UNIVERSAL HEALTH AND PREPAREDNESS REVIEW (UHPR)

NATIONAL REPORT OF

THAILAND

APRIL 2022





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I. EXECUTIVE SUMMARY

Thailand, one of the countries selected to pilot the Universal Health and Preparedness Review (UHPR), conducted its UHPR in April 2022. The UHPR was developed by WHO as a catalytic tool to promote a systematic country-led review by both health and non-health actors utilizing the lessons learnt from past health emergencies, as well as the COVID-19 pandemic. The UHPR process drew attention to specific areas that could be strengthened for countries to be better prepared to respond to future public health threats, including pandemics. This report, a product of the first phase of the UHPR initiative that identifies concrete areas for peer-learning and support between Member States and documents best practices, solutions and innovation, will provide important input to the global peer review phase.

The review process was focused on 3 pillars: governance, management, and leadership; strong, agile, and coordinated national and global systems for emergency preparedness; and predictable and sustainable resources. Critical inputs were gathered by WHO, UHPR TAG and Government experts through 13 site visits, 6 high-level meetings, 29 interviews and 2 simulation exercises.

Thailand identified key priority actions to improve health emergency preparedness capacities in the country, including: investing in innovation and digital technology; developing and implementing strategies to sustain pandemic response gains, including governance, policy, IT, and community engagement; strengthening health, wellbeing, and inclusion of vulnerable populations; enhancing domestic capacities for self-reliance, including vaccines, diagnostics, and therapeutics; and developing and implementing a strategy to strengthen data integration. Additional actions were expanding and sustaining research and development capacities for health emergency preparedness; continued investment in multidisciplinary workforce; recognizing committed leaders as public health champions; documenting and disseminating best practices and lessons learned; and improving risk communication capacities.

Thailand also reported the following contributory factors for health emergency preparedness: public trust in government, leadership, and public health; agile health security capacities; capacity to adapt and adopt policies, regulations and needs based on the evolving pandemic; mobilization of community health volunteers and support from multiple sectors to manage the health and socio-economic impact of the pandemic; and adoption of digital technologies and innovation, and the application of R&D in public health emergencies such as COVID-19 (including risk communication, contact tracing, health profiles, etc.).

The UHPR identified the following challenges: addressing healthcare delivery, Primary Health Care, and emergency preparedness in urban settings with vulnerable populations; 80,000 refugees in Thailand still rely on NGOs for health and education services and have no direct access to government services including COVID-19 vaccines; partial engagement with the private sector; partial integration of data from different sectors for decision making; uncertainty about how to sustain and share innovations developed during the COVID-19 pandemic; and medical waste management. Furthermore, Thailand has limited domestic production capacity for medical countermeasures including vaccines, diagnostics, and therapeutics; limited flexibility in the provision of support through call centres; stringent and rigid budgetary frameworks that hinder the reallocation of resources for emergency procurement; pandemic 'fatigue' and public complacency that have led to limited adherence to public health and social measures; and delays in instituting risk communication measures to counteract fake news.

II. COUNTRY CONTEXT

1. Country background

Thailand, a country in the WHO South-East Asia Region, has a population of 69 million. Before the COVID-19 pandemic, Thailand's life expectancy at birth was 79 years. Thailand is transitioning from an ageing to aged society: 15.8% of its population is aged 60 and older. In 2014, Thailand's total expenditure on health was 4.12% of its gross domestic product and its general government expenditure on health was 13.28% of its total government expenditure.

Thailand has made remarkable progress in social and economic development, moving from a low-income to an upper-middle-income country over the last four decades. Thailand's growth has created millions of jobs that have helped pull millions of people out of poverty. Social welfare has been improved: more children are going to school for longer, virtually everyone is now covered by health insurance, and other forms of social security have expanded.

Thailand is among the world's leading 'medical tourism' destinations. Thailand's network of public hospitals provides universal healthcare to all Thai nationals through three government schemes. Private hospitals complement services provided by the health system especially in Bangkok and large urban areas. Thailand has 927 government hospitals, 363 private hospitals, 9,768 government health centres and 25,615 private clinics. Universal health care for Thais is provided through three programmes: the civil service welfare system for civil servants and their families, the Social Security scheme for private employees, and the Universal Health Coverage (UHC) scheme for all other Thai citizens. The introduction of UHC in 2002 extended the coverage of uninsured people to 18 million and of individuals previously covered by less comprehensive schemes to 29 million.

