on tobacco control; reduce alcohol consumption; and reducing obesity as well as unhealthy diet and physical inactivity. Tobacco is a shared risk factor for all four major NCDs that contribute maximally to premature mortality. Tobacco use is a global NCD target and also an SDG target. Evidence indicates that tobacco control is the cost-effective intervention for reducing premature NCDs mortality. Although Thailand has made much progress in tobacco control over the past three decades, tobacco use has not declined in recent years. At the current rate of progress, the tobacco target is unlikely to be met by 2025. Research studies conducted in rural areas indicate that 50% of people consumed hand-rolling cigarettes. The cheapest cigarette costs only 25-30 baht, which even the youth can afford. Moreover, tobacco cessation services are not scaled-up to the optimal levels. Clearly, there is a need to intensify the implementation of the WHO FCTC in order to meet national and global targets. The CCS will carry out policy advocacy to support tobacco policies including the inclusion of NRT as part of the national essential drug list, facilitate research to improve tobacco taxation, build staff capacity and reinforce law enforcement through periodic monitoring and evaluation missions. In addition to tobacco control, efforts will be made to strengthen alcohol control through the support of the implementation of the national alcohol strategies, with an expectation to reduce common NCDs as well as the mortality from road traffic accidents of which alcohol consumption is a main underlying factor.

Addressing **an obesity including unhealthy diet and physical inactivity** is an important priority area that could comprehensive population-wide policies. Multiple interventions are required to halt the rising obesity epidemic. The CCS will advocate for taxing sugar-sweetened beverage, regulating marketing of unhealthy food, food labelling, and developing sustained models for community- and school-based programmes. In addition, the CCS platform will facilitate implementation of the national salt reduction strategy including multistakeholder co-operation to reduce salt in packaged food and., The CCS will promote physical activity that reflects optimum energy balance.

Health services: Cardiovascular diseases (CVDs) including ischemic heart disease and stroke, are the leading killers in Thailand causing 29% of all deaths or an estimated 145,000 deaths, each year. Majority of the premature deaths from CVDs can be prevented through a package of health systems interventions. Raised blood pressure is a key risk factor for CVDs. The prevalence of hypertension among Thai adults has steadily increased from 21.4% in 2009 to 24.7% in 2014. According to the NHES 2014, only 29% of people with hypertension have their blood pressure controlled. Similarly, glycemic control among

diabetics is also quite poor. Thailand has integrated NCD services up to the primary health care. The CCS will support undertaking a situation assessment of the existing programme (NCD clinic Plus) and development of a model/demonstration programme (Preventive Package) to test the effectiveness of a package of interventions to improve blood pressure and glycemic control. Lessons from the demonstration project may help to scale-up improved quality of services to the national CKD programme. The CCS will also support **capacity building** of stakeholders at various levels.

Strong surveillance and monitoring systems are critical to map risks, identify programmatic gaps and track progress. Currently, NCD surveillance activities are spread across many agencies. Timeliness of data availability is a critical issue. The CCS will work towards harmonizing various data sources and build institutional and individual capacity, including capacity of FETP, to generate relevant and timely data for tracking progress of global and national NCD goals as well as to support and improve the utilization of national and global survey data for evidence-based policy advocacy. In addition, the CCS will support the introduction and use of innovative strategies such as the objective measurement of physical activity by using accelerometers in conjunction with traditional subjective measurements.

International collaborations: Thailand has many champions and experts on NCDs in the areas of reducing harmful use of alcohol, tobacco control, physical activity. The programme will strive to raise Thailand's stewardship by facilitating Thai representation on global forums, nurturing young Thai champions, increasing the base of Thai international experts by grooming young Thai professionals and publishing Thai best practices.

A summary of programme activities and expected outputs are given in Table 2.

