The 2023 Action Plan of
Public Health Emergency Program
under WHO CCS 2022-2026

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The 2023 Action Plan of Public Health Emergency (PHE) Program under WHO-CCS 2022-2026

1. Background

The goal of the Public Health Emergency Program under WHO-CCS 2022-2026 is to build national capacity in public health emergency. The program consists of three key areas, as follows 1) Knowledge generation and knowledge management 2) Monitoring and evaluation and 3) Capacity building and networking.

In 2022, when the COVID-19 pandemic was still widespread, the program focused on knowledge generation at the policy level and long-term planning. Funding was granted to projects that addressed systems needs and that aligned with priority areas raised by the National Reform Committee on Public Health, including Big Rock I: Health Security. Projects funded by PHE CCS had various outputs including policy recommendations to develop/reform legislation relevant to COVID-19 pandemic at the national and subnational levels, policy recommendations to increase access to vaccines for Thai population, lessons learned from health financing during the pandemic, recommendations to build capacity in disease control and laboratory, blueprint for supply chain and logistics, and developing a monitoring and evaluation framework for public health emergency capacity at the national and provincial levels.

After the first year of implementation, the program has funded eight projects covering key reform and policy areas. In the second and third years, the program will focus on advancing research outputs towards systems development. The program will engage key stakeholders in policy advocacy and advance policy recommendations towards decision- making, as well as provide funding to projects that need to be continued in the second and third years.

In the second year of implementation, besides advancing research outputs from the first year, the program direction needs to be revised to correspond with the current situation and context. The COVID-19 pandemic has transitioned from crisis situation into an epidemic; therefore, the program has analyzed the situation and identified gaps/opportunities to act as a catalytic agent to support the country's preparedness strategies. Gaps identified include: Not having a knowledge management manager to consolidate national assets. During the pandemic, funding was granted to support research and development relevant to health security. In addition, several key actions were implemented at the national and local levels. However, they were not consolidated and organized systematically. If a "knowledge management packages" can be organized, it will be beneficial as the center to consolidate and manage knowledge. This could be organized through collaboration between agencies/organizations to accelerate access to information and knowledge, leading to key decision-making. It will also promote innovations and encourage cultural changes towards a learning society. Besides being a knowledge management center, the "knowledge management packages" can take on the role of a convening platform to organize policy dialogues to discuss emerging systems issues - which may not have an agency in charge - by drawing upon the program's strength as a platform engaging key stakeholders, as well as its social/intellectual capital, and convening power which links to policy/decision-making mechanism. Another key role of the

"knowledge management packages" is to systematically strengthen research and development network in the area of health policies and systems by encouraging a long-term capacity building plan for Thailand. There should be a situation and capacity analysis in different areas that are essential for building capacity in health security and health resilience, stock-taking of key implementations/progress, a key stakeholders analysis (within the Ministry of Public Health and Ministry of Higher Education,Science, and Innovation, other sectors, communities, civic societies, and key partners at the international level. This plan should be formulated through multi-sectoral collaboration and integration with network partners, which are all crucial drivers towards health system resilience for health security.

In conclusion, the second year's implementation will cover 2 key areas, as follows:

1) Building upon projects in the first year's implementation. Some projects will require continuous support, and disseminating research findings, as well as linkage to the policy level to advance systems development.

2) Establishing a "Health Security Intelligence" packages to be a center of knowledge management on health security through collaborating with national and international organizations to strengthen network and build capacity in health security. Key stakeholders should be engaged in this collaboration.

2. Objectives of the Second Year Action Plan

2.1 Support the first year's project that will require continuous implementation in the second year, and communicate/ advance research findings from the first year through relevant platforms/ mechanism by utilizing WHO-CCS partners' social and intellectual capital.

2.2 Establish a "Health Security Intelligence" packages to be a center of knowledge management on health security through collaborating with national and international organizations. The following are the key functions of the packages:

(1) Act as a center of knowledge generation and management on health security, particularly key issues at the policy level and systems level. The packages will be a national repository, a knowledge exchange forum and also encourage policy dialogue.

(2) Compile and analyze information on Thailand's public health emergency capacity, while constructively comparing between provinces to encourage the health workforce and serve as a forum for sharing/exchange in systems development.

(3) Build capacity in health system resilience and health security, as well as capacity in health systems research and development by collaborating with all sectors (public sector, development partners, academia, civic societies, private sector and members of the public)

3. Vision of the second year plan

Towards Improving Health Security for All: Safe and secure Thailand and the world from health threats through knowledge and collective wisdom

4. Mission of the second year plan

Pooling together national and international knowledge assets by and across sectors, allowing partners to easily access knowledge and expertise available, and facilitating a response to emerging national needs to ultimately strengthen national public health emergency capacities and evidence-informed policy actions.

