Mahidol University
Institute for Population
and Social Research

Report
Mid-Term Review of Thailand's Country
Cooperation Strategy (CCS) 2022–2026

Acronyms

Acronym	Full Term
AMR	Antimicrobial Resistance
ASEAN	Association of Southeast Asian Nations
CCS	Country Cooperation Strategy
CLMV	Cambodia, Laos, Myanmar, Vietnam
CSC	CCS Coordinating Sub-Committee
CSO	Civil Society Organization
EID	Emerging Infectious Diseases
EnLIGHT	Enhancing Leadership in Global Health
ExCom	Executive Committee
FGD	Focus Group Discussion
GA4GH	Global Alliance for Genomics and Health
GDP	Gross Domestic Product
GAVI	Global Alliance for Vaccines and Immunization
GHD	Global Health Diplomacy
HIS	Health Information Systems
HRH	Human Resources for Health
IHPP	International Health Policy Program
IHPF	International Health Policy Foundation
IOM	International Organization for Migration
M&E	Monitoring and Evaluation
MHP	Migrant Health Program
MHWG	Migrant Health Working Group
MICS	Multiple Indicator Cluster Survey
MoPH	Ministry of Public Health
MHV	Migrant Health Volunteer
NCD	Non-Communicable Diseases
NHCO	National Health Commission Office
NHSO	National Health Security Office
OECD-DAC	Organisation for Economic Co-operation and Development - Development Assistance Committee
PHE	Public Health Emergency
PSC	Program Steering Committee
RTI	Road Traffic Injuries
SROI	Social Return on Investment
TOR	Terms of Reference
UHC	Universal Health Coverage
UNEG	United Nations Evaluation Group
UNICEF	United Nations Children's Fund
UNTWG	UN Thematic Working Group
WHO	World Health Organization
WHO-CCS	WHO Country Cooperation Strategy

Table of
CONTENT

Table of
CONTENT

1 | Background

1.1 Thailand Country Cooperation Strategy (CCS) 2022–2026

The Country Cooperation Strategy (CCS) is a strategic framework developed by the World Health Organization (WHO) in collaboration with governments to align WHO's support with the health priorities of a country. It connects national health strategies to WHO's global and regional priorities, emphasizing areas where WHO's expertise can provide the most value. The CCS ensures WHO's contributions are tailored to the country's context, addressing pressing health challenges while fostering partnerships and promoting health equity.

The purpose of the CCS is to guide WHO's technical and policy support over a defined period, ensuring alignment with national health plans, regional and global frameworks, and the Sustainable Development Goals (SDGs). It is informed by stakeholder consultations, including inputs from government agencies, UN partners, civil society, and academia. The CCS identifies priority areas based on national needs, WHO's technical capacity, and alignment with international commitments, focusing on impactful, evidence-based interventions.

Thailand's CCS 2022–2026 is unique due to its participatory approach, involving over 50 stakeholders across governmental and non-governmental sectors. It emphasizes strategic focus areas such as digital health, global health leadership, noncommunicable diseases (NCDs), migrant health, public health emergencies, and road safety. A hallmark feature of Thailand's CCS is its pooled funding mechanism, which promotes financial alignment, accountability, and efficiency by combining contributions from WHO and in-country partners into a shared funding pool. This innovative approach reduces administrative burdens and ensures resources are effectively directed to the six priority areas.

Oversight Mechanism

The CCS 2022–2026 employs a three-tiered governance structure to ensure effective oversight and implementation:

1. **Executive Committee (Ex Com):** The highest decision-making body, co-chaired by the Permanent Secretary of the Ministry of Public Health (MoPH) and the WHO Representative to Thailand. It formulates policy directions, approves program structures and budgets, and addresses systemic challenges.
2. **Coordinating Subcommittee (CSC):** Acts as an intersectoral knowledge-sharing platform and monitoring body. It oversees the six program areas, identifies challenges, and reports recommendations to the Executive Committee. The CSC includes chairs of the program subcommittees and key stakeholders.
3. **Program Subcommittees (PSC):** Established for each priority area, the PSCs include representatives from lead agencies, WHO, and relevant stakeholders. Their role is to implement, monitor, and provide recommendations to enhance program efficiency.

This structure ensures coordination across all levels, from policy-making to on-the-ground implementation, promoting multisectoral collaboration and accountability.

Funding Mechanism

The CCS 2022–2026 introduces an innovative pooled funding mechanism, first established during the 2017–2021 CCS cycle. Contributions from WHO, the Thai government, and other funding partners are pooled into a single account for each priority area. This mechanism streamlines financial reporting, aligns resources with national priorities, and fosters harmonization among partners. Regular audits and financial reporting ensure transparency and accountability.

For the current cycle, the total requested funding is 303.01 million Thai Baht, with contributions pledged by WHO, Thai Health Promotion Foundation (ThaiHealth), National Health Commission Office (NHCO), National Health Security Office (NHSO), Health Systems Research Institute (HSRI), and MoPH. Funding gaps remain in some areas, such as public health emergencies and road safety, highlighting the need for additional resource mobilization.

This combination of robust oversight and innovative funding ensures the CCS 2022–2026 can effectively address Thailand's health priorities while setting an example for collaborative health governance.

Strategic Focus

The Strategic Focus of the Country Cooperation Strategy (CCS) is to align WHO's support with Thailand's national health priorities and global health goals, ensuring that interventions address critical health challenges and contribute to sustainable development. The CCS bridges the gap between national health strategies, such as Thailand's 13th National Economic and Social Development Plan, and global frameworks, including the Sustainable Development Goals (SDGs) and WHO's Thirteenth General Program of Work (GPW13).

For the 2022–2026 cycle, the CCS focuses on six priority areas:

1. **Convergence of Digital Health Platforms and Health Information Systems Implementation in Thailand (ConvergeDH):** Advancing integrated health information systems and digital platforms to enhance efficiency, security, and equitable healthcare delivery.
2. **Enhancing Leadership in Global Health Leadership (EnLIGHT):** Strengthening Thailand's leadership in global health through knowledge generation, capacity-building, and international collaboration.
3. **Noncommunicable Diseases (NCDs):** Implementing public policies to combat risk factors like tobacco use, unhealthy diets, and physical inactivity, while addressing metabolic and behavioral health risks.
4. **Migrant and Non-National Population Health:** Enhancing access to healthcare, improving health literacy, and advocating for policy reforms to promote equity for migrants and non-Thai populations.
5. **Public Health Emergency (PHE):** Strengthening preparedness and response systems for pandemics and emergencies, including antimicrobial resistance monitoring.
6. **Road Safety:** Reducing traffic-related deaths through improved policy implementation, collaboration, and capacity-building.

These priorities were identified through a consultative process that engaged multi sectoral stakeholders and addressed Thailand's unique health challenges, such as the rising burden of NCDs, the need for equitable health access for migrants, and strengthening preparedness for public health emergencies. Each priority area integrates cross-cutting themes of gender, equity, human rights, and disability, ensuring a holistic approach to health.

The CCS also emphasizes leveraging Thailand's leadership in global health diplomacy and innovation, building on the country's successes in universal health coverage (UHC) and its active engagement in global health initiatives. Through its strategic focus, the CCS seeks to enhance health systems, reduce health inequities, and foster collaboration among stakeholders, positioning Thailand as both a beneficiary and a contributor to global health advancements.

1.2 Objectives of Mid-Term Review

The review was conducted to:

1) **Performance Review:** To evaluate the progress and overall performance of the CCS approach/system as of 30 June 2024 with a focus on outputs and intended outcomes generating intended impacts.
2) **Strategic Recommendations:** To synthesize findings and deliver high-level strategic recommendations that contribute to a detailed CCS improvement plan for the rest of the period.
3) **Guidance and Communication Tools:** To analyze and document findings, transforming them into practical guidance and communication tools.

1.3 Review Framework: OECD-DAC criteria[1]

The Organization for Economic Cooperation and Development (OECD) – a unique international forum of international development aid organizations – developed, the OECD- Development Assistance Committee (DAC) criteria in 1991, to evaluate how effectively their development co-operation efforts and policies were working towards the achievement of the 2030 Agenda for Sustainable Development. The OECD-DAC evaluation criteria provide a standardized framework for assessing development interventions through six key dimensions:

- **Relevance:** The extent to which program objectives align with beneficiary needs, country priorities, and WHO policies
- **Coherence:** How well the program works with other interventions in the country and sector
- **Effectiveness:** The degree to which programs achieve their intended objectives
- **Efficiency:** How well resources (funds, time, expertise) are converted into results
- **Impact:** Long-term effects produced by the program, both intended and unintended
- **Sustainability:** The likelihood that program benefits will continue after funding ends

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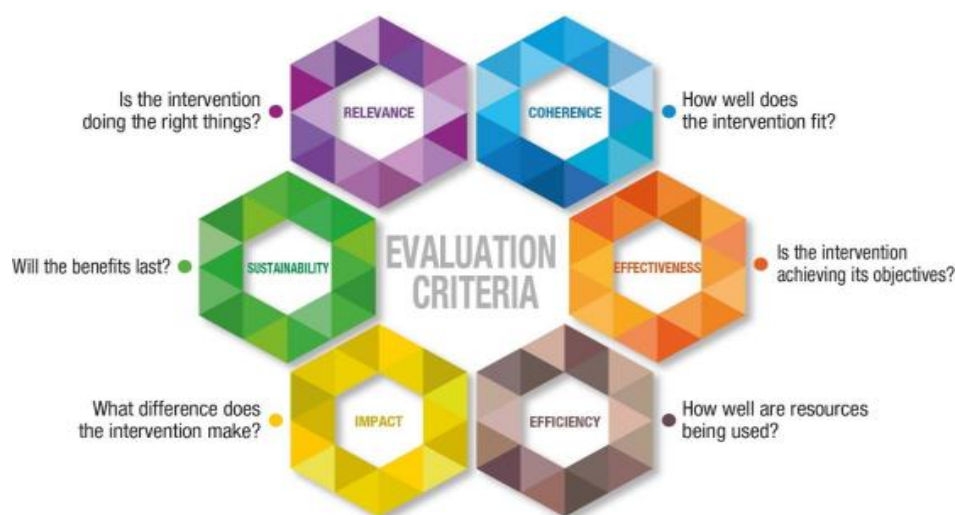
[1] OECD (2019), Better Criteria for Better Evaluation: Revised Evaluation Criteria Definitions and Principles for Use, OECD Publishing, Paris, https://doi.org/10.1787/15a9c26b-en.

To strengthen the evaluation's alignment with UN values and practices, this review complements the OECD-DAC criteria with the UN Evaluation Group (UNEG) framework. This integrated approach adds two essential dimensions to the assessment:

- **Cross-cutting Issues:** The extent to which programs integrate and address gender equality, inclusivity, human rights, and the principle of "leaving no one behind" across all aspects of implementation, in alignment with UN normative principles
- **Lessons Learned and Good Practices:** The degree to which programs identify and document successful approaches, challenges, and actionable insights that can inform and improve future programming and scale-up opportunities

1.4 Methodology

The mid-term review adopted a mixed-methods approach, ensuring comprehensive data collection and analysis through the following tools:

Data Collection

1) **Document Review:** Comprehensive analysis of reports, meeting minutes, financial records, and program documents to assess progress, challenges, and alignment with program objectives.
2) **Online Surveys:** Conducted using the Qualtrics platform (available in Thai and English) to gather insights from operational-level staff and stakeholders across all CCS programs. 11 Responses were received from representatives of all programs.
3) **Stakeholder Interviews:** In-depth discussions with WHO staff, government officials, donors, and program implementers. A total of 16 interviews were conducted, ensuring representation from all CCS programs. The interviewees cover members of EX Com, CSC, PSC, program managers and beneficiaries.
4) **Focus Group Discussions (FGDs):** Facilitated engagement with diverse stakeholders to validate preliminary findings and explore program synergies. Six FGDs gathering 24 participants were conducted, addressing key topics such as cross-program collaboration, communication strategies, and funding mechanisms.

Sampling Method, Credibility, and Ethical Considerations

The review used purposive sampling to select interviewees and focus group participants, prioritizing stakeholders with direct involvement or expertise in CCS programs. This ensured insights were gathered from decision-makers and implementers, including ExCom, CSC, and PSC members. While non-random, this approach provided relevant, informed perspectives on CCS progress.

To ensure objectivity and credibility, findings were derived from multiple data sources (documents, surveys, interviews, and discussions) and validated through triangulation. The review team engaged stakeholders at all levels, maintaining a balanced, evidence-based assessment.

The process followed strict ethical standards, including informed consent, confidentiality protections, and non-coercive participation. Safe channels were provided for feedback, reinforcing trust and minimizing risks to participants. These principles uphold the review's integrity, independence, and commitment to ethical research.

2 | Program-specific Review

2.1 Convergence of Digital Health Platforms and Health Information Systems (ConvergeDH)

A) Program Overview

ConvergeDH is a strategic initiative under Thailand's WHO Country Cooperation Strategy (CCS) 2022–2026, designed to enhance the country's digital health infrastructure and health information systems (HIS). It aims to integrate fragmented digital health systems, improve data interoperability, and establish a coordinated digital health governance mechanism.

Thailand achieved Universal Health Coverage (UHC) in 2002, but digital health adoption remains fragmented, limiting efficiency. The COVID-19 pandemic underscored the need for robust digital health solutions to manage public health crises and improve healthcare accessibility. In response, WHO and the Ministry of Public Health (MoPH) prioritized digital health as part of CCS, with ConvergeDH serving as the key initiative to drive digital transformation.

The program has five **main objectives:**
1) Develop a national governance mechanism for digital health and HIS.
2) Enhance data interoperability across health and non-health sectors.
3) Strengthen health data security and privacy, aligning with Thailand's Personal Data Protection Act (PDPA).
4) Facilitate open data initiatives to support research and evidence-based policymaking.
5) Expand digital health innovations such as virtual hospitals and telemedicine.

Implementation involves multi-sectoral collaboration between MoPH, the Health Systems Research Institute (HSRI), Digital Economy Promotion Agency (DEPA), ThaiHealth, and WHO Thailand, as well as international experts.

