

Letter of Agreement among Organizations participating in the WHO-RTG Country Cooperation Strategy (CCS) 2022-2026

This innovative Country Cooperation Strategy (CCS) aims at transforming the collaboration between the Royal Thai Government (RTG) and the World Health Organization (WHO) from 200-300 small fragmented projects, based only on WHO resources, to a more focus 5-6 priority programs. The programs were selected through an evidence based participatory processes and approved by the WHO-RTG Executive Committee (EC), co-chaired by the Permanent Secretary and the WHO Representative to Thailand. All participating agencies contribute their 'social, intellectual and financial capital' to each program.

This Letter of Agreement establishes the principles that will guide our collaboration. These principles have been agreed by all members of the EC, including WHO, Ministry of Public Health (MOPH), Thai Health Promotion Foundation (THPF), Health Systems Research Institutes (HSRI), National Health Security Office (NHSO) and National Health Commission Office (NHCO), and other implementing partners, to guide participating agencies' contributions to the WHO-RTG CCS priority programs.

Under this LOA, Lead Organizations are those agencies responsible for implementing a priority program and Funding Organizations are those agencies responsible for providing funds in support of one or more priority programs.

I. Basic Principles

1. In each of the six¹ priority programs, funding will be provided by Funding Organizations in support of a single priority program, developed through the mechanisms and processes of the Thai Health Promotion Foundation, and reviewed and approved by the EC. Final documents for each priority program are annexed to this LOA (Annex 1).
2. Each of the six priority programs will be managed by a single Lead Organization.
3. Funding will be provided directly to the Lead Organizations or, with the approval of the EC, to public/not-for-profit private agencies assigned by the Lead Organizations. However, Lead Organizations shall in all cases remain responsible and accountable for the use of funds disbursed by Funding Organizations to them or to the public/not-for-profit agencies chosen by them to receive funding under this LOA. The Lead Organizations will implement or sub-contract activities according to their respective procedures, taking into account the HSRI expense and payment schedules and regulations.
4. Funding will not be earmarked for specific activities within the approved priority programs. All Partners are committed to the success of each priority program, while contributing a fraction of the overall resources.
5. A single technical report, a single financial statement and auditing report for each priority program will be provided to all EC members.

¹ Convergence of Digital Health Platforms and Health Information Systems (HIS) Implementation in Thailand, Enhancing Leadership in Global Health-Thailand, Migrant and Non-National Population Health, Health in All Public Policies for the Prevention and Control of Non-communicable Diseases, The Development and Strengthening of Public Health Emergency Policy and System in Thailand, and Road Safety

II. Governance

1. The overall Governance of this innovative CCS will be under the EC. The EC will meet at least every six months.
2. Each priority program will be overseen by a Program Subcommittee (PSC), which includes relevant Funding Organizations and partners, and which is appointed by the EC.
3. Program Subcommittees in each priority program will provide technical input and oversight on implementation of the priority programs, and of agreed yearly work plans based on the priority program documents. The program manager will provide secretariat support to each Program Subcommittee.
4. A Coordinating Subcommittee (CS) has been appointed by the EC. The CS establishes the Monitoring and Evaluation System and supports, facilitates and coordinates the implementation of the priority programs. WHO provides financial and technical support to the CS.
5. All decisions of the EC, CS and each PSC will be taken on the basis of consensus and will be recorded in formal meeting minutes.

III. Financial matters

1. Each Lead Organization will establish a separate Priority Program Account for the receipt and administration of funds.
2. Each Lead Organization will facilitate the conduct of an independent financial and operational audit of the priority program accounts by persons so designated by the HSRI and WHO.
3. Such audits will be carried out for each financial year of the priority programs. The financing of such audits will be agreed by WHO and HSRI within 6 months of signature of this LoA. The terms of reference for such audits and the selection of the auditing firm will be determined by WHO and HSRI. Lead Organizations will make available all relevant financial and operational information, as well as certified statements of account, relating to implementation of the priority programs being audited and provide satisfactory explanations to any queries arising in connection with the audits referred to above.
4. Each Funding Organization will confirm to the EC the amount of funding that it will be able to provide for each year by January 1st of each calendar year, based on commitments made in the November 2021 financial dialogue (Annex 2).
5. Subject to paragraph 4 above, disbursements from the Funding Organizations to the Lead Organizations will be based on the annual budget set forth in the priority program documents, and amended from time to time by the PSC (if the amount of the amended budget remains unchanged) or by the EC (if the amount of the amended budget exceeds what was originally approved). The disbursements will consist of direct and indirect costs as set out in the budget.