Table 2 Summary of RTG-WHO CCS programme for the prevention and control of NCDs

S.no	Strategic Objectives	Activities	Expected outputs	Impact
1.	Facilitate multi-stakeholder co-ordination	1.1 Secretariat for multisectoral co-ordination 1.2 Platforms for multi-stakeholder dialogues (public and non-public sectors within/outside health sector) 1.3 Capacity building of stakeholders	a. Strengthened multisectoral co-ordination b. Increased capacity and engagement of stakeholders/ partner institutions c. Increased capacity of stakeholders	Thailand on track for achieving global and national NCD targets and related SDGS
2.	Support knowledge generation and dissemination	2.1 Policy research on NCD risk factors 2.2 Policy to action platforms 2.3 Capacity building and networking	a. Policy briefs and research papers published b. Policy recommendations for non-health sectors formulated and adopted	
3.	Enhance policy implementation to reduce NCD risk factors (focus on tobacco and Alcohol and obesity including unhealthy diet and physical inactivity)	3A. Tobacco and Alcohol control 3.1 Advocacy 3.2 Taxation 3.3 Cessation 3.4 Fellowships and awards 3.5 Monitoring missions to review WHO FCTC /Alcohol Act. in Strategic Plan. 3B. Strengthening policy implementation to reduce NCD risk factors (Obesity including unhealthy diet and Physical inactivity) 3.6 School, based programmes 3.7 Fiscal policies 3.8 Marketing regulation 3.9 Food labelling 3C. Strengthening policy implementation to reduce NCD risk factors (4*4*4) model development 3.10 Monitor compliance model for physical activity and Healthy diet in workplace 3.11 Implement multicomponent salt reduction strategies in community 3.12 Model development for Bicycling City 3.13 Promoting PA & Sedentary reduction model for Children and Youth 3.14 Behavior modification model development for Adults 3.15 Active aging city 3.16 Research training program for young researchers in the area of Physical Activity	a. Improved compliance with implementation of WHO FCTC policies and Alcohol Policy. b. Improved implementation of policies to reduce Obesity, promote healthy diet and physical activity. c. Improved implementation of policies to reduce NCD risk factors (4*4*4)	

4.	Strengthen health systems response to NCDs (focus on Diabetes and Hypertension)	4.1 Assessment of health system response to NCDs 4.2 Model for hypertension/diabetes control (NCD Clinic Plus) 4.3 Capacity building of health systems staff	a. Policy recommendations for improving coverage and quality of NCDs services. b. Increased capacity of health workforce to prevent, screen, treat and track Diabetes and Hypertension patients. c. NCD risk factors included as part of vital signs.	
5.	Improve surveillance, monitoring and accountability systems	5.1 Map and harmonize existing surveillance systems 5.2 Build individual and institutional capacity 5.3 Support and improve utilization of national and global surveys 5.4 Publish and disseminate surveillance reports	a. Comprehensive surveillance system for NCDs and risk factors developed b. Increased capacity of FETP fellows and other staff in NCD surveillance and research c. Timely data analyses and dissemination d. Innovative measurement	
6.	Facilitate international collaboration and linkages	6.1 Global meetings on alcohol, tobacco, diet, PA 6.2 NCD best practices 6.3 Participation of Thai experts at global forums 6.4 Capacity building of young Thai professionals	a. Thailand's leadership in NCDs enhanced b. Thai best practices published c. Increased demand for Thai experts d. Increased capacity of Thai experts	

5. LINKS WITH OTHER CCS PRIORITIES

The CCS (2017-**2021**) is comprised of 5 priority areas: (1) NCDs, (2) road traffic injuries, (3) antimicrobial resistance (4) global health diplomacy, and international trade and health, and (5) migrant health.

The CCS NCD programme will have links with other CCS priorities. For example, the sixth objective of the NCD programme aims to facilitate Thai NCD expertise and representation at the regional and global level—this supports the goals of the CCS global health diplomacy programme. The second objective, “knowledge generation and dissemination”, will explore international trade and health issues related to tobacco and alcohol, among other priorities. The CCS programme on migrant health will assess the burden of NCDs and risk factors among the migrant population. Finally, the fifth objective, which focusses on strengthening data and monitoring systems will find common modalities for strengthening data systems for example by building individual and institutional capacity for surveillance and monitoring.

6. PROJECT MANAGEMENT

The lead agency for the programme is Thai Health Promotion Foundation. The programme will be guided by a sub-steering committee appointed MoPH. The Director NCD Bureau, Department of Disease Control will be the Programme Manager and will be supported by designated staff from DDC and DOH. The sub-steering committee will meet at least once a quarter and oversee the budget allocation, progress on ongoing projects and approve new proposals, provide advice for PM and the management team, advocate on important issues. The programme manager will provide six-monthly progress reports to the Steering Committee.

MoPH: In addition to serving as a PM, a number of bureaus, divisions and centers in the Department of Disease Control and the Department of Health will take a lead in programme implementation. These include: Bureau of NCD, Bureau of Tobacco Control, Bureau of Alcohol Control, Office of Healthy Lifestyle, Bureau of Nutrition, Division of Physical Activity and Health, among others.