B) Mid-Term Progress Assessment

By mid-2023, **ConvergeDH had partially achieved key milestones across** its five focus areas.
1) **Digital Health Governance**
   A comprehensive landscape analysis was completed, and the first Digital Health Forum convened 500 stakeholders. The establishment of the Digital Health Committee positioned it as the primary governance body. However, aligning governance structures with existing initiatives remains a challenge.
2) **Standards and Interoperability**
   Progress was made in road traffic injuries, genomics, and migrant health data. The Data Standard Action Team developed standardized road safety datasets, engaging multi-sectoral partners. In genomics, a standardized pharmacogenetics data exchange system (Phukpan app) was introduced, enabling secure sharing of test results. The migrant health data model was finalized, with the Thai Red Cross designated to manage health identification systems. However, interoperability with existing hospital systems and legal compliance remain ongoing concerns.

3) Open Data Initiatives

Stakeholder engagement expanded with Open Data Day webinars and policy briefs. A Community of Practice (CoP) for data governance was established, and consultations began on an Open Data Policy White Paper. Efforts are ongoing to develop a Health Data Sharing Act and an Open Health Data Index to track accessibility.

4) Virtual Hospitals and Telemedicine

A comprehensive telemedicine study analyzed service adoption trends, leading to policy recommendations for integrating telehealth into Thailand's UHC. However, interoperability between telemedicine platforms and hospital systems and regulatory gaps remain challenges.

C) Key Mid-Term Achievements

By mid-2023, ConvergeDH had achieved significant milestones, reinforcing Thailand's progress in digital health governance, interoperability, and stakeholder collaboration.

1) Governance & Policy

The Digital Health Committee was formally established as Thailand's central digital health governance body, providing a structured mechanism for policy coordination, stakeholder engagement, and regulatory oversight. This committee plays a pivotal role in aligning digital health initiatives with national health priorities and ensuring strategic direction across ministries and sectors.

2) Data Interoperability

Significant progress was made in developing standardized datasets for road safety, migrant health, and genomics. These standardized frameworks enhance cross-sector data sharing between public health authorities, transportation agencies, and healthcare institutions. The migrant health data model is expected to facilitate better health monitoring and service delivery for non-Thai populations, while genomic data standardization supports precision medicine advancements.

3) Legal & Regulatory Frameworks

The drafting of the Health Data Sharing Act represents a crucial step toward establishing clear legal frameworks for secure and ethical health data exchange. Additionally, efforts to align national data policies with Thailand's Personal Data Protection Act (PDPA) are underway, ensuring compliance with international best practices while fostering trust in digital health systems.

4) Technological Advancements

Telemedicine pilot projects have demonstrated their feasibility for large-scale adoption, particularly in improving healthcare access for rural and underserved populations. These pilots have provided valuable insights into patient satisfaction, cost-effectiveness, and service efficiency, guiding future policy and investment decisions.

5) Stakeholder Engagement

Engagement has significantly expanded, with government agencies, WHO, the private sector, and academic nstitutions actively involved in shaping Thailand's digital health landscape. The increased participation of private sector stakeholders is particularly notable, as it indicates growing collaboration between public health entities and health technology providers, paving the way for sustainable digital health ecosystem development.

D) Program Successes and Challenges

Program Successes

1) Enhanced Digital Health Governance

Thailand has successfully formalized a national steering structure, ensuring better policy coordination, strategic oversight, and accountability in digital health. The Digital Health Committee serves as the principal platform for aligning diverse initiatives under a unified governance framework.

2) Improved Data Standards & Interoperability

The development of standardized data models in migrant health, genomics, and road safety has significantly improved data sharing and integration across public and private sectors. These enhancements are expected to facilitate more efficient health service delivery and epidemiological monitoring.

3) Expansion of Telemedicine Services

Pilot telemedicine programs have increased access to healthcare, particularly in rural areas, while demonstrating cost-effectiveness and patient satisfaction. The insights gained from these pilots are being used to develop a comprehensive telemedicine policy framework, ensuring its long-term integration into Thailand's Universal Healthcare System.

4) Stronger Open Data & Research Capacity

The program has actively engaged academia and policymakers, fostering a data-driven policymaking ecosystem. Open data initiatives, including Thailand's first-ever Open Data Day webinars, have promoted greater transparency, collaboration, and innovation in digital health research.

Program Challenges

1) Data Security & Compliance

The implementation of Thailand's Personal Data Protection Act (PDPA) is still evolving, creating uncertainties in data-sharing frameworks and compliance protocols. There is a pressing need to establish clearer data governance policies to ensure privacy, security, and ethical data use across digital health platforms.

2) Health Information System (HIS) Fragmentation

Many private healthcare providers remain disconnected from national health information systems, hindering full interoperability and seamless data exchange. Addressing this challenge will require incentives for private sector integration, as well as clearer technical and regulatory guidelines for data sharing.

3) Legal & Policy Gaps

Regulatory frameworks for telemedicine remain incomplete, particularly concerning licensing, reimbursement models, and cross-border service provisions. Policymakers must accelerate the development of clear, enforceable guidelines to ensure the scalability and legal protection of digital health services.

4) IT Workforce Shortage

The shortage of skilled digital health professionals remains a major challenge, slowing the adoption and implementation of digital health innovations. Investments in IT training, capacity-building programs, and digital literacy initiatives for healthcare professionals are needed to bridge this gap and sustain long-term digital health expansion.

5) Financial Sustainability Risks

The program is currently heavily reliant on WHO and government funding, with limited long-term financial planning to ensure sustainability beyond the WHO-CCS 2026 framework. A multi-stakeholder investment strategy is needed to secure long-term financing through public-private partnerships, international collaborations, and innovative funding mechanisms.

E) OECD-DAC Criteria Assessment

The **OECD-DAC criteria** provide a structured framework to evaluate the relevance, coherence, effectiveness, efficiency, impact, and sustainability of the ConvergeDH program. This assessment highlights the program's strengths while identifying areas that require further strategic planning and optimization.

1) Relevance (Alignment with Needs and Priorities)

The ConvergeDH program is highly relevant to Thailand's Universal Health Coverage (UHC) goals, aligning with the WHO Global Digital Health Strategy (2020–2025) and Thailand's National Digital Health Strategy. The initiative directly addresses longstanding challenges in health information system fragmentation, data interoperability, and digital governance gaps, ensuring that Thailand's health system can efficiently integrate digital solutions into service delivery.

The COVID-19 pandemic reinforced the urgent need for digital transformation, making ConvergeDH even more essential. As Thailand moves toward expanding telemedicine, open data sharing, and cross-sectoral integration, the program remains at the core of these efforts. Additionally, ConvergeDH supports broader regional and global digital health goals, including ASEAN's health data integration efforts and WHO's push for standardized health data governance worldwide.

However, despite its relevance, awareness and stakeholder buy-in at the subnational level remain challenges. Future efforts should strengthen engagement with provincial and district health authorities to ensure that digital health initiatives are effectively integrated across all levels of the health system.

2) Coherence (Consistency with Other Policies and Programs)

The ConvergeDH initiative aligns well with Thailand's National Digital Health Strategy, Smart Hospital Guidelines, and Health Information Exchange (HIE) Strategy. It also complements other WHO-supported programs on digital health, reinforcing national efforts to enhance interoperability, governance, and service delivery.

However, interagency coordination gaps persist, particularly between the Ministry of Public Health (MoPH), the National Health Security Office (NHSO), the Digital Economy Promotion Agency (DEPA), and private healthcare actors. While progress has been made in standardizing health datasets for road safety, migrant health, and genomics, integrating private healthcare providers into national digital health platforms remains limited due to regulatory and financial barriers.

Additionally, policy alignment across different government sectors needs further strengthening. For instance, telemedicine regulations, personal data protection laws (PDPA), and national cybersecurity frameworks must be better harmonized to ensure seamless implementation. Addressing these gaps will require stronger multi-sectoral collaboration, clearer governance frameworks, and defined accountability structures.

3) Effectiveness (Achievement of Objectives)

By mid-2023, major deliverables of ConvergeDH had been successfully implemented, particularly in the areas of governance, interoperability, and telemedicine pilots. The establishment of the Digital Health Committee marked a key milestone in formalizing governance structures, and pilot projects in telemedicine and virtual hospitals have provided important insights into service scalability and user adoption.

However, several implementation challenges remain:
- **Slow policy adaptation:** Key policies, such as those regulating data-sharing, cross-border digital health services, and reimbursement for telemedicine, are still evolving.
- **Limited hospital integration:** Many hospital IT systems remain fragmented, preventing full interoperability with the national health information system.
- **Private sector engagement remains weak:** While engagement with public health agencies has strengthened, private healthcare providers face barriers in joining digital health platforms.
- Open data adoption is still limited: Despite the Community of Practice (CoP) for health data governance, many institutions remain hesitant to share health data due to legal uncertainties and data security concerns.

To enhance effectiveness, efforts should focus on accelerating regulatory approvals, expanding digital health training, and establishing technical support mechanisms for hospitals and healthcare providers adopting digital health solutions.

4) **Efficiency (Resource Use and Cost-Effectiveness)**

The program has demonstrated efficiency gains through pooled funding mechanisms, reducing duplicative investments in digital health infrastructure. Shared data platforms, governance bodies, and standardization efforts have contributed to better resource allocation across different agencies.

However, some inefficiencies remain:
- High initial investment costs have strained financial resources, requiring greater multi-sectoral funding commitments.
- Workforce shortages in digital health expertise have slowed project implementation. Many hospitals and health agencies lack trained IT personnel to manage and maintain digital health systems.
- Regulatory and administrative delays have impacted the timely rollout of policy frameworks and interoperability standards.

To improve efficiency, there is a need for:
- Stronger financial planning to sustain digital health investments beyond the WHO-CCS period.
- Incentive mechanisms to encourage hospitals and private providers to adopt digital health solutions.
- Capacity-building programs to address IT workforce shortages.

5) **Impact (Orientation Toward Impact)**

The long-term impact of ConvergeDH is expected to be significant, particularly in:
- Strengthening Thailand's digital health infrastructure through improved interoperability, governance, and data-sharing mechanisms.
- Empowering patients and healthcare providers by enhancing access to telemedicine and digital health services.
- Supporting data-driven policymaking, enabling real-time health surveillance and decision-making.

While the program shows high impact potential, further evaluation is needed to measure:
- Health system cost-effectiveness—whether digital health solutions reduce administrative burdens and healthcare expenditures.
- Reduction in hospital congestion—how telemedicine and digital health platforms impact hospital visits and service efficiency.
- Long-term adoption rates—how well digital health initiatives are being integrated into routine healthcare service delivery.

To maximize impact, a more comprehensive monitoring framework should be developed, focusing on long-term adoption metrics and cost-effectiveness analysis.

6) **Sustainability (Long-Term Viability)**

The policy and institutional alignment of ConvergeDH provides a strong foundation for sustainability, ensuring continued progress in digital health transformation. The program is well-integrated into Thailand's broader health sector reform agenda, and ongoing government support suggests institutional sustainability.

However, long-term sustainability challenges remain:

- Financial sustainability is uncertain beyond WHO-CCS 2026, as the program still relies heavily on external funding.
- Cybersecurity and data protection risks could jeopardize public trust and system adoption if not properly managed.
- Resistance to change within certain healthcare institutions slows digital transformation, particularly in regions with limited technical capacity.

Beyond financial sustainability, ensuring long-term viability also requires strong digital health policies, institutional commitment, and ongoing technology adaptation to emerging health challenges. A dynamic approach to policy implementation and continuous investment in cybersecurity, workforce development, and interoperability frameworks will be critical to maintaining momentum beyond WHO-CCS 2026.

F) Program-Specific Recommendations

To ensure ConvergeDH's effectiveness, scalability, and long-term sustainability, the following strategic actions are recommended:

1) **Strengthen Coordination and Governance**
   - Enhance interagency collaboration by defining clear engagement mechanisms among MoPH, NHSO, DEPA, and other key stakeholders.
   - Clarify roles and responsibilities to minimize overlaps and gaps in digital health policy implementation.

2) **Enhance Stakeholder Engagement**
   - Prioritize structured collaboration before full data-sharing integration, focusing on regulatory alignment, cybersecurity, and interoperability standards.
   - Establish dedicated working groups within the Digital Health Committee to tackle cybersecurity, AI in health, and telemedicine regulations.

3) **Strengthen Foundations for a National Digital Health System**
   - Prioritize operationalization and interoperability of digital systems in public hospitals as a critical first step toward a unified national digital health ecosystem.
   - Develop enabling legal and policy frameworks—including those for telemedicine, data governance, and interoperability—to support future integration of private providers.
   - Position private sector integration as a post-programme objective, building on WHO's support for regulatory frameworks and digital system readiness during the current phase.

4) **Invest in IT Workforce Development**
   - o Launch specialized training programs to build digital health expertise among health professionals, IT specialists, and policymakers.
   - o Strengthen university-industry partnerships to ensure sustained workforce capacity in health informatics, cybersecurity, and digital governance.

5) **Secure Long-Term Financial Planning**
   - o Develop a multi-sector investment strategy that combines government funding, private sector nvestment, and donor support.
   - o Strengthen public-private partnerships (PPPs) to sustain telemedicine, open data initiatives, and health information system upgrades.

2.2 Enhancing Leadership in Global Health – Thailand (EnLIGHT)

A) Program Overview

Background

The Enhancing Leadership in Global Health – Thailand (EnLIGHT) Program is a core initiative under Thailand's WHO Country Cooperation Strategy (CCS) 2022–2026. It aims to enhance Thailand's leadership in global health governance, particularly in international health diplomacy, trade and health, universal health coverage (UHC), and pandemic preparedness.

Objectives

General Objective

To strengthen Team Thailand's capacity for effective participation in global health policy and international movements.

Specific Objectives

- **Knowledge Generation:** Conduct technical research to inform Thailand's global health engagement.
- **Capacity Building:** Develop leadership and technical expertise through training programs.
- **Global Health Movements:** Mobilize cross-sector actions to advance Thailand's global health priorities.

Focus Areas

The program is implemented through two core functions:

- **Key Global Health Agenda:** Policy and governance focus on health financing, trade, and workforce mobility.
- **Supporting Function:** Assists other CCS programs by integrating global health dimensions into specific challenges.

Implementation Strategies:

1. Knowledge Generation – Evidence-based research and policy analysis.
2. Capacity Building – Leadership training and technical workshops.
3. Global Health Movements – Strengthening Thailand's role in regional and multilateral health platforms.
4. Knowledge Management – E-learning platforms, technical reports, and digital resources.