6. The transfer of funds from a Funding Organization to a Lead Organization shall be made under an appropriate separate agreement concluded under the relevant processes of the Funding Organization based on the basic principles of this LoA.
7. Any fund-raising for activities relating to the priority programs shall not involve funds from commercial entities or their foundations, or organizations funded mainly from commercial sources.
8. Any balances remaining in the priority programme accounts upon completion of the CCS priority program will be used for purposes mutually agreed upon by the EC.

IV. Activities of the participating organizations

1. The implementation of activities within each priority program will be the responsibility of the respective Lead Organization.
2. Funding Organizations reserve the right to discontinue future financial contributions to priority programs if, among other things:
 - a) reporting obligations by any of the Lead Organizations are not met;
 - b) there are substantial unapproved deviations by any Lead Organization from agreed plans and budgets;
 - c) the programmatic or financial priorities and/or policies of Funding Organizations change;
 - d) it is determined by a Funding Organization that disbursed amounts have been misused or acts of fraud or corruption in connection with the program have occurred.

V. Reporting

The Lead Organizations will submit to the EC, through each PSC, the following statements and reports:

1. Annual narrative technical progress reports and certified financial statements for each of the six priority programs no later than three months (31 March) after the end of the calendar year;
2. Final narrative technical reports and certified financial statement for each of the six priority programs, including the final year of activities, no later than four months (30 April) of the year following the financial closing of the fund/program.
3. The WHO will prepare the format for the annual and final technical reports, and HSRI and WHO will jointly prepare the format for annual and final financial statements.

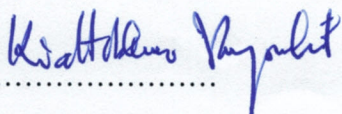
VI. Monitoring and Evaluation

1. Monitoring and evaluation of the priority programs will be undertaken by the Coordinating Subcommittee, with technical support from WHO. The evaluation will provide continuous and constructive inputs and recommendations to each PSC and the EC to ensure success of the priority programs.
2. The EC will hold consultations, as appropriate, to review the status of the priority programs.

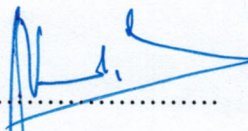
VII. General Provisions

1. No party to this LoA shall make any statements, representations, or commitments of any kind, or take any action which shall be legally binding on the other.
2. Nothing in this LoA shall impact the legal status or imply a waiver of the privileges and immunities of any party to this LoA.
3. Any party to this LoA may withdraw from it by providing thirty (30) days' prior written notice to all other parties.
4. The parties will use their best efforts to promptly settle any dispute, controversy or claim arising out of or in connection with this LoA through direct negotiations at the EC. Any such dispute, which is not settled within sixty (60) days, will be resolved through consultations between the Executive Heads of WHO, MOPH and each of the Lead Organizations.

Done in Bangkok on.....18th..... Day of.....January.....2022, in English language.



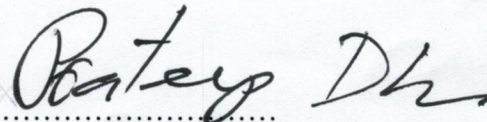
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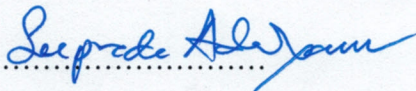
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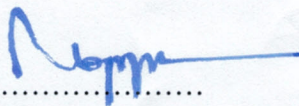
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