WHO: WHO will add value to the programme by supporting it technically and financially as well as through its other unique comparative advantages, including by: (i) advocating for NCD prevention on control with particular focus on specific issues; (ii) convening technical consultations for policy development, as a neutral broker; (iii) supporting national and international meetings/conferences; (iv) promoting Thai expertise regionally and globally with support of WHO regional offices and WHO Head Quarter; Connecting the Thai NCD programmes with other countries and international forums. (v) building institutional and individual capacity particularly in the areas of surveillance, monitoring and research; (vi) organizing internal and external monitoring and evaluation of policies, strategies and programmes, and; vii) providing normative guidance as needed on all NCD related issues.

Other significant partners include the International Health Policy Program, the academia, NCD Alliance, nongovernmental organizations. Moreover, non-health sector Ministries such as Ministries of education, finance, sports and information will have significant roles.

7. MONITORING AND EVALUATION

The programme will be monitored by providing through a number process, output and outcome indicators as listed in Table 3.

Table 3 List of indicators will be used to monitor the implementation of the programme

Strategic Objectives	Input/process indicators	Output indicators	Outcome/Impact indicators in 2021
Facilitate multi-stakeholder co-ordination	<ul style="list-style-type: none"> Co-ordination secretariat with adequate staff established (yes/no) Number of multi stakeholder meetings held 	<ul style="list-style-type: none"> Joint declaration of commitment to implement multisectoral action plan by multi-stakeholder partners 	<ul style="list-style-type: none"> Nine global NCD targets Prevalence of tobacco use among children (13-15 years old) Exposure to second hand smoke in enclosed public places Percentage of smokers quitting for at least six months Percentage of physically active children and adolescents Percentage of hypertensives with controlled blood pressure Percentage of diabetics with glycemic control
Support knowledge generation and dissemination	<ul style="list-style-type: none"> Number of knowledge network meetings held Number of new research projects commissioned Number of policy to action workshops held 	<ul style="list-style-type: none"> Number of research papers/ research reports published Number of policy recommendations for health and non-health sector prepared Number of NCD related policies adopted by health and non-health ministries 	
Enhance policy implementation to reduce NCD risk factors (focus on tobacco and Alcohol and obesity)	<ul style="list-style-type: none"> Number of advocacy events organized Number of monitoring missions to evaluate tobacco programme undertaken 	<ul style="list-style-type: none"> Recommendations for improving compliance with WHO FCTC Policy advocacy and legislation on alcohol NRT included in national essential drug list (yes/no) Increased taxation on all tobacco and alcohol products (yes/no) 	
	<ul style="list-style-type: none"> Number of meetings/consultations on Obesity Desk review on Obesity 	<ul style="list-style-type: none"> Policy recommendations to improve diet and physical activity in communities, schools and other settings developed 	
Strengthen health systems response to NCDs (focus on hypertension and diabetes)	<ul style="list-style-type: none"> Number of meetings of technical working group on NCDs prevention and control Number of capacity building workshops for health system staff 	<ul style="list-style-type: none"> Recommendations for improving quality and coverage of CVD and CKD prevention, early detection, treatment services (yes/no) 	

Improve surveillance, monitoring and accountability systems	<ul style="list-style-type: none"> National surveillance technical working group established Number of capacity building workshops on surveillance and monitoring for provincial staff 	<ul style="list-style-type: none"> Recommendations for a comprehensive NCD surveillance system developed (yes/no) Number of FETP fellows trained Number of national and global surveys completed Number of NCD situation reports published 	
Facilitate international collaboration	<ul style="list-style-type: none"> Number of “consultant grooming” workshops for young Thai professionals Number of international NCD-related meetings held in Thailand 	<ul style="list-style-type: none"> Number of global NCD forums with Thai representation Number of best practices published Number of technical missions by Thai experts to other countries 	<ul style="list-style-type: none"> Thailand’s global leadership enhanced in NCD-related issues

8. ESTIMATED BUDGET

The estimated budget of the programme is 95 million Thai Baht over five years. Ninety-five percent of the budget will be spent on activities and approximately 5% will be used for administration of the CCS programme. The programme is expected to be financed by a number of partners including WHO, ThaiHealth, HSRI, NHSO, NHCO and MoPH. The budget details are listed in the Table 4.

Table 4 Distribution of budget allocation by objective and the sources of fund.