Expected Outcomes

- Thailand demonstrates increased leadership and coordinated representation in global health forums.
- National institutions and professionals exhibit enhanced capacity to influence global health policy and diplomacy.
- A foundation is laid for a cohesive network of Thai global health actors ("Team Thailand") with growing engagement in global health platforms.
- Cross-sectoral coordination mechanisms are operationalized to support a unified global health agenda.
- Evidence-informed contributions from Thailand shape regional and global health discourse and decision-making.

B)   Mid-Term Progress Assessment

By mid-2023, EnLIGHT delivered key planned activities while also playing a catalytic role in enabling Thai stakeholders to engage more meaningfully in global health. Its direct outputs included the training of 54 fellows, the production of four research reports and six policy briefs, and the organization of multiple networking events. Catalytically, the program contributed to Thailand's broader presence in global health governance, with 40% of fellows participating in international health platforms and some contributing to ASEAN and WHO discussions. These impacts, while indirectly attributable, reflect EnLIGHT's function as a connector and enabler.

C)   Key Mid-Term Achievements

- **Knowledge Generation (programmatic):** The program delivered four research reports and six policy briefs, meeting its set targets. However, only one research product underwent formal peer review, indicating a need to strengthen quality assurance mechanisms. Several products were cited in internal policy dialogues (e.g., PSC meeting notes, 2023), though external uptake tracking remains limited.
- **Capacity Building (programmatic with catalytic potential):** The Global Health Fellowship Program trained 10 fellows in 2022, 22 in 2023, and totaling 32 fellows. Although the 2022 intake fell below target due to COVID-19 disruptions, the 2024 cohort exceeded expectations, demonstrating the program's scalability. Workshops and networking events exceeded targets, engaging over 200 participants and fostering connections among policymakers, researchers, and health professionals. These engagements supported longer-term contributions to global health forums, although direct attribution remains challenging.
- **Global Health Engagement (catalytic):** The program supported participation in 27 of 30 planned global health events, including WHA76, UHC2030, ASEAN health discussions, and WHO technical working groups. While EnLIGHT did not lead these engagements, it played a key enabling role in preparing fellows and contributing technical inputs.
- **Regional & CCS Integration (partially catalytic):** Thailand's engagement in UHC and trade policy discussions remains strong, with EnLIGHT contributing indirectly through research and capacity-building support. However, collaboration with ASEAN networks and other CCS subprograms—particularly in digital health and NCDs—remains an area for further development.

D)   Program Successes and Challenges

Program Successes
- **Stronger role in global health diplomacy (catalytic):** Thailand played an active role in ASEAN, WHO, UHC2030, and WTO health discussions. While EnLIGHT did not directly lead these engagements, it catalyzed participation by supporting leadership training, networking, and knowledge generation that positioned Thai experts to contribute effectively.
- **Evidence-informed policymaking (catalytic):** Research and policy briefs produced under EnLIGHT contributed to ongoing discussions on UHC, pandemic preparedness, and health equity. Although direct attribution is challenging, the program supported technical inputs that aligned with national positions in global forums.
- **Multi-sectoral collaboration (programmatic):** The program directly engaged government agencies, academic institutions, and international partners through fellowships, workshops, and policy dialogues.
- **Innovative digital learning initiatives (programmatic):** The launch of online training modules and resource platforms expanded access to global health leadership development, particularly for underserved provinces.

Program Challenges
- **Limited mentorship and alumni engagement:** While leadership training is robust, follow-up mechanisms to track fellows' career progress and ensure long-term impact need improvement.
- **Quality assurance gaps in knowledge products:** The reliance on IHPP/IHPF for research limits intellectual diversity; expanding partnerships with universities, ASEAN think tanks, and international institutions would enhance research credibility.
- **Fragmented ASEAN collaboration in emerging health areas:** While CCS-ENLIGHT contributes to ASEAN health platforms, collaboration—especially in newer areas like digital health governance—remains limited. Strengthening partnerships in these evolving areas could better align with the program's catalytic role.
- **M&E approach not fully adapted to program's niche role:** As CCS-ENLIGHT focuses on emerging and non-routine global health issues, and serves as a connector between CCS initiatives and global movements, it may not be appropriate to expect leadership in all areas or comprehensive policy impact assessments. The current M&E framework could be adapted to better reflect the program's niche contributions and catalytic role.

E) OECD-DAC Criteria Assessment

1) Relevance (Alignment with Needs and Priorities)
- EnLIGHT aligns with Thailand's Global Health Action Plan (2021–2027) and WHO CCS (2022–2026).
- Successfully adapted to OECD and BRICS priorities, ensuring ongoing policy relevance.
- Supports Thailand's economic and social development goals, particularly in trade and UHC.
- EnLIGHT was not initially designed to support OECD accession and BRICS participation but has adapted accordingly.

2) Coherence (Consistency with Other Policies and Programs)
- Complements Thailand's WHO CCS priorities, especially in leadership development and governance resilience.
- Supports ASEAN engagement in UHC, pandemic preparedness, and health equity through knowledge generation and leadership development.
- Limited integration with CCS subprograms such as digital health initiatives, and ASEAN engagement requires stronger institutional collaboration.
- Integration with CCS subprograms such as digital health initiatives occurs through collaboration based on shared priorities and mutual agreements, rather than structured alignment.
- ASEAN collaboration is primarily led through strong institutional mechanisms at the Ministry of Public Health level; EnLIGHT plays a complementary and supportive role in selected areas aligned with its niche.

3) Effectiveness (Achievement of Objectives)
- 54 trained fellows with high gender inclusivity (63% women).
- Policy-relevant research produced but lacks strong quality assurance mechanisms.
- Need for stronger cross-program collaboration and post-training engagement.

4) Efficiency (Resource Use and Cost-Effectiveness)
- 81% budget execution, serving as a proxy for delivery performance and positioning it as one of the highest-performing CCS programmes.

- The efficiency of resource use—particularly in terms of value for money—has not been formally assessed, especially where outputs were delivered through strategic partnerships.
- While the programme has successfully engaged research partners, continued involvement of implementation team members as principal investigators may not be the most efficient use of human resources. Delegating PI roles to external partners would enable the core team to focus on strategic coordination and Thailand's global health leadership.
- Financial disbursement delays, largely due to audit requirements for donor funding, hindered some initiatives. As audit timeframes are unlikely to change quickly, EnLIGHT should consider adjusting its implementation schedule to align with anticipated funding delays.

5) **Impact (Orientation Toward Impact)**
- 40% of fellows actively engaged in global health platforms post-training.
- While direct influence is not yet established, the training appears to be positioning fellows for greater engagement in global health policy spaces.
- Limited tracking of alumni career progression and policy impact assessment.

6) **Sustainability (Long-Term Viability)**
- E-learning platforms and university partnerships ensure continued capacity-building.
- Institutionalization efforts are progressing well.
- Mentorship programs and structured alumni engagement need further development to sustain impact.

F) Program-Specific Recommendations

To enhance the effectiveness, impact, and sustainability of the EnLIGHT program, the following recommendations are proposed:

1) **Prioritize Catalytic Efforts for Systemic Impact**
- Leverage Thailand's Existing Expertise to Strengthen Global Health Leadership: Enhancing Thailand's influence in global health governance requires mobilizing experts across disciplines, including trade, finance, law, and diplomacy. EnLIGHT should focus on integrating these existing capacities into global health dialogues rather than creating new structures.
- Position EnLIGHT as a Platform for Issue-Based Global Health Leadership Hubs: EnLIGHT should serve as a mechanism for Thai experts to lead issue-based global health initiatives, coordinating regional strategies on emerging priorities such as climate and health, digital health governance, and pandemic treaty negotiations. These hubs should actively engage with ASEAN, BRICS, and OECD stakeholders to ensure sustained impact.
- Position EnLIGHT as a Facilitator of Policy Innovation: The program should focus on enabling Thai experts to contribute to global health governance by creating strategic opportunities for their participation in high-impact policy discussions, ensuring that Thailand remains a key player in shaping international health policies.

2) **Strengthen the Monitoring and Evaluation (M&E) Framework**
- **Introduce quality-focused indicators:** Develop metrics to assess the relevance, rigor, and usability of outputs.
- **Include outcome-focused metrics:** Track application of fellows' skills and influence of research outputs.
- **Develop a comprehensive theory of change:** Clearly distinguish between program-delivered outputs and catalytic contributions, and identify appropriate indicators and data sources (e.g., alumni surveys, citation tracking, stakeholder interviews) to reflect both.

3) Diversify Research Engagement
   - Adjust the current research engagement ratio (estimated at 75:25) toward a more balanced 50:50 or lower distribution with external partners. This shift addresses two key concerns: the need to ensure clear role separation between programme implementation and research leadership, and the importance of focusing the implementation team's human resources on strategic coordination to drive forward the 'Team Thailand' global health agenda.
   - **Enhance Research Capacity Through Targeted Partnerships:** Collaborate with universities, think tanks, and international research institutions to expand research outputs while ensuring that program implementation remains agile and responsive to emerging global health priorities.

4) Enhance Capacity-Building Initiatives
   - **Develop a leadership pipeline & Strengthen Practical Training:** Establish a structured leadership pipeline to ensure fellows transition from training into leadership roles within ASEAN, WHO, and global health organizations, and Expand hands-on training with simulation exercises, case studies, and role-playing to enhance real-world application of skills.
   - **Sustain Engagement Through Mentorship & Inclusive Participation:** Implement mentorship programs, alumni workshops, and digital platforms to facilitate sustained inter-cohort learning, peer mentoring, and collaboration, and extend outreach to underserved provinces and diversify participant selection to ensure broader representation.

5) Improve Collaboration and Integration
   - Strengthen coordination with CCS subprograms: Collaborate with initiatives like digital health and NCDs to maximize synergies and avoid duplication of efforts.
   - Deepen engagement with global health platforms: Expand participation in multilateral forums to support Thailand's leadership in global health governance and promote collaborative approaches to cross-border health challenges.

6) Institutionalize Program Outputs
   - **Integrate training into academic curricula:** Partner with universities to embed EnLIGHT activities, such as co-designed courses, degree-linked fellowships, and guest lectures, into formal education systems.
   - **Expand e-learning platforms:** Develop scalable, certification-based online courses to increase accessibility and broaden the program's reach, particularly in underserved areas.

7) Improve Reporting and Documentation Standards
   - **Position the Annual Report as a Strategic Advocacy Tool:** Rather than just a technical document, the annual report should showcase EnLIGHT's contributions to the CCS and the global health agenda, demonstrating its real-world impact to enhance visibility and mobilize stakeholder support.
   - **Include a Structured Section on Achievements vs. Planned Outputs:** To enhance clarity, annual reports should explicitly compare planned and actual achievements to demonstrate EnLIGHT's progress and areas needing improvement.

8) Adapt to Financial and Administrative Bottlenecks

- **Align Activity Planning with Fund Release Timelines:** Given delays in fund disbursement due to financial audit requirements, EnLIGHT should prioritize activities requiring minimal upfront investment during waiting periods while scheduling resource-intensive initiatives to align with confirmed fund release timelines.
- **Improve Internal Financial Coordination:** Enhance coordination between financial management teams and program implementers to streamline budget planning and avoid last-minute disruptions. Establishing contingency plans for essential activities can mitigate funding delays.
- **Implement a Phased Approach to Project Execution:** Structure program activities so that implementation can proceed in stages, ensuring that critical elements can be initiated with available resources while awaiting full funding.

2.3 Health in all Public Policies for the Prevention and Control of NCDs

A) Program Overview

Background and Rationale

Noncommunicable diseases (NCDs) are a major public health concern in Thailand, accounting for 74% of all deaths annually. The country faces growing challenges related to tobacco use, alcohol consumption, unhealthy diets, physical inactivity, and metabolic conditions such as hypertension, high cholesterol, and obesity. These risk factors contribute significantly to premature mortality, increasing healthcare costs, and lost productivity.

The economic impact of NCDs is substantial, costing approximately 10% of Thailand's GDP due to healthcare expenditures and productivity losses. Addressing this burden requires a comprehensive, multi-sectoral approach that integrates NCD prevention and control into national and local policies.

Objectives

The strategic objectives for the CCS-NCDs program from the original proposal are as follows:

1) To facilitate multi-sectoral mechanisms for healthy public policy development and movement.
2) To mobilize international networks through shared agendas on NCDs.
3) To advocate evidence-based policies, including media advocacy.
4) To generate a health and economic M&E framework for NCDs & conduct documentation for partners' learning and shared expectation.
5) To leverage political attention and investment during pandemics to advocate for NCDs

Key Focus Areas

The program prioritizes policy innovation, stakeholder collaboration, and integration of digital health solutions in the following areas:

o **Agenda based:** Major NCD risk factors, including tobacco, alcohol, unhealthy diet, physical inactivity, pollution and mental health. Priority issues are tobacco consumption, sodium consumption, CVD & hypertension, and Obesity.
o **Area mechanism:** District/ Sub-district, Provincial, and Regional Health Board
o **Target population:** working aged for healthy active aging.

Expected Outcomes

Major expected outcomes:

- Functioning institutionalized and strengthened national and local multi-sectoral mechanisms for primary prevention of NCDs.
- Unfinished The United Nations Interagency Task Force on the Prevention and Control of NCDs (UNIATF) recommendation to be implemented
- An improved NCD response implementation as indicated by the Nine Global NCD targets and NCD progress monitor report, particularly on the indicators that Thailand has yet to fully achieved in the 2020 report.
- A continuing progress towards Thailand achieving the global NCD targets for 2025 and the SDG 2030 target on NCDs.

B)   Mid-Term Progress Assessment

By mid-2023, the program had made substantial progress in policy implementation, digital health applications, and media advocacy. However, challenges remain in ensuring long-term financial sustainability, improving economic impact assessments, and strengthening global knowledge exchange.

1) **International Collaboration:** CCS-NCD effectively expanded international collaboration beyond the UN TWG framework by actively leveraging multiple global and regional partnerships. Notable engagements include RESOLVE to Save Lives for hypertension control initiatives, the World Obesity Foundation for evidence and policy strategies, and bilateral collaboration with countries like Chile for exchanging innovative policy approaches and best practices in NCD prevention.

2) **Public Advocacy:** The CCS-NCD program successfully conducted targeted advocacy activities, promoting evidence-based NCD prevention policies nationally and regionally. However, earlier reported obesity prevention pilot projects were inaccurately attributed to the program and have thus been corrected to reflect the accurate scope of activities.