2. Country risks

Since the SARS (2002) and avian influenza H5N1 (bird flu) (2004) epidemics, emerging and re-emerging infectious disease are major concerns for Thailand.

Thailand is also susceptible to natural climate-related and man-made disasters including floods, droughts, tsunamis, storms, landslides, forest fires and periodic decreases in air quality (PM 2.5). However, droughts and floods pose the most significant threats to the country's population.

As a top-tourist destination and an international travel hub, Thailand is also vulnerable to the international spread of infectious diseases. Therefore, effective capacities for disease surveillance and response are needed at points of entry. Additional health risk factors include long porous land borders, high-density urban settings, and industrial zones.

3. Most relevant and innovative actions during the COVID-19 and other recent emergencies

The COVID-19 pandemic

Key lessons learnt from the pandemic influenza H1N1 were applied in developing new COVID-19 policies and measures. These measures included a 'Test & Go' process before departure for Thailand, PCR testing on arrival in Thailand, and quarantine/isolation measures. Since Thailand reported its first COVID-19 case, it has continuously improved its ability to test for the virus and to isolate positive cases at points of entry and inside Thailand. Key measures such as case detection, contact tracing, healthcare triage and case management were conducted effectively and efficiently. Enhanced screening and quarantine capacities facilitated reopening of tourism and resumption of trade.

A nationwide equitable free COVID-19 treatment scheme for all people on Thai soil was swiftly implemented. The COVID-19 vaccine was availed to Thai and non-Thai populations, including and migrant workers. Transparency was demonstrated by providing daily updates to the public. Communities, with the support of Village Health Volunteers, were involved in pandemic response.

Intensified collection, integration and analysis of all relevant data and information ensured that Thailand was well placed to continue learning and enhancing its resilience against future health threats.

Public-Private Partnership: Positive and Negative Pressure Helmet Innovation

The positive and negative pressure helmet, an innovation developed during the COVID-19 pandemic, is used to prevent airborne spread of COVID-19 when infected cases meet potentially uninfected persons. The innovation, developed through a private and public partnership to combat the COVID-19 pandemic, may be used to prevent future respiratory diseases, and could also be exported to other countries.

Research & Development on vaccination

Although the Thai government had made investments in R&D for vaccination before the COVID-19 pandemic, support for R&D for vaccination was enhanced during the COVID-19 pandemic.

III. HOW THE UHPR WAS CONDUCTED IN THE COUNTRY

The UHPR Pilot mission in Thailand, conducted from 21-29 April 2022, was led by the Ministry of Health as the lead Government agency, with the guidance & support of WHO. The WHO team was led by Dr Samira Asma, Assistant Director-General, and Dr Stella Chungong, Director for Health Security Preparedness.

The exercise involved more than a hundred country representatives including key partners from different sectors and disciplines from all Thai regions, as well as academics, community representatives, civil society, and the private sector. The composition of the UHPR national commission and secretariat is shown in Annex 1.

1. Methodology

The UHPR comprised: meetings with national political, administrative, and legislative authorities at the highest levels of government; simulation exercises to assess national and subnational capacities; eReview of the information collated by the country experts during pre-mission activities; and review of reference documents shared by the country, including legal and other strategic document, plans, procedures, reports, and scientific studies. The process also involved discussions with target informants; Focus Group Discussions; field visits; and presentations of preliminary findings and related recommendations upon completion of the mission.

The UHPR process produces a summary 'situational analyses' of key areas connected to health and emergency preparedness, including Universal Health Coverage (UHC), health emergency capacities, healthier populations, 'dynamic preparedness' metrics, and individual contextual indicators. A quantitative analysis of available data on predefined health-related metrics identified 'red' and 'green' flags within the country. A qualitative review of existing reviews and assessments including the 2017 IHR-JEE report, the 2020 pandemic COVID-19 Intra-action review (IAR) report, reports of simulation exercises and after-action reviews, and the 2018 National Action Plan for Health Security (NAPHS) was also conducted. Moreover, observations were made during field visits and interviews were held with key informants.

Priority areas (including red and green flags) were subjected to 'deep dives.' 'Deep dives' involved the collection and critical analysis of additional quantitative and qualitative data. These priority areas informed the design of simulation exercises, as well as the focus of key informant interviews, high levels meetings, and field visits. Additionally, a consultative workshop with key experts was conducted on 12 July 2022 to discuss and consolidate the information gathered.