Objective/output	THB
Facilitate multi-stakeholder co-ordination	20,000,000
Support knowledge management and dissemination	12,500,000
Improve policy formulation and implementation to reduce risk factors	20,000,000
Strengthen health system response	12,500,000
Build institutional and individual capacity for surveillance and monitoring	20,000,000
International collaboration	5,000,000
Subtotal	90,000,000
CCS programme management and administration (5%)	5,000,000
Total	95,000,000

Financed by a number of partners	THB
MoPH	5,000,000
ThaiHealth	25,000,000
NHSO	30,000,000
HSRI	2,500,000
WHO	28,500,000
Gap (to be mobilized from other potential sources)	4,000,000
Total	95,000,000

Annex 1. Action Plan

Strategic Action 1: Facilitating multi-stakeholder co-ordination								
Activities	Responsible Agencies	Timeline					Expected outputs	Estimated Budget (THB)
		2017	2018	2019	2020	2021		
1.1 Establish Secretariat for co-ordination and communication 1.1.1 Secretariat staff 1.1.2 Secretariat office	BoNCD, THLSO BoNCD, THLSO	X X	X X	X X	X X	X X	Strengthened multisectoral co-ordination and improved communication	10,000,000
1.2 Organize multisectoral meetings 1.2.1 Mapping of stakeholders and Co-ordination meetings within MoPH 1.2.2 Co-ordination meetings of MoPH and other health sectors 1.2.3 Inter-ministry meetings 1.2.4 Public-private forum (Annual NCDs Forum)	BoNCD, THLSO BoNCD, THLSO BoNCD, THLSO BoNCD, THLSO	XXXX X X X X X	XXXX X X X X X	XXXX X X X X X	XXXX X X X X X	XXXX X X X X X	Increased engagement of stakeholders	8,000,000
1.3 Capacity building of stakeholders 1.3.1 Information materials 1.3.2 Capacity building workshops 1.3.3 Study tours Asian region 1.3.4 Study tours global	BoNCD, THLSO BoNCD, THLSO BoNCD, THLSO BoNCD, THLSO	X X X X X	X X X X X X	X X X X X X	X X X X X X	X X X X X X	Increased capacity of stakeholders	2,000,000
Total								20,000,000

Strategic Action 2: Supporting knowledge generation and dissemination networks								
Activities	Responsible Agencies	Timeline					Expected outputs	Estimated Budget (THB)
		2017	2018	2019	2020	2021		
2.1 Policy research on NCD risk factors 2.1.1 Synthesize existing research, by prioritized theme according to 14 Feb 2017 2.1.2 Policy analyses 2.1.3 New policy research	IHPP, ThaiHealth, NEBPAN, NCD Alliance IHPP, NEBPAN, NCD Alliance IHPP, NEBPAN, NCD Alliance	X					Research reports and scientific papers published	7,000,000
2.2 Capacity building and networking 2.2.1 Workshops for research protocol development 2.2.2 Peer-review of research protocols 2.2.3 Research quality assurance 2.2.4 Workshops for scientific communication	IHPP, NEBPAN IHPP, NEBPAN IHPP, NEBPAN IHPP	X	X	X	X	X	Increased capacity of researchers	3,000,000
2.2 Policy to action platform 2.3.1 Prepare policy briefs 2.3.2 Organize research dissemination workshops 2.3.3 Media advocacy	IHPP, NEBPAN, NCD Alliance IHPP, NEBPAN, NCD Alliance IHPP, NEBPAN, NCD Alliance		X	X	X	X	Policy briefs, Policy recommendations for non-health Ministries, Press releases, media kits	2,500,000
Total								12,500,000

Strategic Action 3 A: Strengthening policy implementation to reduce NCD risk factors (Tobacco and Alcohol Control)								
Activities	Responsible Agencies	Timeline					Expected outputs	Estimated Budget (THB)
		2017	2018	2019	2020	2021		
3.1 Advocacy for tobacco and alcohol control 3.1.1 Media advocacy for tobacco control legislation 3.1.2 Advocacy meeting for parliamentarians 3.1.3 Advocacy meeting for non-health stakeholders	BoTC, OACC, ASH BoTC, OACC, ASH BoTC, OACC, ASH	X X X X X	X X X X X X	X X X X X X	X X X X X X	X X X X X	Increase in the number of schools implementing healthier policies Increased support for anti smoking reduce the harmful use of alcohol measures by public and policy makers.	1,000,000
3.2 Taxation 3.2.1 Policy briefs 3.2.2 Media advocacy 3.2.3 Advocacy workshops	OACC, OACC,	X	X				Increased taxation on unhealthy food and beverage	3,000,000
3.3 Cessation 3.3.1 Policy briefs on NRT 3.3.2 Policy briefs on Alcohol Cessation Therapy 3.3.3 Model NRT, ACT programme 3.3.4 NRT,ACT training for health staff 3.3.5 Developing Report for service on alcohol use disorder	TRC, IHPP, OACC BoTC, OACC BoTC, OACC OACC	X X X	X X X	X X X	X X X	X X X	- -Report programme for service on alcohol use disorders.	3,000,000
3.4 Fellowships and awards 3.4.1 Junior tobacco and Alcohol	BoTC, OACC	X		X	X	X		1,000,000