3) **Behavioral Strategies:** CCS-NCD is designed to catalyze policy advocacy and facilitate multi-sectoral coordination rather than direct behavioral intervention implementation. This clarification ensures alignment with the program's strategic scope and objectives.

C)   Key Mid-Term Achievements

1) CCS-NCD played a pivotal catalytic role by providing strategic advocacy, technical support, and stakeholder coordination, significantly contributing to the successful development and endorsement of Thailand's 5-year Multi-sectoral Plan on NCD Prevention and Control.

2) The program enhanced knowledge-sharing and international partnership building, facilitating Thailand's active participation in international NCD policy forums and global exchanges.

D)   Program Successes and Challenges

Program Successes

1) **Policy and Legislative Advancements (Catalytic Support)**
   CCS-NCD played a pivotal role in catalyzing and technically supporting policy efforts such as the National Sodium Reduction Strategy (2015–2025) and the Marketing Restriction Bill for Unhealthy Foods and Beverages for Children. CCS's contribution included convening technical consultations, facilitating evidence use, and engaging multi-sectoral partners in advocacy, which helped advance these measures through Thailand's regulatory process. While not leading implementation, the program was instrumental in aligning stakeholders and pushing forward policy reform.

2) **Strengthened Multi-Sectoral Partnerships**
   CCS-NCD facilitated collaboration between health and non-health sectors (e.g., Finance, Education, BMA, ThaiHealth), serving as a bridge for aligning agendas around NCD risk factor prevention. These partnerships enabled the integration of health promotion elements into local government plans, urban development policies, and workplace wellness initiatives. Provincial and district health offices, though primarily MoPH-driven, benefited from technical inputs and advocacy support from CCS to strengthen local adaptation of national NCD strategies.

3) **International Knowledge Exchange and Visibility**

The program successfully leveraged WHO's global and regional networks—including RESOLVE, World Obesity Foundation, and Chile—to enable Thai experts to engage in cross-country learning and policy dialogue. This helped expand Thailand's visibility and access to innovative NCD policy approaches beyond ASEAN. These exchanges contributed to Thailand's strategic positioning and informed the development of national-level policies through shared lessons and technical evidence.

4) **Technical Contributions to Digital Health for NCD Surveillanc**

Rather than implementing digital tools directly, CCS-NCD catalyzed the conceptualization and technical development of digital platforms such as the ThaiSaltSurvey application and supported dialogue on digital NCD surveillance systems piloted in selected provinces. These platforms offer models for integrating risk factor tracking into Thailand's broader health information system and support evidence-informed policy refinement.

5) **Advocacy and Media Engagemen**

The program contributed to raising the profile of NCD prevention through evidence-based media engagement strategies. While public campaigns were led by national bodies, CCS-NCD supported media advocacy workshops and the development of messages used in national campaigns, particularly around sodium reduction and food marketing. This advocacy role helped create enabling environments for policy progress.

Program Challenges

1) Enforcement and implementation challenges predominantly stem from limited capacity among regulatory and implementing agencies rather than industry interference, which primarily impacts the earlier stages of policy formulation.

2) Infrastructure gaps initially mentioned in the review are reconsidered as not reflective of CCS-NCD's strategic focus, given existing widespread decentralized health infrastructure. Geographic access remains a broader health system challenge beyond the direct catalytic role of CCS-NCD.

E) OECD-DAC Criteria Assessment

The program was evaluated based on six OECD-DAC criteria, providing an assessment of strengths and areas needing improvement.

1) **Relevance (Alignment with Needs and Priorities)**
- CCS-NCD's objectives and activities are highly relevant to national health priorities, particularly regarding policy advocacy and strategic partnerships to address NCD burdens.

2) **Coherence (Consistency with Other Policies and Programs)**
- CCS-NCD demonstrates coherence by aligning its work with broader national and global NCD strategies and by complementing existing MoPH-led initiatives without duplication. The program's catalytic focus is designed to accelerate action in specific areas where WHO has technical, social, and intellectual capital. Close coordination with other CCS programs and WHO-supported platforms ensures synergy in knowledge dissemination, policy advocacy, and multisectoral collaboration.

3) **Effectiveness (Achievement of Objectives)**
- Effective in mobilizing international networks, facilitating multi-sectoral policy discussions, and advocating for evidence-based policies, despite some limitations in quantifying direct behavioral outcomes.

4) **Efficiency (Resource Use and Cost-Effectiveness)**
- Efficiently leveraged international resources and networks to amplify national policy efforts without duplicating existing government programs.

5) **Impact (Orientation Toward Impact)**

- Catalytic impact through substantial contribution to policy frameworks and international knowledge exchanges. Direct attribution to population-level health outcomes is limited due to the program's catalytic nature.

6) **Sustainability (Long-Term Viability)**

- Strong potential for sustainability through integration of CCS-supported strategies into national policy frameworks and ongoing international partnerships.

F) Program-Specific Recommendations

1) Expand and strengthen international collaboration and knowledge exchange with developed countries (e.g., OECD member states), focusing on advanced NCD policy frameworks, economic assessment methodologies, and innovative multi-sectoral engagement strategies.

2) Revisit private-sector involvement critically within WHO's Framework of Engagement with Non-State Actors (FENSA) guidelines and commercial determinants of health framework, ensuring private-sector engagement remains confined to responsible, transparent consultation roles strictly during the implementation phase.

2.4 Migrant and Non-National Population Health

A)   Program Overview

The Migrant and Non-National Population Health Program (MHP) is a key initiative under the WHO-Country Cooperation Strategy (WHO-CCS) 2022–2026. Previously part of the WHO-CCS 2017–2021, the program identified migrant populations as a longstanding challenge in Thailand. Barriers to healthcare access for migrants and non-nationals persist due to both systemic governmental limitations and challenges faced by the migrants themselves. Addressing these gaps requires not only governmental efforts but also effective multi- and intersectoral governance to promote migrant health.

For 2022–2026, MHP aims to bridge these gaps and serve as a catalyst for further action. The program focuses on developing coherent national policies for migrant workers and non-nationals in Thailand, enhancing cross-sectoral coordination, and strengthening partnerships to improve health equity among migrants and non-nationals.

Goal

The public health policy for migrants, refugees, non-national populations in Thailand, and Thai citizens living abroad must consider the interplay between public health priorities, economic needs, and national security. Achieving an effective and balanced approach requires multi-sectoral collaboration among government agencies and social partners to ensure coordinated and inclusive policymaking.

In this context, the Country Cooperation Strategy (CCS) serves as a platform for strengthening collective action. With its foundation in social and intellectual capital, the CCS fosters trust and collaboration among stakeholders, enabling them to work toward shared objectives. To achieve health equity, improved access to healthcare, and financial protection for migrants and non-national populations in Thailand, a multisectoral approach remains essential.

Strategic Objectives

1. To enhance health equity for migrants, non-national populations in Thailand, and Thais living abroad by improving access to healthcare and providing financial risk protection.
2. To strengthen the migrant health management system to ensure efficient healthcare services for migrant populations.
3. To improve health literacy on migrant and non-national issues to promote informed decision-making and well-being.

It is important to note that this report covers the first two years of the Migrant Health Program (MHP) (2022–2023), focusing on migrant workers and their dependents, individuals with citizenship issues, and refugees. The guiding principles of the MHP are universal health coverage, multi & intersectoral action, and catalytic and strategic in nature rather than implementation.

Expected Outcomes

1. Enhancement of coherent policies and a robust legal and regulatory framework for migrant health.
2. Strengthen health management system for vulnerable non-Thai populations.
3. Improvement of health literacy among individual migrants and their communities.

Approaches

1. Sustainable partnerships and platforms at both national and international levels to support and strengthen health systems, ensuring the rights and health equity of migrants and non-national populations in Thailand.
2. Engagement with governing bodies and stakeholders to reform policies contributing to health inequities.
3. Expand partnerships with CSOs, NGOs, academic institutions, and private sector actors to enhance migrant health initiatives.
4. Empower affected communities by amplifying their voices in policy discussions and decision-making.
5. Rapid policy analysis and recommendations to support policy dialogue and guide policymakers in addressing health inequities, particularly during pandemics.

B) Mid-Term Progress Assessment

During the 2022-2023 proposals and activities, the MHP set core objectives, which were accompanied by specific activities aimed at strengthening migrant health services. The main areas of focus included 1) an expansion of healthcare access and service coverage 2) Policy development and legal framework improvements 3) Digital health and data integration and 4) Regional and cross-border health coordination.

A comparison of the 2022 & 2023 progress reports against the MHP proposals reveals that the program has made considerable progress, particularly in multi-sectoral and regional collaborations, which have strengthened Thailand's role in migrant health governance. The notable achievements of the MHP was the facilitation of the "Migrant Health Policy Framework", which integrates WHO and ASEAN health security principles, reinforcing Thailand's commitment to migrant health inclusion in national and regional health policies.

Additionally, the MHP established disease surveillance networks in high-risk border regions, significantly improving early outbreak detection. Over the first two years of MHP activities, several mobile clinics were deployed in migrant-dense provinces, particularly in border areas, providing primary healthcare services and vaccinations to underserved migrant populations.

Activities Requiring Continuation

Although, the MHP have made a considerable progress, there are key activities remain ongoing and require further attention:

1. *Advocacy for National Health Security Act Amendments:* The policy amendment process has been delayed, potentially impacting the timeline for securing long-term financial protection for migrants.
2. ***Expansion of Health Insurance Coverage for Migrants:*** While a proposal to integrate migrant health insurance into national health policies is under review, financial and administrative barriers continue to limit access for undocumented migrants.
3. *Digital Health Integration:* Pilot projects linking migrant health records to national databases are ongoing; however, full-scale implementation is pending due to data security concerns.
4. *Cross-Border Health Coordination:* Joint training programs and workshops with partner countries have been initiated, but policy alignment challenges have delayed full cooperation and implementation.

In conclusion, the MHP has made significant progress in advancing migrant healthcare access, policy advocacy, and regional health coordination. However, sustained efforts in policy acceleration, financial sustainability, and digital health innovation will be essential to ensuring the long-term impact and equitable healthcare access for migrant populations in Thailand.

C) Key Mid-Term Achievements

1) Sustainable Partnership Networks and Platforms
- National and International Partnerships Strengthened
  - Collaboration with IOM (International Organization for Migration) to develop border health systems between Thailand-Laos and Thailand-Cambodia.
  - Annual academic conference on International Migrants Day to exchange policy and operational strategies among Thailand, Laos, and Cambodia.
  - Formation of a Migrant Health Working Group (MHWG) under the UN Migration Network.
  - Collaboration with Thai Health Promotion Foundation and Bangkok administration to develop a migrant health volunteer model within businesses.
  - Engagement with non-health partners (CSOs, NGOs, academic experts, and private sector partners) to improve migrant health initiatives.

2) Dialogue with Governing Bodies on Health Inequities
- Policy Advocacy at the National Level
  - Led efforts to develop a National Migrant Health Policy/Strategy through the Ministry of Public Health.
  - Facilitated high-level policy dialogues on migrant health with stakeholders including the Ministry of Labor, Ministry of Interior, National Health Security Office, and Social Security Office.
  - Supported House of Representatives proposal to amend the National Health Security Act to extend healthcare rights to migrants, refugees, and stateless individuals.
  - Established a Migrant Health Board in Tak Province as a provincial-level mechanism to coordinate migrant health services.

3) Expanding Migrant Health Coverage Beyond Health Partners
- Health Service Management for Migrants Strengthened
  - Addressed policy gaps in financial risk protection for migrants (including undocumented migrants).
  - Collaboration with the Department of Disease Control to support community-based health literacy programs in urban areas.
  - Worked with private sector and NGOs to expand health access for migrant workers in business establishments.

4) **Increasing the Voice and Influence of Affected Communities**
- Multi-stakeholder Engagement to Improve Access
  - o Organized forums to increase migrant communities' involvement in health policy discussions.
  - o Advocated for equitable access to immunization services for migrant children.
  - o Launched an initiative to train migrant health volunteers (MHVs) to support community engagement.

5) **Rapid Policy Analysis and Recommendations for COVID-19 and Other Health Issues**
- Health Data Standardization Initiatives
  - o Developed standardized health data sets for migrant populations to improve data sharing and monitoring.
  - o Collaboration with the Ministry of Public Health's Convergence Digital Health Program to integrate migrant health data across agencies.
  - o Piloted a data system improvement project at Vachira Phuket Hospital for monitoring migrant health indicators.
- Immunization Policy and Vaccine Access
  - o Organized stakeholder forums to secure funding for Expanded Program on Immunization (EPI) for migrant children.
  - o Proposed GAVI and local government funding models to sustain vaccine access for migrants.

D) Program Successes and Challenges

Program Success

The Migrant Health Program (MHP) has played a pivotal role in promoting health equity, improving healthcare access, and strengthening public health governance for migrants and non-national populations in Thailand. Based on the 2022 and 2023 MHP progress reports, this report highlights key achievements and impact areas, providing supporting information for program evaluation.

Strengthened Governance and Expanded Healthcare Access for Migrants

Ensuring equitable healthcare access for migrant populations in Thailand requires a strong governance framework and coordinated policy efforts. The Migrant Health Program (MHP) has played a crucial role in advocating for inclusive national health policies, strengthening universal health coverage (UHC) for migrants and their dependents, and improving service accessibility. A key focus has been the integration of migrant health management strategies into the national development plan, alongside the effective implementation of the Social Security Scheme (SSS) and the Division of Health Economics and Health Security (related to health insurance cards), Ministry of Public Health (MoPH).

In 2022, MHP facilitated national policy dialogues, bringing together high-level authorities from the MoPH, Ministry of Labor, Ministry of Interior, UN agencies, and civil society organizations. These discussions resulted in policy recommendations aimed at reinforcing migrant health policies and expanding coverage mechanisms. A significant achievement was the 2022 Cabinet Resolution, which endorsed the National Health Commission (NHC) recommendations and directed government agencies to enact laws ensuring health security for non-Thai populations. Building on this policy foundation, the program worked closely with local governments and NGOs to enhance healthcare accessibility. Efforts included improving service delivery mechanisms, addressing healthcare barriers, and expanding vaccination programs for migrant children to ensure broader immunization coverage. In 2023, MHP continued its multisectoral approach, strengthening interagency collaboration to promote long-term sustainability in migrant health governance and service provision.

By integrating policy advocacy with healthcare system improvements, MHP has made significant strides in expanding UHC for migrants, ensuring their right to health is protected through both legal frameworks and practical healthcare interventions.