The Simulation Exercise conducted in hybrid-format addressed the following priority areas; strengthening the health information system; improving risk communication and infodemic management to enhance MoPH capacity for public communication and interfacing with the media; safeguarding the continuity of essential health services and resilience of the health system, especially Primary Health Care (PHC), patient referral to a higher level of care, and community and private sector engagement; providing UHC for migrants (introduced during the COVID-19 pandemic); managing vaccination campaigns; and enhancing COVID-19 quarantine procedures by enhancing Points of Entry' capacities.

The Simulation exercise highlighted the importance of multisectoral cooperation (beyond the health sector) for effective pandemic response, and the need to balance public health and economic priorities during the pandemic period. An effective tracking system for travellers arriving in Thailand, linked to surveillance and

preparedness plans, was recommended to strengthen case detection and response. The UHPR agenda is shown in Annex 2.

2. UHPR multisectoral high-level platforms (national commission & secretariat)

The UHPR pilot process was conducted under the distinguished patronage of His Excellency Mr. Anutin Charnvirakul, Deputy Prime Minister and Minister of Public Health, Thailand. H.E. Mr. Anutin Charnvirakul, the Public Health Minister, is also the Chair of the National Communicable Disease Committee (NCDC), which was designated the UHPR National Committee. Composition of the UHPR national commission and secretariat is shown in Annex 1 and the country's organogram in Annex 3.

IV. OUTCOMES OF THE UHPR

Category 1: Governance

Best Practices	 Formidable high-level commitment to governance, management, and leadership. Efficient collaboration between sectors, including government, academia, civil society, and the private sector. Evident whole of government and whole of society approaches. The government consistently communicated with the public during response to epidemics. The prime minister, with the support of health officials, often took a lead role in directly informing to the public. Preserving the human rights and health of workers. Established inter-sectoral collaboration between the Ministry of Public Health and the rest of the public sector (i.e., other ministries) and the private sector that recognizes the importance of networks in holistically handling health and environmental issues. Community involvement in waste separation for sustainable waste/garbage management. Pre-existing accountability mechanisms in place through the National Health Assembly with multiple stakeholders.
Gaps and challenges	Limited engagement with the private sector.
Priorities	Strengthening inter-departmental communication in the Ministry of Public Health supported by standardized procedures, guidance, and training.

 Establishing a national Infection, Prevention and Control unit to strengthen the management of infectious health threats and outbreaks.

Category 2: Systems

Best Practices	 Robust, agile, and coordinated national and inter-country systems for emergency preparedness. Well-established coordination structures at the national and sub-national levels – namely the Centre for COVID-19 Situation Administration (CCSA), the National Communicable Diseases Committee, and the Provincial Communicable Diseases Committees. A strong and resilient Thai Health system including primary healthcare services and a universal health coverage system that ensures access to health for all Thai nationals.
Gaps and challenges	 Partial integration of data from different sectors, and information management for decision making (including information related to Emergency Operations Centres). Non-linked datasets in different sectors involved in supporting outbreak responses. Uncertainty about information in some documents submitted in the system. Suboptimal medical waste management practices to support the COVID-19 response. Insufficient workforce and surge capacity for health emergencies. Delays in instituting risk communication measures to counteract fake news. Healthcare delivery, Primary Health Care, and emergency preparedness in urban settings and with vulnerable populations, such as slum dwellers, refugees, and migrants. Vulnerable populations, and refugees in urban settings rely on NGOs for health and education services, and face challenges in directly accessing to government health services. Limited engagement with the private sector. Uncertainty and concern about how to sustain and share innovations developed during the COVID-19 Pandemic.
Priorities	 Strengthening the workforce Ameliorating medical waste management. Improving risk communication. Bettering vaccine management (purchasing, stocking, and delivery). Developing a secure digital infrastructure system for health to enhance efficacy and capacity.

- Improve Emergency Operation Centres, digital health, laboratories, and points of entry, as well as ICS systems to strengthen preparedness and response to ensure better control of future health threats.
- Ensure access to essential medical services and medical countermeasures including vaccines, diagnostics, and therapeutics.