fellowships 3.4.2 Senior tobacco and Alcohol fellowships 3.4.3 Smoke-free province award, Alcohol Cessation Awards.	BoTC, OACC BoTC, OACC	X X	X X	X X	X X	X X		
3.5 Monitoring and Review 3.5.1 Biannual subnational review meetings on tobacco and alcohol control 3.5.2 Internal review mission 3.5.3 External review mission	BoTC, OACC, ASH, TRC BoTC, OACC, ASH, TRC BoTC, OACC, ASH, TRC	X X X	X X X	X X	X X X	X X X		1,500,000
Total								10,000,000

Strategic Action 3 B: Strengthening policy implementation to reduce NCD risk factors (Obesity including unhealthy diet and Physical inactivity)

***A parallel WHO funded project on " Strengthening of interventions and monitoring of obesity" is commencing by NCD Alliance.**

Activities	Responsible Agencies	Timeline					Expected outputs	Estimated Budget (THB)
		2017	2018	2019	2020	2021		
3.6 School-Based interventions							-Lessons learned from community-based programmes	3,000,000
3.6.1 Diet and Physical activity Guidelines for schools	DOH, IHPP, PARC, MoE, MoTS, local governments	X						
3.6.2 Model programme	DOH, IHPP, PARC, MoE, MoTS, local governments	X	X	X				
3.6.3 Stakeholder workshop	DOH, IHPP, PARC, MoE, MoTS, local governments		X	X				
3.6.4 Impact assessment	DOH, IHPP, PARC, MoE, MoTS, local governments	X	X	X				
3.7 Fiscal Policy								3,000,000
3.7.1 Policy brief	DOH, IHPP, MoI, NCD Alliance, BoNCD	XX	XX	XX	XX	XX		
3.7.2 Media advocacy	DOH, IHPP, MoI, NCD Alliance, BoNCD	X	X	X	X	X		
3.7.3 Advocacy workshop	DOH, IHPP, MoI, NCD Alliance, BoNCD	X	X	X	X	X		
3.8 Market regulation							Reduced marketing to children and adult of unhealthy products	3,000,000
3.8.1 Situation assessment	NCD alliance, DOH, IHPP, PARC, MoE, MoTS	X	X	X				
3.8.2 Policy on marketing	NCD alliance, DOH, IHPP, PARC, MoE, MoTS	X	X	X				
3.8.3 Monitor compliance	NCD alliance, DOH, IHPP, PARC, MoE, MoTS			X	X	X		
3.9 Food legislation							Increase	1,000,000

3.9.1 Stakeholder meeting	DOH, IHPP, FDA, NCD Alliance, BoNCD	X	X	X			engagement of stakeholder	
Total								12,500,000
Strategic Action 3 C: Strengthening policy implementation to reduce NCD risk factors (4*4*4) model development								
Activities	Responsible Agencies	Timeline					Expected outputs	Estimated Budget (THB)
		2017	2018	2019	2020	2021		
3.10 Monitor compliance model for physical activity and Healthy diet in workplace	DOH, PARC, IHPP				X	X	Increase working performance for workers	
3.11 Implement multicomponent salt reduction strategies in community	5 regions of Thailand, BoNCD, NCD Alliance	X	X	X	X	X	salt reduction district Model from 5 different regions	
3.12 Model development for Bicycling City	5 potential local governments from 5 regions of Thailand	X	X	X			Bicycling City Model from 5 different local government	
3.13 Promoting PA & Sedentary reduction model for Children and Youth	5 potential Education Regions from 5 regions of Thailand			X	X	X	Model for promoting PA & Sedentary reduction for Children and Youth	
3.14 Behavior modification model development for Adults	4 Different private agencies based on sedentary tasks			X	X	X	Behavior modification model for workers in private agencies	
3.15 Active aging city	4 potential local governments from 5	X	X	X			Active aging city model	

	regions of Thailand							
3.16 Research training program for young researchers in the area of Physical Activity	Research Institution for Social and Population, Mahidol University	X	X	X			20 Capable young researchers in PA areas	