Strengthened Migrant Health Management System and Digital Health Integration

Establishing standardized health information systems is crucial for effective healthcare planning, monitoring, and service delivery for migrant and non-Thai populations. MHP leveraged digital technologies to enhance migrant health data management and healthcare service coordination.

The program partnered with the Converge Digital Health Program to integrate, link, and exchange migrant health data across different agencies. In 2023, a pilot health data integration project was launched at Vachira Phuket Hospital, utilizing 43 standardized data variables to streamline migrant healthcare records.

Expanded Cross-Border Health Security and Regional Cooperation

To strengthen regional health security, MHP fostered collaboration between Thailand and its neighboring countries—Cambodia and Lao PDR—through joint border health initiatives. These efforts focused on expanding healthcare access for migrants and implementing measures to prevent the spread of cross-border diseases.

MHP also established platforms for Thai and international stakeholders to develop coordinated strategies for border health system management. These initiatives aimed to enhance healthcare services in border areas, promote disease surveillance, and ensure the safe movement of people across borders while minimizing public health risks.

Promoting Health Literacy Among Migrants

Improving health literacy among migrants and non-nationals is essential for empowering them with health-related knowledge. MHP expanded training programs for Migrant Health Volunteers (MHVs) to enhance health and social security literacy within migrant communities.

In addition, community engagement mechanisms were strengthened to facilitate two-way communication between migrants and healthcare providers. These efforts aimed to ensure migrants can access, understand, and effectively utilize health information, finally improving their overall well-being.

Program Challenge

- **Resistance to Policy Reforms.** The proposals to extend health coverage to all migrants faced opposition from segments of the government and public concerned about costs. The political and societal resistance can suspend the adoption of UHC for all.
- **Fragmented Data Systems.** Different departments within the MoPH using incompatible data formats and systems, leading to delays and inaccuracies in migrant health reporting. This different health information systems prevent efficient data sharing and comprehensive health monitoring.
- **Geographic Inequities.** Migrants in remote areas face significant barriers to accessing health services. For example, migrants working in isolated plantations or construction sites often have no access to regular health services, relying only on occasional mobile clinic visits.
- **Financial Barriers.** Limited budget allocations have restricted the expansion of mobile clinic services beyond pilot areas, affecting continuous care availability.

E) OECD-DAC Criteria Assessment

1) Relevance (Alignment with Needs and Priorities)

- The MHP is well-aligned with Thailand's Universal Health Coverage (UHC) framework, aiming to reduce health inequities for migrant populations It supports Sustainable Development Goals (SDG3 – good health & well-being, SDG10 – reduced inequalities, and SDG17 – partnerships for the goals). Additionally, it complements international frameworks such as the WHO Global Action Plan on Promoting the Health of Refugees and Migrants (2019–2030)[2] , and the ASEAN Declaration on the Protection of Migrant Workers and Family Members in Crisis Situations[3].
- While policy level alignment is strong, operational integration remains fragmented. Policy recommendations align with Thailand's UHC expansion efforts, but slow implementation due to bureaucratic hurdles limits the program's overall impact.

2) Coherence (Consistency with Other Policies and Programs)

- The MHP demonstrates moderate coherence with national policies, such as the Border Health Strategy and the National Immunization Program. It aligns well the mandates of key MoPH divisions including NHSO, DDC and DHSS.
- However, systemic coherence is hindered by fragmented data systems across institutions, such as the MoPH, Immigration Bureau and Social Security Office, as well as insufficient cross-sectoral integration, which limits efficient coordination and service delivery.

3) Effectiveness (Achievement of Objectives)

- The MHP has made measurable progress toward its objectives through key initiatives, including:
  o Strong policy advocacy for migrant-inclusive UHC, contributing to a House of Representatives proposal to amend the National Health Security Act.
  o Collaboration with the DH Program to develop standardized migrant health information, with a pilot implementation at Vachira Phuket Hospital, enhancing data management and service planning.
  o Establishment of migrant health boards at the provincial level, fostering localized decision-making. However, scaling remains limited due to governance changes, such as the replacement of the provincial governor, who chairs the committee.
  o Strengthened multi-sectoral collaboration through stakeholder forums addressing vaccination and health equity, though concrete policy and programmatic outcomes have yet to be fully realized.
- Despite these advancements, gaps remain in achieving UHC for all migrant populations. The lack of a central coordinating unit within the MoPH continues to hinder system-wide improvements and policy implementation.

4) Efficiency (Resource Use and Cost-Effectiveness)

- Strategic partnerships with NGOs and international organizations such as IOM and the Thai Health Promotion Foundation have optimized resource utilization, improving program reach and sustainability.
- Budget utilization has improved, but persistent underspending—partly due to limited engagement from network executives and shortages in human resources—reduces the effectiveness of allocated funds.
- Geographic disparities in healthcare access create logistical challenges, limiting the efficiency of service delivery, particularly for mobile clinics intended to reach underserved migrant populations.

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[2] WHO global action plan on promoting the health of refugees and migrants, 2019–2030, available at https://www.who.int/publications/i/item/9789240093928

[3] ASEAN Declaration on the Protection of Migrant Workers and Family Members in Crisis Situations, available at https://asean.org/asean-declaration-on-the-protection-of-migrant-workers-and-family-members-in-crisis-situations

5) Impact (Orientation Toward Impact)

- The MHP has significantly impacted migrant health by advancing policies and expanding access to care, particularly in border provinces and high-density urban centers.
- Tangible outputs, like higher vaccination rates and mobile clinic utilization, have directly improved health outcomes in priority areas, reducing preventable morbidity.
- Despite progress, systemic barriers persist for undocumented migrants, limiting the overall impact. Additionally, long-term impact data such as reductions in disease prevalence remain insufficient documented, underscoring the need for robust monitoring.

6) Sustainability (Long-Term Viability)

- Pilot programs for data integration demonstrate critical progress in embedding MHP strategies into national health systems, ensuring their long-term viability.
- Community-driven approaches like the MHV program are key to sustaining migrant health interventions beyond donor dependence.
- Reliance on donor funding for key initiatives raises concerns about financial sustainability. To address this, a national legal framework must be implemented to Guarantee long-term financing and institutional commitment for migrant-inclusive UHC policies.

F) Program-Specific Recommendations

1) Establishing a National Coordinating Body for Migrant Health

- o Increase effort to establish an Inter-Ministerial Steering Committee on Migrant Health (Ministry of Public Health (MoPH), Ministry of Labor (MoL), Ministry of Interior (MoI), Ministry of Social Development and Human Security (MSDHS), National Security Council (NSC), NGOs, and private sector stakeholders). The objectives are to coordinate migrant health cohesive policies and service delivery, and to ensure alignment with national and international health regulations.
- o Develop a National Migrant Health Strategy (2024–2026), which aims to set a long-term roadmap with clear goals on UHC for migrant population, improving health data systems, and strengthening cross-border health cooperation.

2) Securing Sustainable Funding for Migrant Health Services

- o Expand the Migrant Health Insurance Scheme (MHIS) to ensure that all migrant workers and their dependents have mandatory health coverage.
- o Leverage Corporate Social Responsibility (CSR) and Public-Private Partnerships (PPP). This aims to encourage private sector contributions to fund migrant health services through employer-based insurance schemes. For example, Thailand's seafood industry in Samut Sakhon can collaborate with MoPH to implement employer-sponsored migrant worker health cards.
- o Advocate for Government Budget Allocation. This targets on integration of the migrant health financing into the national health budget under the UHC expansion agenda.

3) Expanding Community-Driven Health Initiatives

o Train and Deploy More Migrant Health Volunteers (MHVs). Thailand's Migrant Health Volunteers (MHVs) program has been effective in Tak and Samut Sakhon but needs to be expanded nationwide. New MHV will promote health education and disease prevention in migrant communities.

o Establish Community-Based Health Posts in Migrant-Dense Areas, which will set up health posts run by NGOs and local health workers to provide primary healthcare and vaccinations for migrants.

o Digital Health and Telemedicine for Migrants. This aims to launch a mobile health (mHealth) platform providing multilingual teleconsultation services for migrants. For example, Myanmar's mHealth initiative for cross-border workers has improved health access for migrants via mobile apps.

4) Enhance Monitoring and Evaluation:

• Implement a Comprehensive M&E System with clear performance metrics to evaluate the effectiveness of migrant health programs. And setting up a centralized M&E unit within the MoPH to track progress and outcomes of the MHP.

• To assess the progress of MHP, the following intermediate outcome indicators should be monitored:

a. mproved access to health services:

o Number of migrants registered with the migrant health insurance scheme: Target - Increase by X% annually (interviewed with MHP personnel)

o Number of health facilities offering services in migrant languages: Target - Increase by X facilities per year

b. Enhanced quality of healthcare for migrants:

o Number of healthcare providers trained in migrant-sensitive care: Target – X per year

o Number of interpreter services provided in health facilities: Target - Increase by X% annually

c. Increased health literacy among migrant populations:

o Number of health education materials distributed in migrant languages: Target - X per year

o Number of migrant community health volunteers actively engaged: Target - Increase by X per year

d. Enhanced policy environment for migrant health:

o Number of local health boards including migrant health in their agenda: Target - Increase by X boards per year

o Number of formal agreements between health and non-health sectors on migrant health: Target - X new agreements per year

e. Improve Attribution and Documentation

o To better capture the impact of catalytic contributions, MHP should strengthen documentation processes—e.g., linking policy shifts or service access changes to specific forums, technical briefs, or capacity-building efforts facilitated by the program. Tracking tools such as stakeholder logs, citations in policy drafts, or program-specific progress reports will improve visibility and accountability.

2.5 Public Health Emergency (PHE)

A) Program Overview

Background

The Public Health Emergency (PHE) Program under Thailand's Country Cooperation Strategy (CCS) 2022–2026 aims to strengthen national preparedness, prevention, detection, and response capabilities for public health emergencies. The program aligns with Thailand's national health security reforms (Big Rock 1) and is guided by the WHO International Health Regulations (IHR), the Global Health Security Agenda (GHSA), and ASEAN's strategic framework for public health emergencies.

Thailand has faced multiple health emergencies over the past four decades, including avian influenza, SARS, and the COVID-19 pandemic. The COVID-19 crisis exposed gaps in Thailand's emergency response system, particularly in governance coordination, data sharing, and workforce resilience. The PHE Program was developed to address these critical vulnerabilities and enhance resilience against future pandemics and health crises.

Objectives

The PHE Program seeks:

1) To identify, prioritize and implement multi-sectoral actions which enable Thailand to live normal life with COVID-19 with minimum negative implication.
2) To identify, analyze, prioritize gaps and strategic actions, and take essential steps by all relevant partners to boost and sustain PHE capacities at national and provincial levels.
3) To strengthen PHE monitoring and evaluation (M&E) systems; strengthen and sustain the existing Antimicrobial Resistance (AMR) M&E platform.
4) To engage in national, regional and global collaborations, initiatives, instruments or frameworks relevant to PHE.

Focus Areas

- Governance and Policy:
    - o Improve the legal framework for health security, including updates to the Communicable Diseases Act.
    - o Develop a comprehensive multi-sectoral emergency response strategy.
- Health System Preparedness:
    - o Strengthen workforce training, urban primary healthcare systems, and community-based emergency response models.
    - o Improve supply chain logistics and medical resource allocation for crisis management.
- Monitoring and Evaluation:
    - o Establish a national and provincial-level M&E system for real-time tracking of emergency response performance.
    - o Implement a scorecard system to assess public health emergency (PHE) readiness at the provincial level.
- Networking and Collaboration:
    - o Strengthen regional and global partnerships for coordinated emergency response.
    - o Enhance AMR surveillance efforts under the "One Health" approach.

Expected Outcomes
- A resilient and responsive public health emergency system with improved governance, financing, and coordination.
- A strengthened health system capable of responding to future pandemics while maintaining essential services.
- A contingency financing mechanism for emergency preparedness.
- A comprehensive M&E platform for tracking PHE and AMR at the national and regional levels.

B)   Mid-Term Progress Assessment

The mid-term progress of the PHE program during 2022-2023 :

1) Policy Development for Health Security
- Developed policy recommendations for public health law improvements and pandemic preparedness.
- Advanced policy proposals to decision-making mechanisms and supported reform discussions.
- Policy recommendations were integrated into the National Vaccine Institute's future strategies.

2) Access to Medicines & Vaccines
- Analyzed barriers to access medicines and vaccines, providing legislative and procurement guidelines.
- Research findings presented to legal reform mechanisms and local policy forums.
- Case studies on COVID-19 vaccine procurement informed national strategies.

3) Health Workforce & Capacity Building
- Developed HR planning frameworks for disease surveillance and response.
- Expanded frameworks for long-term HR management and resilience-building.
- The HRH planning report was adopted for future workforce planning.

4) Health System Financing & Preparedness
- Conducted financial management analysis for epidemic response.
- Revised and extended financial management frameworks to improve funding efficiency.

5) Supply Chain & Logistics for Emergencies
- Finalized the blueprint and integrated supply chain improvements into national strategies.
- The framework helped optimize medicine distribution in crisis situations.

6) Monitoring & Evaluation (M&E) Systems
- Designed M&E frameworks for public health emergency capacities at national and provincial levels.
- Continued refining M&E frameworks, with extended revisions to ensure implementation feasibility.
- Provincial public health emergency assessments improved planning.

7) Antimicrobial Resistance (AMR) Monitoring
- Strengthened AMR policy decision-making through empirical data.
- Expanded AMR surveillance and response mechanisms in critical emergencies.
- Surveillance data integration improved AMR tracking across health facilities.

8) Knowledge Management & Research
- Supported eight research projects in PHE and AMR areas, with initial results disseminated.
- Created a centralized knowledge platform to consolidate COVID-19 response lessons.

The PHE program successfully aligned with national health reform priorities, particularly in pandemic preparedness, access to medicines, and AMR management. The 2023 focus on policy advocacy and knowledge management helped sustain long-term impact. However, challenges remain in fully implementing financial and monitoring frameworks due to ongoing refinements.

C) Key Mid-Term Achievements

1) Policy Development & Governance:
- Successfully developed policy recommendations for public health emergency governance.
- Some policies were adopted for national vaccine access.
- The National Vaccine Institute will utilize research findings for future policy decision-making.

2) Public Health Workforce & Capacity Building:
- Conducted HR planning for public health emergencies.
- Developed training programs for frontline health workers, however,
    i. some projects required further revisions and extensions, delaying long-term HR planning.
    ii. the HRH planning report is being revised to align with the national strategy.

