

Public Health Emergency
Program
under WHO-CCS
2022-2026

Funding dialogue
10.00-11.30
10 November 2021

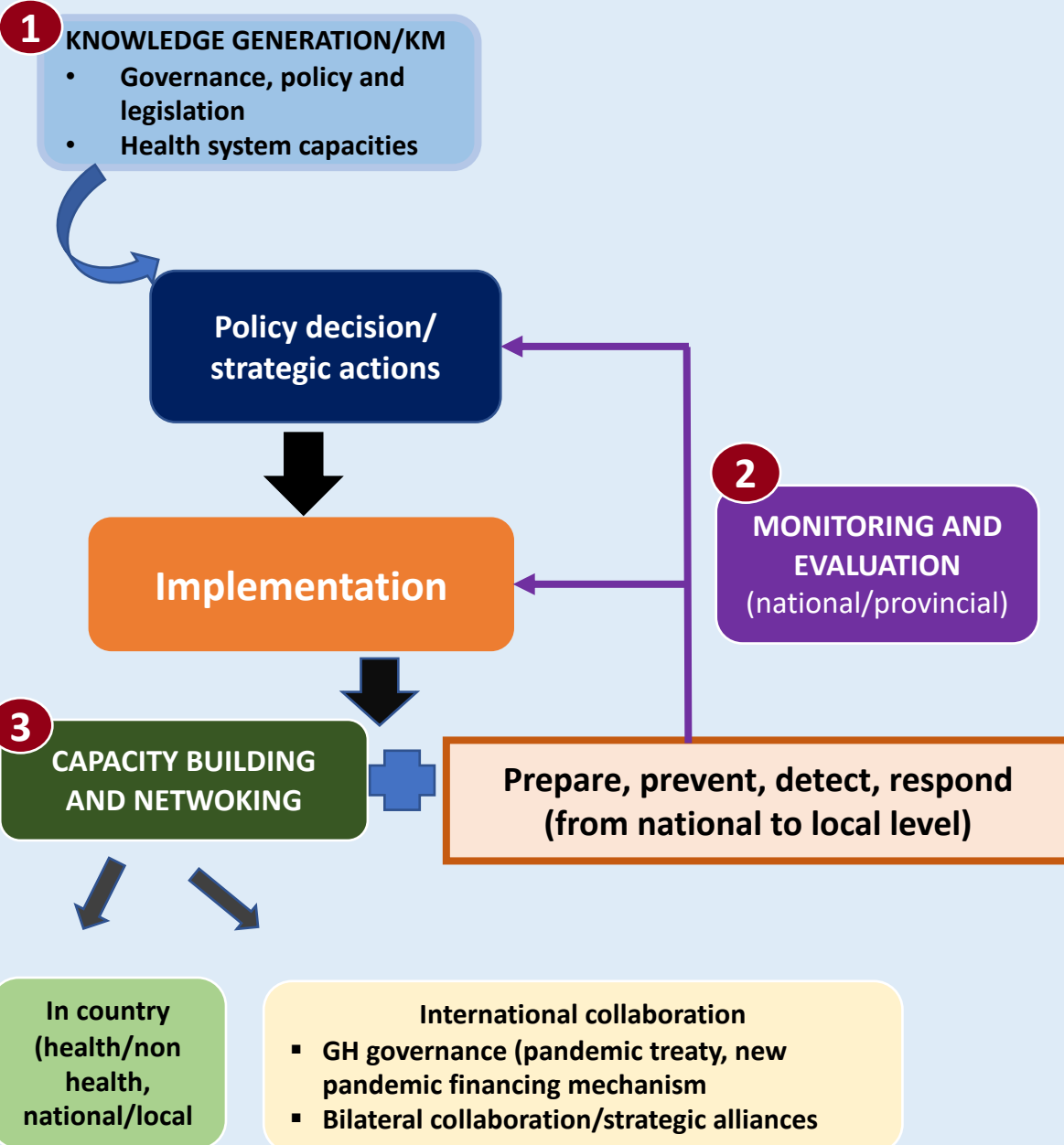




PHE Program under WHO CCS

- **great opportunity of new thinking in terms of how we could design new health security system to respond to future challenges and to live with COVID-19, building on its momentum.**
- **Driving for reform**
- **Achieve better PHE capacities and collective health for all (COVID-19 and non COVID-19, Thai and non Thai)**

PHE Program under WHO CCS



PROGRAM GOALS

Improved national capability to prepare, prevent, detect and respond to public health emergencies

NATIONAL OUTCOMES

1. Better governance
2. Comprehensive national multisectoral plan
3. Reoriented health system
4. Contingency financing
5. PH intelligence system
6. ME platforms on PHE capacities
7. ME platform for AMR
8. Institutionalize IPC
9. AMR as a surveillance item
10. NW of the NW
11. Multisectoral collaboration on AMR (OH)

National reforms, EPI Initiative and other movements including whole society movement and the results of implementation

NATIONAL IMPACT

2022-2023

- **Ending pandemics** in Thailand in **2022**
- **Well control** of the new wave of epidemic and the **socioeconomic activities can continue** in new normal context

2026

Thai society can live life normal in new normal context and well-prepared for the future public health threats

Activities/outputs/outcomes

Governance/ policy and legislations

- Governance/royal decree in 2021-2022
- Review laws and regulations (CD act)

National multisectoral Strategic plan



- Sustainable/participatory governance (long term at all levels)
- Review governance models, other acts/legislations (procurement act, NHS act)



Implementation

Health system capacities in preparedness and response

Review/learn from COVID-19
Reoriented HS (BMR, EEC, PHC, community health model/surveillance/lab, financing/HRH/HIS/service delivery/ATM/risk com/community engagement) etc.)