Category 3: Financing

Best Practices	 Balancing health, economic and societal concerns by implementing the 'bubble and seal' policy in factories for disease control under a closed system as opposed to closing a factory. Adequate funds to implement UHC by the National Health Security Office. Thailand allocated additional funds to support to COVID -19 response and extra monies for policy implementation such as access to healthcare for all people residing in Thailand.
Gaps and challenges	 Limited domestic production capacity for medical countermeasures including vaccines, diagnostics, and therapeutics. Stringent and rigid budgetary frameworks hindered the reallocation of resources for emergency procurement. Sub-optimal coordination between sectors and providing adequate financial support. Ineffective budget management practices for emergency operations such as disbursement.
Priorities	 Increasing investment in research and development. Developing a long-term budgetary plan including contingency funds for rapid allocation in the event of emergencies.

V. HIGHEST NATIONAL PRIORITIES & ACTIONS

1. Implementation of relevant international and regional commitments

International Health Regulations (2005)

Emerging and re-emerging infectious disease have been issues of concern for Thailand since the SARS (2002) and avian influenza H5N1 (bird flu) (2005) epidemics.

Thailand undertook an IHR Joint External Evaluation in 2017 followed by development of a National Action Plan for Health Security (NAPHS) in 2018. Plans are underway to

conduct a second JEE with the third edition of the JEE tool later in 2022 followed by development of an updated NAPHS in 2022/3.

IHR State Party Self-Assessment Annual Reporting is up to date. Thailand regularly conducts Simulation Exercises and after-action reviews; a COVID-19 Intra-Action Review was undertaken from 20-24 July 2020.

In 2021, Thailand conducted a Tripartite Joint Risk Assessment. A an IHR-PVS National Bridging Workshop is scheduled to take place in July 2022.

Regional commitments

Thailand hosted the Global Health Security Agenda (GHA) from 2020-2021. Thailand is a GHSA lead country for workforce development and laboratory systems, and a contributor country for antimicrobial resistance. Furthermore, Thailand has strong commitments to ASEAN health Initiatives, including hosting the ASEAN+3 Field Epidemiology Training Network. Moreover, Thailand is expected to host the new ASEAN Centre for Public Health Emergencies and Emerging Diseases. Commitments to the South-East Asia Region of WHO have been made through the forum of the Regional Committee.

Sustainable Development Goals

Thailand is committed to implementing the Sustainable Development Goals (SDGs) by 2030. The country reported an SDG index score of 74.12 out of 100. Thailand has made some progress in achieving the SDGs, particularly SDG 1: No poverty, SDG 3: Good health and well-being, SDG4: Quality Education, SDG 5: Gender Equality, SDG 6: Clean Water and Sanitation, SDG 9: Industry, Innovation, and Infrastructure, and SDG 12: Responsible Consumption and Production. However, Thailand continues to face key challenges in reducing inequalities, and guaranteeing access to justice, and managing natural resources and the environment.

Other commitments related to health emergency preparedness

In 2021, the Thai government set up a Public Health Reform Steering Committee focusing on 5 major public health areas including public health emergency management reform on epidemic and emerging infectious disease for national health security (Big Rock 1, Ending pandemics through Innovation).

2. National priorities and actions on the path to health security and sustainable development

National priorities for health security

Thailand's national priorities for health security are:

- Establishing a committee for healthcare workers' needs assessment, healthcare workers' empowerment and developing a plan for cross training opportunities.
- Developing a Disaster Response Plan and an Emergency Preparedness and Response Plan with the involvement of all relevant sectors and stakeholders.
- Developing a preparedness plan for waste management, and a data centre.
- Developing a long-term budgetary plan incorporating speedy budget allocation in the event of emergencies.
- Developing Comprehensive Public Health Emergency plans and activities on Disaster and Health Emergency risk reduction
- Conducting area-based risk assessment or hazard vulnerability risk assessment for health emergencies at national and subnational level
- Collaborating with multiple stakeholders (Health-Non-Health Sectors, Public Private coordination) to unify emergency response
- Developing implementation plans for resource mobilization in emergencies
- Developing a standardized action plan/curriculum for emergency response drills/exercises
- Establishing Standard Operating Procedures for Public Health Emergency Management
- Establishing effective budget and resource allocation mechanisms during emergencies
- Training personnel on Public Health Emergencies and risk reduction

Domestic actions for health security capacity strengthening

Thailand aims to review and address critical gaps identified through the IHR Joint External Evaluation (JEE), the IHR (2005) State Party Self-Assessment Annual Reporting (SPAR) and the COVID-19 Intra-Action Review. The National Action Plan for Health Security will be regularly reviewed and updated, and a sustainable financing mechanism put in place.