3) Monitoring & Evaluation (M&E) Systems:
- Designed M&E frameworks to assess provincial public health emergency capacities. Developed a provincial scorecard system, however,
    i. some provincial M&E projects faced delays due to framework refinements.
    ii. the final report was revised, with resubmission expected in early 2024.

4) Health System Financing & Preparedness:
- Successfully analyzed financial management for epidemic response, leading to improved budgeting for future health crises, but,
    i. budgeting adjustments are still required to ensure financial sustainability for emergency responses.
    ii. the COVID-19 financial management study identified key funding inefficiencies.

5) Antimicrobial Resistance (AMR) Monitoring:
- Strengthened AMR surveillance and monitoring platforms, including One Health reports.
- The project was completed, and results were disseminated to relevant agencies.

6) Knowledge Management (KM) & Research:
- Established a centralized knowledge repository to consolidate COVID-19 response data.
- Conducted multiple research projects and research findings were shared through national and international networks, however,
    i. the knowledge platform is still under development, and some research findings need better dissemination.

7) International Collaboration & Networking:
- Engaged with international health agencies for regional preparedness efforts, however,
    i. collaboration with global health bodies remains limited in scope.
    ii. some international partnerships were initiated but require further expansion.

The PHE program made significant strides in policy recommendations, capacity building, and health system preparedness. However, delays in implementing monitoring frameworks and securing long-term funding for AMR and HR capacity pose challenges.

D)   Program Successes and Challenges

Program Successes

1) Legislative and Policy Advancements

- The PHE Program contributed to policy research and stakeholder consultations related to the Communicable Diseases Act B.E. 2558 and broader emergency health governance reform. While the legal amendment itself has not yet been enacted, CCS-PHE-supported studies and policy dialogues informed draft proposals and were shared with relevant national bodies including the National Reform Committee and the Ministry of Public Health. However, attribution should be viewed in terms of contribution to the policy environment rather than direct legislative change.
- The creation of provincial-level health emergency response teams has improved coordination at the local level.

2) Digital Transformation of Public Health Surveillance

- AI-powered outbreak prediction models provide more accurate and timely public health alerts.
- Real-time data collection from hospitals, research labs, and field surveillance teams enables faster epidemiological assessments.

3) Strengthened Multi-Sectoral Coordination

- The program successfully engaged the private sector, military, and non-health agencies in public health emergency response planning.

Program Challenges

1) Slow integration of policy recommendations into legal frameworks

- Establish a dedicated policy advocacy task force to work with lawmakers and regulatory bodies, through activities such as:
    - i.   assign a legal team to align policies with existing laws.
    - ii. conduct stakeholder meetings to accelerate policy adoption.
    - iii. collaborate with government agencies to fast-track approvals.

2) Delays in HRH planning and capacity building

- Implement phased HRH development plans with clear milestones and continuous training, which suggest implements are:
    - i.   creating a roadmap with short-term and long-term HRH targets.
    - ii. expanding partnerships with universities and training centers.
    - iii. allocation of funding for ongoing HR training programs.

3) Delays in M&E framework implementation

- Accelerate provincial public health emergency monitoring with digital tools, could be achieved through:
    - i.   using real-time data collection via digital dashboards.
    - ii. providing technical support to provincial health teams.
    - iii. setting a strict timeline for finalizing and launching the M&E system.

4) **Financial sustainability for health emergency responses**
- Establish multi-source funding, including international grants, through activities such as:
    i. develop a financial strategy for sustainable funding.
    ii. seek collaborations with global health donors.
    iii. advocate for increased government budget allocation.

5) **Ensuring continuous funding for AMR programs**
- Secure long-term commitments through policy integration and multi-sectoral funding, whichsuggest activities are:
    i. advocation for AMR as a national priority.
    ii. integration the AMR monitoring into routine health reporting.

6) **Incomplete knowledge management (KM) system**
- Finalize and operationalize the centralized KM platform for research dissemination, through Recommendations such as:
    i. assign a dedicated KM management team.
    ii. develop a structured digital repository.
    iii. conduct national workshops to promote research findings.

7) **Limited global collaboration and networking**
- Strengthen international partnerships and align with WHO global health security initiatives, which suggestions are:.
    i. establish regular engagement with WHO and regional health networks.
    ii. participate in global public health emergency forums.
    iii. organize cross-border training programs with neighboring countries.

In summary, in order to overcome these challenges, a general suggestions are 1) set clear timelines for the key pending activities, 2) enhance multi-sectoral engagement, and 3) to implement digital solutions for real-time M&E and KM.

E) OECD-DAC Criteria Assessment

Relevance: The PHE program is relevant to Thailand's health security needs, particularly in responding to COVID-19 and strengthening the health system for future public health emergencies. The program aligns with the National Strategic Plan for Emerging Infectious Diseases[4].

Coherence: The program demonstrates internal coherence by integrating knowledge generation, capacity building, and monitoring and evaluation tools. However, some delays in project implementation indicate challenges in coordination across multiple stakeholders. Externally, the program aligns with Thailand global health action plan (2021-2027)[5] and ASEAN's strategic framework for public health emergencies.[6]

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[4] the National Strategic Plan for Emerging Infectious Diseases (2017-2021), available at: chrome-extension://efaidnbmnnnibpcajpcglclefind-mkaj/https://ddc.moph.go.th/uploads/ckeditor2/eidnationplan20172022_en_270660.pdf

[5] Thailand, Global Health Action Plan (2021-2027), available at chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://ghd.moph.go.th/wp-content/uploads/2022/04/GHplanEng_ebook_Final.pdf

[6] ASEAN Strategic Framework for Public Health Emergencies, 2020, available at: chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://asean.org/wp-content/uploads/2020/11/4-ASEAN-Strategic-Framework-on-PHE_Final.pdf

Effectiveness: During 2022-2023, PHE program partially met its objectives, achieving significant progress in knowledge generation, policy recommendations, and antimicrobial resistance (AMR) implementation. However, some projects, such as the M&E framework, require extensions due to delays in data collection and analysis.

Efficiency: The financial contingency plan for PHE was not fully implemented. Budgeting delays hindered efficient fund disbursement. However, the program reallocated budgets to support knowledge dissemination, showing adaptability.

Impact (Orientation Toward Impact): The program contributed to strengthening Thailand's AMR surveillance system and refining legal frameworks for vaccine accessibility. However, translating research into actionable policy changes has been slow, particularly in integrating M&E frameworks into national policies.

Sustainability: The program has established a foundation for future public health emergency response, particularly through capacity-building initiatives and knowledge management systems at the national and local levels. However, sustainability is contingent on continued strengthening coordination within the MoPH, funding and institutionalization of best practices. The integration of AMR surveillance into Thailand's public health system suggests potential long-term impact and sustainable.

F) Program-Specific Recommendations

To accelerate progress and ensure the PHE program achieves its goals by 2026, the following strategic recommendations are proposed:

1. **Strengthening Policy Integration & Governance:** To ensure public health emergency (PHE) policies are translated into actionable laws.
   - Develop a policy advocacy roadmap to align with national health security priorities.
   - Conduct high-level policy dialogues with decision-makers to prioritize pending legal reforms.

2. **Accelerating Health Workforce (HRH) Capacity Development:** To build a robust health workforce for emergency response.
   - Implement an accelerated HRH training program focused on emergency preparedness.
   - Use digital learning platforms for continuous training on infectious disease control

3. **Strengthening Monitoring & Evaluation (M&E) Systems:** To fully operationalize national and provincial M&E frameworks for public health emergencies.
   - Deploy digital M&E dashboards to track public health emergency preparedness in real-time.
   - Ensure provincial-level implementation of self-assessment tools for PHE readiness.

4. **Enhancing Knowledge Management (KM) & Research Dissemination:** To Fully operationalize the centralized KM platform.
   - Develop AI-powered knowledge synthesis tools to analyze trends in health emergencies.

5. **Strengthening International Collaboration & Networking:** To position Thailand as a regional leader in public health emergency preparedness
   - Develop cross-border disease surveillance programs to improve regional preparedness.
   - Join WHO and ASEAN health security initiatives to leverage global expertise.

6. **Ensuring Sustainable Financing for Public Health Emergencies:** To secure multi-source funding for long-term PHE sustainability
   - Introduce health emergency bonds to generate long-term financial resources.
   - Strengthen financial transparency to increase donor confidence.

7. **Strengthening Antimicrobial Resistance (AMR) Monitoring:** To improve AMR surveillance and policy i mplementation.
   - Integrate AMR monitoring into routine health reporting systems.
   - Develop public awareness campaigns to promote responsible antibiotic use

These strategies will help accelerate progress and ensure that the PHE program successfully meets its objectives by 2026.

2.6 Road Safety

A)   Program Overview

The Road Safety CCS Program aligns with Thailand's 5th National Road Safety Plan, aiming to reduce road traffic fatalities to 12 per 100,000 population by 2027. It prioritizes 100% helmet use among motorcyclists and a 50% eduction in drink-driving fatalities.

The program's expected impact is a 50% decrease in motorcycle-related fatalities through four key expected outcomes: (1) strengthening road safety cooperation, (2) enhancing motorcycle safety laws and policies, (3) aligning measures with SDGs and international agendas, and (4) improving stakeholder capacity to address road safety challenges.

The strategic objectives focus on multi-sectoral collaboration: fostering partnerships among public and private sectors, parliamentarians, academia, and international organizations; enhancing networking among research funders, policymakers, and key stakeholders with media advocacy for evidence-based policies; and strengthening stakeholder capacity in six key areas annually.

Key activities include organizing six annual coalition platforms, three meetings to support police strategic plans, and three for research network reinforcement. The program produces three annual evidence-based reports on helmet use, drink-driving, and speeding, ensuring alignment with SDGs and international road safety frameworks. It also emphasizes policy and media advocacy while integrating capacity-building initiatives to promote the Safe System Approach and achieve global road safety targets (ref -RS Program Proposal).

B)   Mid-Term Progress Assessment

The mid-term review (MTR) indicates progress (during 2022–2024) aligned with expected outcomes, though quantitative reporting on activities and outputs remains unclear. The program has effectively enhanced collaboration among stakeholders, strengthened policy advocacy, and promoted helmet use and responsible driving.

Key achievements include the establishment of a Strategic Core Group (SCG) comprising governmental, private, and international organizations, and the organization of at least four multi-sectoral workshops per year. Law enforcement efforts have been reinforced through consultations involving 150 national police officers, leading to improved compliance mechanisms. In 2024, the program aims to intensify.

The program has also advanced policy development, collaborating with TDRI and WHO to formulate the 5th National Road Safety Plan. National policy commitments, including a 100% helmet-use policy, have been secured. Public engagement strategies have included social media campaigns and community initiatives, such as TikTok competitions and the "Million Helmets, Million Lives" campaign. Future initiatives focus on data integration for accident analysis, AI-driven policy evaluation, and legislative reforms to enhance enforcement (ref -RS Technical report 2022, 2023).

Capacity-building efforts have strengthened stakeholders' capabilities, with training programs for road safety volunteers and cross-sectoral collaboration. Plans for 2024 include developmental evaluation toolsม legislative advocacy to sustain policy momentum, and intensifying helmet-use campaigns with organizations such as the Rotary Club and the Ministry of Interior, utilizing media outreach (ref -RS Technical report 2023).

Despite these achievements, several challenges persist. Political instability affects policy continuity, while weak inter-agency coordination and lack of clear operational plans hinder effectiveness. Budget disbursement delays in 2022 impacted project timelines. Law enforcement remains inconsistent, particularly in addressing drunk driving. Additionally, private sector engagement remains limited, restricting financial and legal support for road safety initiatives. To address these gaps, the program proposes enhanced policy advocacy, improved data systems, and strengthened regulatory mechanisms to sustain road safety improvements (FGD, Program manager and member).

C) Key Mid-term Achievements

1. **Strengthening Road Safety Cooperation Mechanism**
   - Strategic Core Group (SCG) Formation: Established a coalition involving IHPP, TDRI, Ministry of Public Health (MoPH), Road Safety Policy Foundation, and Provincial Road Safety Support Program. Monthly meetings conducted, contributing to national road safety policies.
   - Multi-Stakeholder Collaboration: Engaged policymakers, funders, youth, civil society, academia, and private sector, increasing participation from 38 organizations and launching collaboration with Rotary Clubs of Thailand.
   - Coalition Platforms: Held four meetings per year to enhance networking, including a MOU signing event at Parliament (Dec 2022), solidifying 100% helmet-use commitment.
   - Parliamentary Engagement: Established the Parliamentary Road Safety Committee (Jan 2024), modeled after the UK PACT initiative.

2. **Strengthening Law and Policy Implementation for Motorcycle Safety**
   - Helmet Use Advocacy:
     o Policy endorsement by Prime Minister, Deputy Prime Minister, Minister of Interior, and the Bangkok Governor for 100% helmet-wearing.
     o Campaigns such as "A Million Helmets, A Million People Safe" and public petition (one million signatures) to influence policymakers.
     o Evidence-based policy briefs developed to strengthen enforcement.
   - Law Enforcement Capacity-Building:
     o Two national police participatory meetings per year to support the police strategic plan.
     o SWOT analysis identified gaps in enforcement.
     o National Police Chief approved electronic ticketing system and stricter law enforcement on helmet use.
     o Budget proposal (144 million THB) for expanding electronic ticketing and enforcement submitted to the National Police Office.
   - Drink-Driving Prevention:
     o Policy briefs and recommendations for stricter penalties submitted to Parliament.
     o Introduced a legal proposal to restrict employment in specific industries for repeat drink-driving offenders.

3. **Aligning Thailand's Road Safety Implementation with SDGs and International Agendas**
   - Thailand's 5th Road Safety Master Plan (2022-2027) officially endorsed by the government.
   - Policy Briefs Developed: Addressed helmet laws, drink-driving prevention, and insurance reform to align with SDG 3.6 (road safety) and 11.2 (safe transportation systems).
   - Participation in Global Road Safety Networks:
     o Collaboration with WHO, international research institutions, and UN agencies.
     o Thai representatives to attend Safety 2024 in New Delhi, India.