Select priority actions/Continue work on reoriented health systems

Support evidence informed policy decision, drive some important policies/critical changes

Monitoring and evaluation

Year 1

ME framework at national level

Provincial Scorecard and piloting in selected provinces

AMR national monitoring

Year 2

Regular report on national/provincial performance and progress

ME Dashboard

Country wide expansion of Provincial score card

Year 3

Year 4

Year 5

Capacity Building and NW

Health Security Academy
(leadership program)

Ending pandemic network

1st
batch

Medium term capacity
building plan

2nd
batch

Implementation

Advance training courses

Budget (Initial calculation) waiting for proposals

PHE programme operates on the total budget of 84.52 million Baht over five years

Core team cost	15,660,000	Baht
Administrative cost	320,000	Baht
Operating cost	60,860,000	Baht
IHPP overhead (10% of items 1,2,3)	7,684,000	Baht
Total	84,524,000	Baht



IMPACTS
@
NATIONAL
LEVEL

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2026

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OUTCOMES at national level

- A participatory, effective and **sustainable disease control mechanisms** as mandated by the Royal Decree
- **A comprehensive national multisectoral plan** with sustainable resources and strong/continuous policy support
- **Reoriented health systems** (for future pandemics and collective health for all) In particular urban PHC
- **A contingency financing plan** for public health emergencies. (enables access to all essential care by all Thais/non-Thais)
- **A PH intelligence system** which supports evidence informed policy decision (risk communication and community engagement)

- **A national/provincial M&E platform** for monitoring PHE capacity
- **A national M&E platform on AMR** and an annual national M&E report
- National institute to fully responsible for the Infection Prevention and Control.
- AMR is a mandatory surveillance item
- The “network of the networks” mechanism
- Strengthen multi-sectoral, multi-stakeholder collaboration and expand networks of AMR based on One Health approach.

**Align and synchronize with global movements/national reform plan and EPI Initiative
(collaboration between MOPH and MHESI)**

Program goal

Improved national capability to prepare, prevent, detect and respond to public health emergencies (including AMR)

TARGETS

- *All provinces have completed an evaluation of public health capacities* and will *have undergone planning and resource mobilization* to address gaps and will be in the process of implementing activities to achieve impact
- *50% of provinces will strengthen their capacities and demonstrate improvements* in at least 5 benchmarks to a level of demonstrated capacity as measure by relevant PHE assessment tools and relevant authority

PROGRAM GUIDING PRINCIPLES

1. Strengthening effective multi-sectoral actions at sub-national, national, regional and global level

- Identify and *work synergistically* with the existing networks or organisations to *promote the coherence* and *avoid*
- *Build on and sustain intersectoral and multidisciplinary collaboration during COVID-19*
- Aim to achieve *sustainable and measurable results*
- Facilitate *international collaboration* and engage with international partners based on benefit of the country and balance the partnership in all aspects including geopolitics.

2. The program is *not an implementing agency* of public health emergencies, but it generates evidence to guide effective implementation

PROGRAM GOAL: Improved national capability to prepare, prevent, detect and respond to PHE

OBJECTIVE

ACTIVITY

OUTCOME

OBJ.1: To identify and **prioritize multi-sectoral strategic actions** which support **national exit strategies** from COVID-19 pandemic in 2022

1. Governance, policy and legislation

2. Health system capacities in preparedness and response

- 2.1 Surveillance
- 2.2 National laboratory capacities
- 2.3 Health Workforce
- 2.4 Service delivery
- 2.5 Healthcare financing
- 2.6 Access to medical products, vaccine and health technologies

2.7 Health information system

2.8 Risk communication and community engagement

(1) A participatory, effective and sustainable disease control mechanisms as mandated by the Royal Decree

(2) A comprehensive national multisectoral strategic plan on EID to guide policy direction

(3) Reoriented health systems to better prepare, prevent, detect and respond to the future pandemic, while maintain other essential health services in particular the development of urban primary health care system

(4) A contingency financing plan for public health emergencies. The financing plan enables access to all essential care related to PHE by all Thais and non-Thais who are affected by the PHE.

(5) An intelligence system which supports evidence informed policy decision including monitoring of public perception and misinformation for risk communication and community engagement.

OBJ.2: To identify, **analyze, prioritize gaps and strategic actions, and take essential steps to boost and sustain PHE capacities** at national and provincial levels

3. Monitoring and evaluation

- Develop a self-assessment of PHE capacities at national and provincial level
- Strengthen provincial partners for a regular annual self-assessment
- National M&E system on AMR

(6) A national/provincial M&E platform for monitoring PHE capacity

(7) A national M&E platform on AMR

(8) Designate a national institute to fully responsible for IPC

(9) Endorse AMR as a surveillance item the Communicable Disease Act B.E. 2558

OBJ.3: To strengthen M&E systems for PHE and AMR

4. Capacity building and networking

- Establish Ending COVID-19 Pandemic Network
- Support training course for PHE capacity building

(10) The “network of the networks” mechanism

(11) Strengthen multi-sectoral collaboration and expand networks on AMR under One Health approach

OBJ.4: To engage in national, regional and global collaboration, initiatives and instruments or frameworks relevant to PHE.

Call for proposals

- MOPH (Departments)
- MHESI
- MOAC
- MENRE
- Through networks from central to local
- NHCO, WHO, THPF, HSRI, NHSO
- Social media
- Line group
- websites



Program subcommittee
to identify activities of
the first year