5. Health security intelligence packages goal

The Health Security Intelligence packages will be a center to mobilize knowledge generation and management consolidating national and international assets through collaboration with network partners to build upon Thailand's capacity in health security sustainably.

6. Activities/ methods/ outputs/ agencies or persons in charge

Table 1: Activities/ methods/ outputs/ agencies or persons in charge

Activities	Methods/processes	Outputs	Agencies or person in charge
1. Projects in the 1st year			
1.1 Continue to support some projects from the 1st year	▪ The Working Group conducts M&E of projects and proposes to the Subcommittee for final decision.	▪ Complete report of projects in the 1st year	WHO-CCS, PHE Program
1.2 Advance research findings from projects in the 1st year to guide decision-making at the policy level to develop systems.	▪ The Subcommittee and Secretariat work jointly with relevant agencies/mechanisms to drive systems development based on research outputs.	▪ Key policy recommendations from research are communicated and driven through decision-making mechanisms/ policy platforms.	▪ WHO-CCS PHE program acts as coordinator. ▪ Key agencies in charge apply policy recommendations to decision-making as appropriate. ▪ The Subcommittee and WHO-CCS partners support relevant issues through mobilizing social and intellectual capital.

Activities	Methods/processes	Outputs	Agencies or person in charge
2. "Health security Intelligence Packages"			
2.1 Consolidate and manage Health Security knowledge and disseminate to key target groups through appropriate channels.	▪ Collaborate with agencies/source of information (1st year: MHESI for research outputs on health security, WHO for international movement, laws and legislations, tools, methodologies, stories from the field from other countries) ▪ Jointly establish a technical team with the data/ information owner to compile, analyze and synthesize knowledge to systematically organize the information and disseminate to key target groups through appropriate channels. ▪ Create a website to be a knowledge sharing platform	▪ Knowledge disseminated through website or other channels – so target groups can have easy access and benefit from the information.	▪ Principal agency in charge (provide information/ access to information): Thailand Science Research and Innovation ▪ Principal agency in charge (provide information/ access to information) WHO, international movement, laws and legislations, tools, methodologies, stories from the field from other countries
2.2 Health security policy and system research roadmap/framework	▪ Review research projects that have been funded/ outcomes from the JEE and other evaluations. ▪ Analyze and set process to prioritize research and develop roadmap/framework to guide researchers and serve as funding framework.	▪ Health security policy and system research roadmap/framework	▪ Principal agency in charge: Thailand Science Research and Innovation ▪ WHO-CCS PHE acts as technical team and mobilizes experts in the health sector to contribute input and develop framework.

Activities	Methods/processes	Outputs	Agencies or person in charge
2.3 Develop a health security gateway presenting PHE capacity at the national and subnational levels.	▪ Apply the PHE capacities M&E framework from projects in the 1st year to use as tools, and display results on the website.	▪ Data on PHE capacities available on website (UHPR, JEE, GHSA, SPAR or others) through data visualization.	▪ DDC act as core agency to follow-up on IHR core capacities evaluation. - Other agencies who are responsible for indicators/data relevant to health security. ▪ WHO-CCS PHE Program publishes evaluation results on the website.
2.4 Compile list of capacity building programs/ conferences relevant to health security and publish on website.	▪ Coordinate with agencies whose mission is capacity building programs/ conferences relevant to health security (e.g. DDC, universities, WHO, etc.) ▪ Establish a technical team with data owners to compile list of capacity building programs and summarize key contents/annual training calendar to publish on website.	▪ Annual training calendar/ summary of training contents to publish on website.	MHESI: Universities DDC Boromratchanok Institute WHO
2.5 Provide service to arrange policy dialogue /convening platform on key policies or emerging issues that have not been discussed (or have no host agency)	▪ Select policy priorities (by the Working Group) and design policy dialogue process as well as prepare relevant key issues.	▪ Organize policy dialogue on key policies and reach conclusions on next steps/implementation, as well as identify roles of implementor in usual system.	▪ WHO-CCS PHE Program acts as convener and designs/ organizes policy dialogue. ▪ Key stakeholders at the policy level/academia participate in the meeting and contribute to the discussion.