4. Enhancing Stakeholder Capacity for Road Safety Challenges
   - Capacity Building through Media & Advocacy:
     - o TikTok competition on real-life motorcycle crash survivor stories—30 finalists trained in Behavioral Economics ("Nudgeathon").
     - o Winners to be recognized by the Prime Minister in National Accident Seminar (2024).
   - Safe City Initiatives: Bangkok Governor integrated road safety into urban safety policies.
   - Academic Partnerships for Policy Impact:
     - o Conducted studies on traffic law reforms, behavioral economics, and enforcement strategies.
     - o Collaboration with Thailand Development Research Institute (TDRI) for policy research

D) Program Success and Challenges

Program Success

Inter-sectoral collaboration: The SCG has strengthened coordination across health, transportation, law enforcement, and urban development sectors, integrating road safety into broader public health and smart city initiatives. Coordination with the political sector in Thailand, such as participation in the legislative mechanisms of the Parliament, is another important success.

Evidence-Based Policy Making: Data-driven policies, such as mandatory helmet laws and ABS for motorcycles, have been central to the program's success. Periodic evaluations ensure alignment with national and international road safety goals, contributing to reduced traffic fatalities and injuries.

Strengths of Operations by Non-Governmental Organizations: Non-governmental organizations (NGOs), such as the WHO-CCS RS Program and academic institutions, have strength lies in their ability to advocate for road safety issues that government agencies may struggle with, and to offer support where governmental responsibilities overlap or lack clarity, ensuring more focused and effective action.

Community engagement: Programs like "Safe Routes to School" empower local communities, particularly youth, to identify risks and advocate for road safety solutions. Partnerships with schools and community organizations enhance local ownership and acceptance of interventions.

Technology for enforcement: Speed detection systems, alcohol breathalyzers, and real-time data analysis have mproved law enforcement efficiency and compliance with traffic laws, particularly in smart city pilot areas.

Flexible resource management: Co-funding from private and international partners reduces reliance on government funding, ensuring financial resilience and adaptability to evolving priorities.

Program Challenges

Despite these successes, the focused group discussions and in-depth interviews (IDIs) with key stakeholders reveal that the program has faced key challenges that require ongoing attempts and attention.

- **Lack of coordination between agencies (Silo Working):** A key issue is the siloed working of agencies, where each operates independently with insufficient coordination. While platforms like the SCG have facilitated collaboration, lack of integration in planning and execution, especially in law enforcement, reduces the effectiveness of efforts to prevent accidents and injuries. Working with government agencies is difficult due to

management and decision-making constraints at higher levels. This highlights the challenge of pushing plans forward in an environment that requires cross-agency coordination.

- **Law enforcement:** One significant issue is the insufficient enforcement of laws, with some agencies facing limitations in law enforcement. This leads to non-compliance with safety measures like wearing helmets, undermining road safety efforts.

- **Access to necessary data and using data for goal setting:** Data collection, such as driving speed, is incomplete due to outdated tools. Moreover, the process of collecting data from multiple agencies is time-consuming and complicated, leading to delays in setting goals and evaluating outcomes.

- **Challenges in changing public behavior:** Despite road safety campaigns and sector-wide support, changing public behaviors—such as reducing drinking and driving, wearing helmets, and adhering to speed limits—remains challenging. This requires strong policy support, strict law enforcement, and continuous public awareness efforts.

E) OECD-DAC Criteria Assessment

(1) Relevance (Alignment with Needs and Priorities)

- The Road Safety Program aligns well with Thailand's national health priorities by addressing road traffic accidents, a major public health concern contributing significantly to mortality and morbidity. The program's objectives—promoting helmet use and reducing drunk driving—are consistent with Thailand's national strategies for curbing key behavioral risk factors, such as alcohol consumption and reckless driving.

- The integration of road safety with broader public health strategies, including non-communicable disease (NCD) prevention and digital health initiatives, highlights a comprehensive approach to addressing traffic-related health issues. Smart city technologies in areas like Phuket have enhanced the use of evidence-driven policies to prevent accidents. Mandatory helmet laws and the introduction of anti-lock braking systems (ABS) for motorcycles demonstrate evidence-based decision-making, contributing to reduced road fatalities.

- Despite strong policy alignment, regional disparities in enforcement and compliance remain a challenge. The implementation of helmet laws and alcohol restrictions is inconsistent, particularly in rural and underserved areas where law enforcement capacity is weaker. Additionally, while smart city technologies have been effective in urban areas, their scalability to other provinces remains limited due to funding constraints.

(2) Coherence (Consistency with Other Policies and Programs)

- The program demonstrates strong coherence with other public health and social development initiatives, particularly those targeting NCD prevention and youth engagement. Collaboration with digital health programs has enhanced road safety through technology-driven solutions, such as speed detection systems and real-time data management.

- Initiatives like "Safe Routes to School" have engaged young people in safety assessments, empowering them to participate in behavioral change activities. Partnerships with key stakeholders—including government agencies, international organizations, NGOs, and the private sector—have been critical to the program's success. The WHO's Safe System Approach has been incorporated into national strategies, while partnerships with Rotary International and other NGOs have supported helmet promotion and anti-drunk driving campaigns.

- While collaboration has been effective, inter-agency coordination challenges remain, particularly in data sharing and program integration across ministries. The fragmentation of responsibilities between health, transportation, and law enforcement agencies has resulted in inconsistent enforcement strategies. Furthermore, while the private sector has contributed safety technology innovations, more structured public-private partnerships are needed to scale up interventions.

(3) Effectiveness (Achievement of Objectives)

- The program's effectiveness is evident in its multi-sectoral approach, leveraging social, intellectual, network, and policy capital to advance road safety objectives. Community engagement and public awareness campaigns have strengthened social capital, ensuring support for road safety initiatives. Evidence-based research has provided intellectual capital, guiding policy decisions and the implementation of best practices.

- Network capital has been instrumental in facilitating resource-sharing and knowledge exchange, while policy capital has enabled the enforcement of stronger road safety legislation. The integration of these various forms of capital has contributed to notable program successes, including improved helmet use and legislative advancements.

- Despite progress, monitoring and evaluation (M&E) mechanisms need to be strengthened to assess the impact of different interventions. While the program has successfully enacted new policies, the effectiveness of enforcement and actual behavioral change remains under-evaluated. Additionally, network collaboration across provinces needs to be optimized to improve the scalability of best practices beyond major urban centers.

(4) Efficiency (Resource Use and Cost-Effectiveness)

- The program's budget allocation has been strategically deployed across research, public awareness campaigns, infrastructure development, and safety technology investments, such as speed cameras. The flexible funding approach, utilizing "soft money" and co-funding arrangements, has allowed rapid adaptation to emerging needs, ensuring continued operational efficiency.

- Regular financial audits and evaluations have maintained transparency, ensuring that resources are used effectively. Partnerships with international organizations and private sector stakeholders have contributed additional financial support, enhancing the cost-effectiveness of road safety interventions.

- Despite strategic resource deployment, governmental budget constraints limit the speed and scale of implementation. Insufficient funding for enforcement technologies and public awareness campaigns restricts the program's full potential. Furthermore, funding for road safety interventions often fluctuates, creating challenges for long-term sustainability and multi-year planning.

(5) Impact (Orientation Toward Impact)

- The program has had a significant impact on road safety outcomes, particularly in reducing road traffic fatalities. Over the past decade, the mortality rate from road traffic accidents has dropped from 34-36 deaths per 100,000 people to 20 deaths per 100,000. This decline is a direct result of interventions such as increased helmet use, ABS technology adoption for motorcycles, and the formation of the Strategic Call Group (SCG), which has strengthened collaboration across sectors.

- Public awareness campaigns have contributed to improved public behavior, leading to higher compliance with helmet laws and a reduction in drunk driving incidents. Thailand's progress in road safety has also received international recognition, positioning the country as a regional leader and a model for neighboring nations.

- While fatalities have declined, the rate of non-fatal injuries remains high, placing a continued burden on Thailand's healthcare system. Additionally, impact evaluations need to be more comprehensive, assessing the long-term behavioral changes resulting from road safety interventions. There is limited disaggregated data to determine how different demographic groups (e.g., youth, elderly, low-income populations) are benefiting from safety policies.

(6) Sustainability (Long-Term Viability)

- The long-term sustainability of the Road Safety Program depends on institutional strengthening, funding diversification, and continuous capacity-building. The establishment of a central agency to oversee and coordinate road safety initiatives is essential for maintaining program momentum and ensuring effective policy implementation.

- Ongoing efforts to diversify funding sources—including co-funding agreements with international organizations and contributions from the private sector—have helped stabilize financial resources. Additionally, regular training programs for policymakers, law enforcement officers, and community leaders have ensured that the necessary workforce is in place to sustain and expand road safety measures.
- While sustainability efforts are underway, funding uncertainty remains a key challenge, particularly for long-term infrastructure investments. Many interventions still rely on short-term external funding, making them vulnerable to financial instability.
- Additionally, community engagement strategies need to be further institutionalized to ensure that local populations remain actively involved in road safety initiatives. Expanding local ownership of road safety programs through decentralized governance structures will enhance long-term adherence to road safety measures.

F) Program-Specific Recommendation

To improve the operation of the Road Safety Program in the second half of the term, the following recommendations should be considered:

1) *Strengthen law enforcement:* Improve consistency in law enforcement, particularly for addressing drunk driving. This could be achieved through the use of advanced technologies such as alcohol detection devices, speed cameras, and other enforcement tools.

2) *Enhance data integration:* Develop a unified national road safety database for more efficient accident analysis and evidence-based policy evaluation. This would improve the effectiveness of interventions and support targeted actions.

3) *Improve stakeholder coordination:* Establish a central body to coordinate efforts across ministries and organizations, ensuring better alignment of resources and a unified approach. This could help mitigate the fragmentation between agencies and enhance inter-sectoral collaboration.

4) *Expand private sector engagement:* Increase engagement with the private sector to secure financial and legal support for road safety initiatives. This could involve fostering innovation and ensuring more resources for technological advancements and public campaigns.

5) *Behavioral change initiatives:* Continue and enhance behavioral change campaigns, especially focused on helmet use and reducing drunk driving. This should be supported by stricter enforcement measures and sustained media advocacy to encourage long-term changes in public behavior.

6) *Secure sustainable funding:* Focus on securing diversified funding sources from both national and international partners. This includes developing co-funding arrangements to ensure long-term financial stability, particularly for enforcement technologies and large-scale public campaigns.

7) *Focus on legislative advocacy:* Continue to push for legislative reforms that will enhance enforcement mechanisms and road safety measures. This could include advocacy for mandatory helmet laws and better regulations on alcohol consumption.

3 | Cross-cutting issues

3.1 General Information

The cross-cutting issues in the Thailand Country Cooperation Strategy (CCS) 2022–2026 apply both at the overall CCS framework level and to specific programs. Below is a breakdown:

1. Poverty and Inequality
    o **General CCS:** This issue is addressed across all programs, focusing on reducing health inequities and ensuring vulnerable populations, including migrants, ethnic minorities, and rural communities, have access to healthcare. It guides the overarching goal of improving equity in health outcomes (WHO, 2023).
    o Specific Programs:
        ▪ **Migrant Health:** Targets health equity for all migrants, including undocumented and stateless individuals, by improving access to health services and addressing financial barriers (WHO, 2023).
        ▪ **Public Health Emergency (PHE):** Ensures that pandemic preparedness and response plans include marginalized groups to reduce the disproportionate impact of health crises on these populations (WHO, 2023).

2. Gender Equality
    o **General CCS:** Gender equality is a foundational principle embedded in all programs, aiming to reduce disparities and promote inclusivity in health policies and interventions (WHO, 2023).
    o **Specific Programs:**
        ▪ Noncommunicable Diseases (NCDs): Addresses gender-specific health risks, such as higher rates of obesity and physical inactivity among certain demographics (WHO, 2023).
        ▪ Digital Health: Ensures that digital platforms are accessible to women and gender minorities, enhancing inclusivity in health services (WHO, 2023).

3. Human Rights
    o **General CCS:** The CCS emphasizes a human rights-based approach to healthcare, ensuring all programs align with international treaties and commitments (WHO, 2023).
    o **Specific Programs:**
        ▪ Migrant Health: Advocates for the rights of migrants to health services, aligning with Thailand's commitment to the ASEAN Consensus on the Protection and Promotion of the Rights of Migrant Workers (WHO, 2023).
        ▪ Global Health Leadership (EnLIGHT): Promotes Thailand's role in advocating for health as a human right on international platforms (WHO, 2023).

4. Sustainability and Multisectoral Collaboration
   o **General CCS:** All programs emphasize collaboration across sectors to address the social determinants of health and align with the Sustainable Development Goals (SDGs) (WHO, 2023).
   o **Specific Programs:**
      ▪ Road Safety: Encourages collaboration among policymakers, academia, and civil society to reduce road traffic fatalities (WHO, 2023).
      ▪ Public Health Emergency (PHE): Involves multisectoral partnerships to enhance preparedness and resilience against future pandemics (WHO, 2023).

In summary, while these cross-cutting issues are embedded across the entire CCS framework, specific programs integrate them in targeted ways to address unique challenges in their focus areas. This ensures a comprehensive approach to achieving health equity, inclusivity, and sustainability in Thailand (WHO, 2023).

3.2 Reported Achievements on Cross-Cutting Issues in CCS 2022–2026

Cross-cutting issues	Reported Achievements
Poverty and Inequality	**Findings:** Several programs under CCS 2022–2026 have contributed to reducing health disparities by addressing barriers faced by low-income, rural, and marginalized populations. • ConvergeDH has advanced digital health equity through initiatives such as migrant health data standardization, which improves access to care for non-citizens by integrating health records into the Thai Red Cross system. Telemedicine expansion has also improved healthcare access for low-income and rural populations, reducing travel costs and increasing availability of medical professionals. However, delays in establishing a reimbursement model have limited the full benefits for poorer populations. • EnLIGHT has prioritized equitable access, with 63% female and 37% male participation in its fellowship program. However, representation from underserved regions outside Bangkok remains limited, necessitating expanded outreach to ensure diverse participation in leadership development. • NCDs Program has strengthened provincial and local NCD networks, supporting decentralization to underserved areas. Campaigns like "Together Fight NCDs" have enhanced early detection and prevention, particularly among working-age populations disproportionately affected by poverty-related health disparities. Digital screening tools have improved access to care for individuals facing financial or logistical barriers to in-person healthcare services. • The MHP aims to reduce health disparities among migrants by expanding access to healthcare services and strengthening financial risk protection. The program prioritizes Universal Health Coverage (UHC), addressing financial barriers to healthcare and ensuring effective social protection mechanisms for migrants and their dependents. Additionally, MHP facilitated the National Health Commission's efforts to safeguard health security for non-Thai populations. • PHE Program has incorporated data disaggregation to ensure public health interventions reach disadvantaged communities. It has prioritized migrant populations and ethnic minorities in disease surveillance, collaborated with the Migrant Health Program for cross-border health monitoring, and advocated legal and policy reforms to improve emergency response mechanisms for underserved populations. However, funding disparities persist, with urban areas receiving more resources than rural regions for pandemic preparedness.