The challenges and shortcomings to be addressed include the lack of unified database to inform policy decision, a previous short-term emergency plan, and the time-consuming and inflexible withdrawal budget policy in times of crisis. Thailand therefore requires an efficient budgetary long-term plan incorporating speedy budget disbursement for emergencies to effectively utilize existing health funds and limit the need for external funding.

Additional priorities include:

- Creating a standardized system for public health emergency and disaster risk reduction through:
 - o Real time situation analysis from medical and public health information

- o Threat and hazards vulnerability risk assessment
- o Health impact analysis and assessment
- Preparing risk data and conducting a risk assessment related to public health emergencies
- Developing standardized measures for public health and disaster risk reduction through:
 - Developing actions on prevention and mitigation measures considering the environment and infrastructure
 - o Community preparedness and drills
 - o Establishing community plans for shelters/temporary residence
 - Developing standardized health data and information systems to assist in emergency response
 - Stockpiling and establishing a logistic system for medical and public health resources
 - Developing public health surveillance and early warning systems for emergency readiness
- Encouraging all sectors to develop guidelines/action plans for public health risk reduction by:
 - Allocating funds for risk reduction activities
 - Encouraging health facilities to run projects related to emergency preparedness
 - Encouraging community leaders/village health volunteers to participate in community risk prioritization
 - o Providing medical/health information to relevant community councils

Long-term national plans for health security and sustainable development

Thailand has a national strategic plan that primarily serves as an operational framework for health agencies so that health systems are developed and implemented in line with the prevailing circumstances, the 20-year National Strategic Plan 2017-2036, the 12th National Economic and Social Development Plan (2017-2021), Thailand 4.0 Agenda, the United Nations' Sustainable Development Goals (SDGs) and the National Reform Policy towards "Security, Prosperity, Sustainability."

The National Plan for Public Health Emergency Management includes the following elements:

Vision: A Thai society with an integrated and effective Public Health emergency management system focused on reducing risks, preventing diseases and health hazards.

Goal: To develop an integrated unified effective system and operational practice in prevention and mitigation of public health emergencies from the community, local and national levels in cooperation with the public sector, private sector and partnerships network both domestically and internationally to limit loss of lives in an affected area

- Promoting standardized risk reduction of medical and public health hazards
- Integrating and providing comprehensive and efficient medical and public health services in emergency and disaster situations
- Enhancing recovery efficiency after medical and public health disasters
- Developing capacity and mechanisms for integrated management of international medical and public health in emergency and disaster situations using technology and innovation

The roadmap for the medical and public health disaster prevention and mitigation action plan 2023-2027 outlines the following goals:

- 2023: Develop an action plan for medical and public health disaster prevention and mitigation 2023-2027 acknowledged by the cabinet.
- 2024: Implement the action plan through all agencies involved in disaster prevention and mitigation at all levels.
- 2025 and 2026: Integrate medical and public health emergency prevention and mitigation plans/projects/budgets.
- 2027: Ensure all agencies within the country can deal with all hazards in all aspects at all levels.

Specific long-term national plans for health security and sustainable development include:

- Development of an effective tracking system for arrivals linked to surveillance and preparedness.
- Development of a long-term budgetary plan incorporating speedy budget allocation in the event of emergencies.
- Ensure that pre-existing multi-hazard and multi-sectoral emergency preparedness and Business Continuity Plans cater for human resources to support responses to future health emergencies.
- Development of a Disaster Response Plan and an Emergency Preparedness and Response Plan with the involvement of all relevant sectors and stakeholders.
- Development of a preparedness plan on waste management, and on establishing a data centre.

ANNEXES

Annex 1: Composition of the UHPR national commission and secretariat

Positions and Organization represented:

Deputy Secretary-General of Food and Drug Administration

Director, Medicines Regulation Division.

Food and Drug Administration

Assistant Director General of the Department of Health Service Support

Medical Officer, Advisory Level,

Department of Medical Services

Chief of National Influenza Center,

Department of Medical Sciences

Deputy Secretary General,

The National Health Security Office

Deputy Secretary General,

Social Security Office

Deputy Director of Narcotic Control Management Center and Representative of CCSA

Subcommittee, Health Technical Office

Deputy Governor, Phuket Province

Director Disaster Management Centre,

Department of Disaster Prevention and Mitigation

Director of Social Division,

Department of International Organization, Ministry of Foreign Affairs

Director, Division of Administration,

Permanent Sec Office, Ministry of Transport

Director of Policy Cooperation and Strategy Division,

The Office of the Secretariat of the Prime Minister

Plan and Policy Analyst Practitioner Level.