Activities	Methods/processes	Outputs	Agencies or person in charge
2.6 Organize knowledge exchange forum on topics of interest relevant to health security to keep the momentum and significance of health security.	▪ Coordinate with relevant agencies to organize forum.	▪ Bi-annual knowledge exchange forum.	▪ WHO-CCS PHE Program act as co-organizer with relevant agencies.
2.7 Develop capacity building development plan for health security and health system resilience in particular the capacity in policy and health system research	Consult with relevant agencies and set up an advisory gr/ core group to: 1) Analyze national capacity on health security and health system/ taking stock/stakeholder analysis 2) develop long-term direction in building capacity at individual/institutional/national level in all disciplinaries.	▪ 1st year: advisory gr/core group to layout concept of the plan and direction to develop Thailand's capacity in policy and health system and identify key partners. ▪ 2nd year: National conference (health system resilience for health security) ▪ 3rd-4th year: Establishment of Thailand's health policy and system research and development association	▪ National Health Foundation act as focal point. ▪ WHO-CCS PHE Program act as supporting team and mobilizes network in the health sector. ▪ WHO CCS partners mobilize resources/ social & intellectual capital to support capacity building for Thailand's health system research and development.
2.8 Compile stories from the field from other countries and Thailand	▪ WHO compiles stories from other countries ▪ Call for stories from the field from agencies/ individuals/ communities. ▪ Develop criteria to select stories, as well as offer award to stories that are interesting and practical. ▪ Develop content/artwork to disseminate stories from the field.	▪ Stories from the field published through a variety of channels.	▪ WHO compiles stories from other countries ▪ WHO CCS Program compiles and prepares stories/ disseminates stories and awards winners.

7. Funding source

Table 2: Funding source to support program implementation

Funding Source	Amount (baht)
Thai Health Promotion Fund (THPF)	5,000,000
World Health Organization (WHO)	5,070,000
Balance from the 1st year (excluding obligated funding)	444,381.55
Total	**10,514,381.55**

Remarks: Obligated funding (research) = 6,194,153.60 baht

Table 3: Implementation Budget

Category	Amount (baht)
Item1 Labor cost	
1.1 Project advisor	192,000
1.2 Project manager	360,000
1.3 Researchers (2)	1,200,000
1.4 Research assistants (2)	840,000
1.5 Coordinator	420,000
1.6 Accountant	120,000
Total for Item 1	**3,132,000**
Item 2 Adminstrative cost	
2.1 Coordinating cost	36,000
2.2 Stationary cost	12,000
2.3 Financial audit	16,000
Total for Item 2	**64,000**
Item 3 Operating cost	
3.1 Support for projects continued from 1st year	
3.1.1 Development of the national framework and provincial scorecard for monitoring public health emergency capacity	1,000,000
3.1.3 The requirement and management plan for health workforce in pandemic detection and response in COVID-19 pandemic	2,491,500
Total for 3.1	**3,491,500**
3.2 AMR	2,000,000
Total for 3.2	**2,000,000**
3.3 Meetings	
3.3.1 Subcommittee meetings (5)	227,500
3.3.2 Working Group (7)	66,500
3.3.3 Team meetings	12,000
Total for 3.3	**306,000**
3.4 Knowledge Management Packages	
3.4.1 Knowledge and research management (projects supported by Science, Research and Innovation Fund)	**1,000,000**
1) Review all funded research and prepare criteria to select research for dissemination and knowledge management.	150,000
2) Select, compile, analyze and develop framework for knowledge management in each research category.	100,000
3) Synthesize and manage knowledge by project.	550,000
4) Prepare media, design platform and disseminate knowledge through different formats through a variety of channels.	200,000

Category	Amount (baht)
3.4.2 Capacity building program and conference data based	**100,000**
1) Compile list of agencies and institutes with training programs relevant to health security.	
2) Design framework to select capacity building programs to compile in calendar, as well as include each program's uniqueness. Disseminate information on programs.	
3.4.3 Longterm capacity building plan on Health system resilience and health security	**1,000,000**
3.4.4 Provide service in organizing policy dialogue or convening platform on key issues (2 issues)	**100,000**
3.4.5 Develop health security policy and system research roadmap/framework.	**Funding from TSRI**
3.4.6 Knowledge exchange forum	**100,000**
3.4.7 Stories from the field.	**800,000**
1) Compile stories from the field and summarize key points, then screen for further selection.	50,000
2) Select stories to be published on website and outstanding stories.	50,000
3) Award stories published (20) and outstanding stories (10)	200,000
4) Edit and design artwork to publish in different formats	500,000
3.4.8 Website and data visualization	**2,000,000**
Total for 3	**11,097,500**
Total for Items 1 - 3	**14,093,500**
4. Institutional Overhead (10% of Items 1-3)	1,429,350
Total for Item 4	**1,429,350**
Grand Total	**15,722,850**