Strategic Action 4: Strengthening health services for hypertension and diabetes								
Activities	Responsible Agencies	Timeline					Expected outputs	Estimated Budget (THB)
		2017	2018	2019	2020	2021		
4.1 Situation assessment 4.1.1 analyze situation of data & information system in District health area and improve from root cause 4.1.2 Identify and developed intervention packages	BoNCD, NHSO, HDC MoPH BoNCD, NHSO, HDC MoPH	X X					Package of interventions developed for NCDs prevention and control	2,500,000
4.2 Model for hypertension/diabetes control (NCD Clinic Plus) 4.2.1 Extend results of intervention - Home monitoring blood pressure - community diabetic prevention program - Diet & Nutrition control provide by Community	Professional associations NCD MoPH HDC MoPH NCD NHSO	NHSO	X	X	X	X	Policy recommendations for improving coverage and quality of NCDs prevention, screening and treatment services	5,000,000
4.3 Build capacity of health staff 4.3.1 Training knowledge & skill - diabetes/hypertension clinic physicians - Nurse case manager of diabetes/hypertension clinic -Train the trainer of community	BoNCD, NHSO, HDC MoPH	X	X	X	X	X	Increased capacity of health workforce to prevent, screen, treat and track NCDs patients	5,000,000

risk factor management								
Total								12,500,000
Strategic Action 5: Improving surveillance, monitoring and accountability systems								
Activities	Responsible Agencies	Timeline					Expected outputs	Estimated Budget (THB)
		2017	2018	2019	2020	2021		
5.1 Map and harmonize existing surveillance systems 5.1.1 Establish technical working group on NCD surveillance 5.1.2 Desk review and mapping of existing NCD surveillance systems	BoNCD	X X					Recommendations for harmonized NCD surveillance and monitoring system developed	1,000,000
5.2 Build individual and institutional capacity 5.2.1 Support FETP programme 5.2.2 Capacity building workshops	BoNCD	X X	X X	X X	X X	X X	Increased capacity of FETP fellows and staff and in NCD surveillance	5,000,000
5.3 Support and improve utilization of national and global surveys 5.3.1 National surveys (sodium, tobacco, alcohol, NHES, BRFSS, national physical activity surveys) 5.3.2 Global surveys (CCS, GYTS, GSHS, GATS, GPAQ, Report Card)	BoNCD	X X	X X	X X	X X	X X	Comparable global data on NCD risk factors available	10,000,000
5.4 Publish and disseminate surveillance reports							Timely availability of	4,000,000

5.4.1 Annual NCD report and NCD newsletter	BoNCD	X	X	X	X	X	NCD data for policy making	
5.4.2 NCD data portal	BoE		X	X				
5.4.3 Data dissemination workshops	BoE	X X	X X	X X	X X	X X		
Total								20,000,000
Strategic Action 6: Facilitating international collaboration and linkages								
Activities	Responsible Agencies	Timeline					Expected outputs	Estimated Budget (THB)
		2017	2018	2019	2020	2021		
6.1 Co-sponsor international meetings								
6.1.1 Alcohol	IHPP, DDC			X			Thailand's global leadership enhanced	1,500,000
6.1.2 Obesity	DOH	X			X			
6.1.3 Global NCD Alliance Forum	NCD alliance		X					
6.1.4 Physical Activity	DOH					X		
6.2 Document best practices								
6.2.1 Alcohol	DDC, IHPP	X					Thai NCD best practices published	1,000,000
6.2.2 Physical activity	DOH, PARC			X				
6.2.3 Tobacco	DDC, IHPP, TRC, SEATCA		X					
6.2.4 School-based interventions	DOH, Ministry of Education				X			
6.2.5 Work place interventions	DOH, Ministry of labor, Academia					X		
6.3 Support participation of Thai experts at global forums								
6.3.1 Global NCD co-ordination mechanisms	MoPH, IHPP, academia, NGOs	X	X	X	X	X	Increased demand for Thai experts	1,000,000

6.3.2 Participation in important global meetings	MoPH, IHPP, academia, NGOs	X	X	X	X	X		
6.4 Enhance capacity of young Thai professionals								
6.4.1 International consultant grooming workshops	IHPP		X		X		Increased capacity of Thai professionals to serve as international consultants	1,500,000
6.4.2 Communication and advocacy workshops	IHPP	X		X		X		
Total								5,000,000

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