The Office of the Secretariat of the

Policy and Strategy Coordination

Specialist,

The Office of the Secretariat of the

Prime Minister

Prime Minister

Director of Policy and Planning Bureau,

The Office of the Secretariat of the

Prime Minister

Prime Minister's Operations Center

Coordinator,

Immigration Bureau

Director of Welfare and Personnel

Relations Division,

Tourism Authority of Thailand

Secretary,

Tourism Authority of Thailand

Minister's Working Group,

Ministry of Labour

Minister's Working Group, Ministry of

Labour

Director of Medical Services Division,

AOT Medical Department, Airport of Thailand Public Company Limited

Vaccine Technical Officer,

National Vaccine Institute

Registered Nurse,

Airport of Thailand Public Company

Limited

Human Resource,

Tourism Authority of Thailand

Project Coordinator,

World Vision Foundation of Thailand

Advisor to the Ministry of Public Health in Global Health,

International Health Policy Program

Foundation

Senior Advisor,

International Health Policy Program

Secretary-General,

National Health Security Office

Deputy Secretary,

National Health Security Office

Director of Disease Control Division,

Health department, Bangkok Metropolitan Administration

Medical Doctor, Professional Level,

Health department, Bangkok Metropolitan Administration

Registered Nurse, Senior Professional Level, Division of International Disease Control Port and Quarantine, Department of Disease Control

Public Health Technical Officer, Senior

Professional Level,

Division of International Disease Control Ports and Quarantine, Department of Disease Control

Public Health Technical Officer,

Professional Level,

Department of Thai Traditional and

Alternative Medicine

Director of the Social Budgeting Division 3, Budget Bureau

Global Fund Grant Department

Manager,

World Vision Foundation of Thailand

Project Manager,

World Vision Foundation of Thailand

Permanent Secretary,

Ministry of Higher Education, Science,

Research and Innovation

Dean Faculty of Medicine,

Siriraj Hospital, Mahidol University

Dean Faculty of Medicine,

Ramathibodi Hospital, Mahidol

University

Head of the Center of Excellence in

Clinical Virology, Faculty of Medicine,

Chulalongkorn University

Executive Director of the National Research Council of Thailand (NRCT),

Ministry of Higher Education, Science,

Research and Innovation

Inspector - _General,

Ministry of Higher Education, Science,

Research and Innovation

President of Rajamangala University of

Technology Thanyaburi

Vice President of Kasetsart University,

Plan and Policy Analyst, Professional Level, Ministry of Higher Education, Science, Research and Innovation

Deputy Director-General,

Department of Medical Services

Director of National Institute of Health of Thailand, Department of Medical

Services

Director of Bureau of Information,

Office of Permanent Secretary

Secretary-General,

National Health Security Office

Deputy Secretary-General,

National Health Security Office

Deputy Secretary-General,

National Health Security Office

Assistant Secretary-General,

National Health Security Office

Director, Monitoring & Evaluation

Cluster,

National Health Security Office

Agile Team,

National Health Security Office

Manager, Policy Advocacy Unit,

National Health Security Office

Minister of Labour, Ministry of Labour

Advisor to the Minister, Ministry of

Labour

Advisor to the Minister, Ministry of

Labour

Advisor to the Minister, Ministry of

Labour

Deputy Permanent Secretary, Ministry

of Labour

Deputy Secretary General, Social Security Office, Ministry of Labour

Medical Doctor, Professional level,

Division of Health Economic and

Health Security

Director of Ramathibodi Hospital Chief of UHOSNET, Medical Treatment and

Medication Support in Bangkok,

Ramathibodi Hospital

Public Health Technical Office, Special

Professional Level,

Department of Health Service Support

Saraburi Provincial Chief Medical

Officer,

Saraburi Provincial Public Health Office

Director, National Institute for

Emergency Medicine,

National Institute for Emergency

Medicine

Chief of Medical Officer, Chonburi Provincial Public Health Office

Medical Physician, Expert level (Preventive Medicine), Chonburi Provincial Public Health Office

Medical Director of Banglamung

Hospital,

Banglamung Hospital

Secretary of Laem Chabang Port of

Entry Work Team,

The Office of Disease Prevention and

Control Region 6 Chonburi

Assistant Managing Director of Leam

Chabang Port, Leam Chabang Port

Director of Port Operation Division,

Port Operation Division

Founder and Secretary- General,

Dung Prateep Foundation

Head of Social research and health

Technical Office,

Ministry of Public Health

Chairperson, Dung Prateep

Foundation,

Dung Prateep Foundation

Deputy Secretary General of the National Health Commission,

National Health Commission Office

Head of International Cooperation

Group,

National Health Commission Office

National Health Commission Office

National Health Commission Office

Samutprakan Provincial Public Health Chief Medical Officer.