8. Work plan/ implementation timeframe

Table 4: Work plan/ implementation timeframe

Activities	Q1			Q2			Q3			Q4		
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1. Knowledge and research management (projects supported by Science, Research and Innovation Fund)												
1.1 Review all funded research and prepare criteria to select research for dissemination and knowledge management.	▓	▓	▓									
1.2 Select, compile, analyze and develop framework for knowledge management in each research category.			▓	▓								
1.3 Synthesize and manage knowledge by project.					▓	▓	▓	▓				
1.4 Prepare media, design platform and disseminate knowledge through different formats through a variety of channels.					▓	▓	▓	▓	▓	▓	▓	▓
2. Compile capacity building programs/conferences												
2.1 Compile list of agencies and institutes with training programs relevant to health security.	▓	▓	▓									
2.2 Design framework to select capacity building programs to compile in calendar, as well as include each program's uniqueness. Disseminate information on programs.			▓	▓								
2.3 Develop calendar of training programs/conferences & key contents and include national/international conferences. Distribute information on website and other channels.			▓	▓	▓							

Activities	Q1			Q2			Q3			Q4		
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
3. Develop website to be a source of knowledge on Health Security												
3.1 Select company to develop website.	▓	▓										
3.2 Design website.			▓	▓								
3.3 Set up and develop website.							▓	▓	▓	▓	▓	▓
4. Develop health security gateway (under the website) to display Thailand's PHE capacity, as well as data visualization.												
4.1 Compile results of PHE capacity evaluation from GHSA, JEE, UHPR, SPAR,etc.	▓	▓										
4.2 Select/analyze data and prepare visualization.			▓	▓	▓	▓	▓	▓	▓	▓	▓	▓
5. Develop capacity building development plan for health security and health system resilience in particular the capacity in policy and health system research												
5.1 set up the advisory group/core team	▓	▓										
5.2 Analyze national capacity on health security and health system/ taking stock/stakeholder analysis			▓	▓	▓	▓	▓	▓				
5.3 develop long-term direction in building capacity at individual/institutional/national level in all disciplinaries.					▓	▓	▓	▓	▓	▓	▓	▓
6. Provide service in organizing policy dialogue or convening platform on key issues (2 issues)												
	* Depends on issue, situation and those requiring service											

Activities	Q1			Q2			Q3			Q4		
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
7. Develop health security policy and system research roadmap/framework												
7.1 Review granted researches/projected granted by TSRI fund and identify knowledge gaps	░	░	░									
7.2 analyze/design prioritization criteria and process				░	░	░						
7.3 Develop Roadmap/framework							░	░	░	░	░	░
8. Stories from the field												
8.1 Call for stories from the field from agencies/ individuals/ communities./ WHO compiles stories from other countries	░	░	░	░								
8.2 Develop criteria to select stories, as well as offer award to stories that are interesting and practical.				░	░	░						
8.3 Develop content/artwork to disseminate stories from the fields.					░	░	░	░	░	░	░	░
9. Organize knowledge exchange forum												
	* Depends on issue, situation and those requiring service											

9. Outcomes

9.1 Health security repository (knowledge on health security systems derived from research funded by the Science, Research and Innvovation Fund/ knowledge or tools available at the international level/ stories from the field/ capacity building programs and conferences related to health security)

9.2 Health security gateway (Thailand's health security capacity at the national/ provincial level)

9.3 Roadmap or capacity building plan for personnel/network of health systems research and development/ rationale and plan to organize national conference: Health Systems Resilience for Health Security.

9.4 Policy dialogue/ convening platform to initially support policy clearance on issues with no host agency or issues that are cross-sectoral/ cross departmental.

10. Expected benefits

10.1 Individual level

(1) Target groups (Members of the public/ health personnel) can access knowledge and key information that can lead to personal development.

(2) Foster a culture of learning and a knowledge-based approach of working at the individual level.

10.2 Organizational level

(1) Knowledge can be applied to develop policies/ relevant missions under the agency.

(2) Foster a culture of learning and a knowledge-based approach of working at the organizational level.

10.3 Network level

(1) Knowledge can be applied to develop policies/ relevant missions in the network.

(2) Create a network of health systems research and development, with concrete plans to collaborate, which leads to health systems resilience for health security.

10.4 National level

The establishment of a health security knowledge management packages is not just a center of knowledge, but a sustainable collaboration of partner agencies, which encourages a learning society, and leads to building Thailand's long-term PHE capacity.

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