Samutprakan Provincial Public Office

Director of Bureau of Environmental

Health,

Bureau of Environmental Health

Director of National Vaccine Institute,

National Vaccine Institute,

Vajira Hospital

Vice Dean, Faculty of Medicine Vajira Hospital

Ministry of National Resource and Environment

CEO of Navamin 9 Hospital Navamintra 9 hospital

CEO of Navamin 9 Hospital Navamintra 9 hospital

Vice president, Navamintra 9 hospital

Vice president, Navamintra 9 hospital

Director of hospital, Navamintra 9 hospital

Medical Officer,

Navamin 9 Hospital Navamintra 9 hospital

Nurse Manager,

Navamin 9 Hospital Navamintra 9 hospital

Nurse,

Navamin 9 Hospital Navamintra 9 hospital

Director, the Office of Khlong Sam Wa District

Depurty Director, the Office of Khlong Sam Wa District

Director – _General, Consular Department,

Ministry of Foreign Affairs

Director of Protection of Thais Abroad, Consular Department,

Ministry of Foreign Affairs

Deputy Director of Narcotic Control Management Center, Health Technical Office

Public Health Technical Officer, Professional Level.

Department of Thai Traditional and Alternative Medicine

Assistant Secretary General,

National Health Security Office

Deputy Secretary General,

National Health Security Office

Director,

National Health Security Office

Deputy Director,

National Health Security Office Area 10

Director,

National Health Security Office Area 12

Director of Primary Care Access Support Mission Group,

National Health Security Office

Director of the Bureau of International Affairs on Universal Health Coverage,

National Health Security Office

Assistant Director of Chiang Mai Provincial Health Office,

Chiang Mai Provincial Health Office

Medical Doctor, Professional Level,

Health Department, Bangkok Metropolitan Administration

Public Health Technical Officer, Senior Professional Level, Bureau of Environmental Health, Department of Health

Policy and Plan Analyst, Senior Professional Level, Department of Health

Policy and Plan Analyst, Professional

Level,

Office of the National Security Council

Deputy Director, Division of THAI-MECC,

Thai Maritime Enforcement

Computer Technical Officer,

Command Center

Policy Analyst,

Ministry of Education

Policy and Planning Officer,

Ministry of Education

Policy and Planning Officer,

Ministry of Tourism and Sports

Assistant Director-General, World Health Organization, Headquarter

Director Health Security Preparedness, World Health Organization, Headquarter

Director, Country Support, World Health Organization, Headquarter

WHO Representative to Thailand, WHO Country Office Thailand

Program Area Manager, Country Health Emergency Preparedness & IHR, WHO SEARO

Technical Officer, Health Security, WHO Country Office Thailand

Logistic Coordinator, WHO Country Office Thailand

Lead & Technical Specialist, Health Services Resilience, World Health Organization, Headquarter

Unit Head, Country Simulation Exercises and Review, World Health Organization, Headquarter

Member of the UHPR Technical Advisory Group (Indonesia), World Health Organization, Headquarter

Capacity Assessment and Planning,

Member of the UHPR Technical Advisory Group (Australia),

WHO Country Office (Thailand)

Director-General,

Department of Disease Control

Deputy Director General,

Department of Disease Control

Director of Dieases Control in Emergency Situation,

Department of Disease Control

Director, Division of International Communicable Disease Control Port and Quarantine,

Department of Disease Control

Public Health Technical Officer, Senior Professional Level,

Department of Disease Control

Registered Nurse, Senior Professional

evel,

Department of Disease Control

Public Health Technical Officer, Professional Level,

Department of Disease Control

Division of Digital Disease Control,

Department of Disease Control

Deputy Director General,

Department of Disease Control

Director, Division of Communicable

Diseases,

Department of Disease Control

Medical Doctor, Practitioner Level,

Department of Disease Control

Veterinarian Senior Professional Level, Department of Disease Control

Department of Disease Control

Public Health Technical Officer, Practitioner Professional Level, Department of Disease Control

Public Health Technical Officer, Practitioner Professional Level, Department of Disease Control

Public Health Technical officer, Department of Disease Control

Project Coordinator, Department of

Disease Control

Annex 2: UHPR Agenda

Universal Health and Preparedness Review (UHPR) on 21-29 April 2022 Thailand

Thursday, 21 April 2022 11:00-12:00	ATK test and registration
12:00 – 13:00	Lunch
13:00 – 13:15	Simulation Exercise 1 (TTX) – Strategic simulation exercise. Introduction of participants & presentation of the SimEx scenario, objectives and expected outcome
13:15 – 15:00	SimEx 1 (Part 1/2) (2 breakout rooms)
15:00 – 15:15	Break
15:15 – 16:00	SimEx 1 (Part 2/2) (2 breakout rooms)
16:00 – 16:30	Debriefing and conclusions of the SimEx 1

Friday, 22 April 2022 08:00-09:00	ATK test and registration
09:00-09:30	Simulation Exercise 2 (TTX) – Operational simulation. Introduction of participants, Introduction to the UHPR process and methodology presentation of the SimEx scenario, objectives and expected outcome
09:30 – 10:30	SimEx 2 (Part 1/2) (2 breakout rooms)
10:30 – 10:45	Break
10:45 – 12:30	SimEx 2 (Part 2/2) (2 breakout rooms)
12:30 – 13:30	Lunch

13:30 – 15:00	Debriefing and conclusions of the SimEx 2
15:00 – 15:15	Break

Monday, 25 April 2022 (Launching	ATK test and registration
ceremony) 10:00 – 10:45	
10:45 – 11:00	Arrival of H.E. Deputy Prime Minister Anutin
	Charnvirakul
11:0011:05	Welcome remarks
	By Dr Jos Vandelaer on behalf of Dr Poonam
	Khetrapal Singh
	Regional Director for South-East Asia, World
	Health Organization
11:05 – 11:15	Welcome remarks
	By Dr Samira Asma, Assistant Director-General,
	WHO
11:1511:30	Opening remarks
	By H.E. Deputy Prime Minister Anutin
	Charnvirakul
11:3011:50	Group photo
11:5012:00	WHO presentation on UHPR process,
	methodology, and expected outcome of the
	mission
	By Dr Stella Chungong, Director, Health Security
	Preparedness Department, World Health
	Organization
12:0012:15	Country presentation on the context, health
	system and highlights for UHPR pilot
	By Dr Chawetsan Namwat, Ministry of Public
	Health
12:15 – 13:15	Lunch

Annex 3: Organogram of the country's governing bodies

Annex 4: References and main documents provided by the country

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- 14. Global Health Security Index (nd). 2021 GHS Index Country Profile for Thailand (https://www.ghsindex.org/country/thailand/, accessed 10 August 2022).
- 15. Hansakul A, Pitaksanurat S, Srisatit T, Surit P (2010). Infectious Waste Management in Ministry of Public Health Hospitalsby Private Transport Sector: Case Study Hospitals in the Northeast in Thailand (https://gsbooks.gs.kku.ac.th/53/grc11/files/hdo5.pdf, accessed 10 August 2022).
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Annex 5: Abbreviations and acronyms

AAR	After action review
IAR	Intra action review
JEE	Joint external evaluation
NAPHS National action plan for health security	
SDGs Sustainable Development Goals	
SimEx	Simulation exercise
SOPs	Standard operating procedures
SPAR	State Party Self-Assessment Annual Report
STAR	Strategic Tool for Assessing Risks
TTX	Tabletop exercise
UHC Universal health coverage	
UHPR Universal Health and Preparedness Review	
WASH	Water, sanitation and hygiene
WHO	World Health Organization

Annex 6: Name List of Report Drafting Team

NO	Name	Organization
1.	Jintana Sriwongsa	Department of Disease Control
2.	Chawetsan Namwat	Department of Disease Control
3.	Soawapak Hinjoy	Department of Disease Control
4.	Khanchit Limpakarnjanarat	Department of Disease Control
5.	Wattana Masunglong	Department of Disease Control
6.	Sukparat Srisuk	Department of Disease Control
7.	Royce Tsukuyama	Department of Disease Control
8.	Richard Brown	WHO Country Office Thailand
9.	Sopon lamsirithaworn	Department of Disease Control