Cross-cutting issues	Reported Achievements
	Gaps:
	• Socioeconomic impacts and disparities in digital health adoption among low-income groups remain under-reported.
	• Funding disproportionately benefits urban over rural regions, leading to inequitable access to emergency preparedness resources.
Gender Equality	**Findings:**
	Gender equity has been integrated into several CCS programs, but explicit gender-based health interventions remain limited.
	• ConvergeDH does not explicitly address gender-specific considerations in digital health initiatives. No gender-disaggregated data has been reported in studies related to telemedicine use or migrant health data collection.
	• EnLIGHT has demonstrated strong female participation in leadership training, with 63% of participants in 2023 being women. The program has actively promoted gender diversity in policy discussions, ensuring the representation of women leaders in global health forums. However, the program lacks targeted gender-based policy recommendations, leaving room for improvement.
	• NCDs Program has integrated gender-sensitive approaches, particularly in obesity prevention, hypertension, and diabetes management. Policies restricting unhealthy food marketing for children indirectly benefit women as primary caregivers. However, systematic gender-disaggregated data collection is lacking, making it difficult to measure differential health impacts.
	• MHP integrates gender-sensitive approaches into its initiatives, acknowledging the specific health needs of migrant women. The program has actively advocated for equitable access to maternal healthcare, ensuring that pregnant migrant women receive prenatal and postnatal care without discrimination.
	• PHE Program has made notable progress in gender equity by prioritizing women's participation in disease response teams and training programs. It has also integrated sex-disaggregated data into public health emergency surveillance, a step toward addressing the historical lack of gender-based health analysis in epidemiological research. Reproductive health considerations have been incorporated into emergency preparedness plans to ensure continuity of maternal and reproductive health services during crises.

Cross-cutting issues	Reported Achievements
	Gaps: • Limited gender-specific health interventions in digital health, NCDs, and migrant health programs. • Gender-disaggregated data collection remains inconsistent, making it difficult to assess program impact across genders. • MHP has yet to fully address gender-specific barriers, although migrant health boards at province level have been established. The efforts to scale up these initiatives remain limited due to administrative regulations.
Human Rights	**Findings:** Several programs have integrated rights-based approaches to public health, emphasizing universal health access, data protection, and policy reforms. • ConvergeDH has advanced discussions on health data governance under the Personal Data Protection Act (PDPA), but legal reforms remain slow. Efforts to improve data transparency and open health data sharing have been initiated through a Community of Practice (CoP) to ensure multi-stakeholder engagement. • EnLIGHT has facilitated policy discussions on human rights in trade and health (CPTPP), mental health, and HIV/AIDS while advocating for equitable access to healthcare. However, structured monitoring of human rights impacts remains limited. • NCDs Program has promoted the right to health through policy and legislative reforms, including food marketing regulations and consumer protection policies. It has worked with the National Health Commission and the Ministry of Social Development to integrate human rights perspectives into public health planning. However, there is no explicit human rights framework in program design, such as anti-discrimination policies or targeted interventions for marginalized populations. • MHP advances migrants' right to health through policy advocacy, legal frameworks, and cross-sector partnerships. The program works to eliminate discrimination in healthcare services. In December 2023, MHP advocated for a House of Representatives proposal to amend the National Health Security Act, aiming to extend health rights to all individuals living in Thailand. • PHE Program has made substantial progress in incorporating human rights, equity, and inclusion into emergency response frameworks. It has advocated for universal access to vaccines and medicines, conducted policy research on legal barriers to health services, and recommended legal reforms to address gaps in emergency response policies.

Cross-cutting issues	Reported Achievements
	Gaps: • Equitable access to digital health services is not explicitly framed as a human right in current policies. • No structured human rights monitoring framework exists within CCS programs. • Access to health services for marginalized groups requires stronger legal protections.
Sustainability and Multisectoral Collaboration	**Findings:** Sustainability across CCS programs is largely focused on institutional capacity-building and financial planning, but environmental sustainability is not systematically addressed. • ConvergeDH has highlighted the need for long-term digital health capacity-building, but its reports do not assess environmental sustainability factors, such as hospital waste reduction or energy-efficient digital health infrastructure. • EnLIGHT has successfully engaged government agencies, academia, and international organizations but has underutilized regional health networks, particularly ASEAN partners. Strengthening intersectoral collaboration would enhance its regional impact and knowledge-sharing potential. • NCDs Program has taken steps to institutionalize NCD prevention through the National NCD Strategic Plan (2023–2027) and digital tools like ThaiSaltSurvey and digital health stations. However, funding sustainability is uncertain, with no clear long-term financial strategy beyond WHO and ThaiHealth support. • MHP fosters multisectoral collaboration among government agencies, civil society, and international organizations. During 2022-2023, MHP in partnership with WHO and IOM, strengthened cross-border health cooperation with Cambodia and Lao PDR to enhance regional health security, facilitate safe cross-border movement, and prevent the spread of diseases. • PHE program has engaged multiple stakeholders, including government agencies, international organizations, and NGOs, to strengthen long-term health security. PHE prioritized regional collaboration with ASEAN to improve cross-border health emergency preparedness. The program also mobilizes financial resources, social and ntellectual capital to sustain and expand emergency preparedness initiatives. • Road Safety Program has successfully integrated data-driven policymaking, youth engagement, and public awareness efforts. However, challenges remain in institutional coordination and law enforcement gaps.

Cross-cutting issues	Reported Achievements
	Gaps: • Environmental sustainability has not been explicitly addressed in digital health, NCDs, or emergency preparedness programs. • International knowledge-sharing mechanisms remain underutilized, with limited engagement in global health forums beyond bilateral partnerships. • Private sector collaboration in funding and policy implementation needs expansion, particularly in NCDs, digital health, and road safety programs.

3.3 Progress and Challenges in Addressing Cross-Cutting Issues

Poverty and Inequality

The mid-term review highlights significant progress in addressing poverty and inequality across CCS initiatives. The **ConvergeDH** program has enhanced healthcare access for vulnerable populations by standardizing migrant health data and integrating records into the Thai Red Cross system. However, despite these efforts, there is no explicit assessment of the socioeconomic impact, particularly regarding digital health adoption among low-income groups.

The expansion of Virtual Hospitals and Telemedicine offers a promising solution to improving healthcare access for rural and economically disadvantaged populations. However, delays in developing a reimbursement model hinder the full realization of its benefits, particularly for low-income groups who may struggle with out-of-pocket payments.

The **EnLIGHT** program has prioritized equitable access, reflected in strong female representation in leadership training. However, participation remains concentrated in Bangkok, limiting outreach to underrepresented regions. Expanding its reach would strengthen regional equity and diversify leadership perspectives.

Within the **NCDs** program, decentralization efforts have improved access to preventive care in underserved areas. However, affordability remains a critical barrier to treatment for vulnerable groups. Digital NCD screening tools have expanded early detection opportunities, yet there is limited evidence of targeted interventions specifically addressing marginalized populations.

Migrant healthcare initiatives have improved access but continue to face challenges in reaching undocumented individuals. Mobile clinics and vaccination campaigns have expanded services, but broader policy changes are necessary to address systemic healthcare barriers for migrant populations.

Gender Equality

Gender considerations are inconsistently integrated across CCS programs. ConvergeDH initiatives lack explicit gender-focused strategies, and program evaluations do not systematically collect gender-disaggregated data. Future efforts should embed gender analysis into program design to ensure that digital health services address the specific needs of women and marginalized gender groups.

The **EnLIGHT** program has demonstrated strong female participation in leadership training and global health discussions, reinforcing gender inclusivity. However, it has yet to produce targeted policy advocacy addressing gender-based health disparities.

The **NCDs** program recognizes gender-specific risk factors, particularly in obesity prevention and maternal-child health. While civil society groups and women's organizations are involved in discussions, systematic gender-disaggregated data collection remains inconsistent, making it difficult to assess program impact across different genders.

In **The MH program** faces with gender-based healthcare barriers, gender-based healthcare barriers, particularly in reproductive and maternal health access, remain insufficiently addressed. While migrant health boards have been established at the provincial level, broader engagement with gender-focused stakeholders is still limited.

Human Rights

CCS programs have integrated human rights principles into their frameworks, though structured monitoring remains underdeveloped. **ConvergeDH** has engaged in discussions on health data governance, privacy, and open data policies, but it does not explicitly frame equitable digital health access as a human right.

The **EnLIGHT** program has promoted health equity and human rights in discussions on trade, social protection, and global health governance. However, the lack of structured monitoring of human rights outcomes limits the ability to track progress.

The **NCDs** program has strengthened consumer rights through food marketing regulations and sodium reduction strategies. However, while these efforts align with public health rights, there is no explicit human rights framework embedded in the program's design, such as non-discrimination measures or targeted support for marginalized groups.

The **PHE** and **Migrant Health** programs have led efforts to integrate human rights into emergency response frameworks. It has advocated for universal vaccine access, researched legal barriers to healthcare, and recommended policy reforms to improve emergency preparedness. However, challenges remain in ensuring equitable access in rural areas and improving gender-disaggregated data collection to inform policy responses.

Sustainability and Multisectoral Collaboration

Sustainability efforts vary in scope and effectiveness across CCS programs. ConvergeDH emphasizes long-term digital health implementation but lacks a clear environmental sustainability framework. While telemedicine has the potential to reduce healthcare-related carbon footprints by minimizing patient travel, this is not explicitly addressed in program planning.

Governance structures, such as the **Digital Health** Committee, have facilitated cross-sector collaboration, bringing together stakeholders from health, technology, and legal sectors. However, there is a gap in integrating gender, human rights, and environmental sustainability considerations into digital health governance.

The **EnLIGHT** program has effectively engaged government agencies, academia, and international organizations. However, it has yet to fully leverage ASEAN health networks and regional partnerships. Strengthening these intersectoral linkages would enhance impact and improve coordination with other CCS programs.

The **NCDs** program has institutionalized long-term prevention strategies through the National NCD Strategic Plan (2023–2027) and regulatory policies. However, financial sustainability remains uncertain beyond WHO and ThaiHealth support. Additionally, despite the increasing health risks posed by climate change and air pollution, environmental sustainability has not been systematically incorporated into NCD strategies.

The **Road Safety** program has successfully fostered collaboration among policymakers, academia, and civil society, ontributing to increased helmet use and improved vehicle safety regulations. However, siloed operations and inconsistent data collection continue to pose challenges, affecting long-term sustainability.

Final Thoughts

While the CCS programs have made substantial progress in integrating cross-cutting issues such as poverty reduction, gender equity, and human rights, several gaps remain. Programs require more structured impact assessments, particularly regarding socioeconomic disparities, gender-disaggregated data, and sustainability measures. Strengthening multisectoral collaboration, financing strategies, and environmental sustainability considerations will be critical to ensuring long-term impact and resilience across all CCS initiatives.

While notable progress has been made in embedding cross-cutting issues across CCS programs, these areas are still relatively new and evolving. Therefore, future rounds of CCS (2027–2031) should further formalize cross-cutting workstreams and define clearer operational roles. In particular, there is a growing opportunity to leverage these areas for broader inter-programmatic and cross-sectoral partnerships.

4 | Governance System

4.1 General Information

The Country Cooperation Strategy (CCS) 2022–2026 for Thailand is governed by a three-tiered governance structure, ensuring effective planning, implementation, monitoring, and evaluation. This system fosters multisectoral collaboration and accountability, aligning with Thailand's national health priorities and global frameworks.

1. **Executive Committee (ExCom)**
   - The highest decision-making body, co-chaired by the Permanent Secretary of the Ministry of Public Health (MoPH) and the WHO Representative to Thailand.
   - Roles & Responsibilities:
     - Approves strategic directions, program structures, and budget frameworks.
     - Monitors progress and addresses systemic challenges.
     - Oversees policy decisions and final program adjustments.
   - Composition: Senior experts, public health agency representatives, and key funding partners to ensure alignment with Thailand's health policies and global health priorities.

2. **Coordinating Subcommittee (CSC)**
   - Intersectoral knowledge-sharing and monitoring platform overseeing implementation across all six CCS programs.
   - Roles & Responsibilities:
     - Monitors alignment with CCS objectives and cross-cutting issues.
     - Acts as an M&E oversight body, reporting to the ExCom.
   - Composition: Includes chairs of the six Program Subcommittees (PSCs), senior experts, and representatives from funding and implementing agencies.

3. **Program Subcommittees (PSCs)**
   - Operational bodies managing six priority areas:
     - Digital Health, EnLIGHT, NCDs, Migrant Health, Public Health Emergencies, and Road Safety.
   - Roles & Responsibilities:
     - Steer program implementation, track outputs, and recommend operational improvements.
   - Composition: Led by MoPH officials, WHO representatives to Thailand, and program stakeholders to ensure coordination and effectiveness.

Key Features of the Governance System
- Multisectoral Collaboration: Engages government, academia, civil society, and development partners.
- Integration Across Levels: Links ExCom, CSC, and PSCs for seamless coordination.
- Accountability & Transparency: Regular monitoring and evaluations ensure compliance.
- Support for Innovation: Promotes pooled funding and cross-sectoral collaborations for complex health hallenges.

This governance model aligns national and global health priorities, ensuring coordinated, transparent, and accountable program execution.

4.2 Uniqueness of CCS Model in Thailand

The CCS model in Thailand stands out due to its unique governance structure and funding approach, gaining attention from WHO Southeast Asia and other regions as a potential model for replication. Unlike most CCS frameworks that rely on international funding, Thailand's CCS involves multiple domestic-funded partners, enabling greater national ownership.

Key Differences from Other CCS Models
1. Scope:
   - Other CCSs focus on 3–5 priorities, while Thailand's CCS includes six due to wider stakeholder involvement and shared accountability.
2. Detail & Actionability:
   - Thailand's CCS is more granular and implementation-focused compared to other CCSs, which are high-level action plans.
   - It includes clear deliverables, a detailed timeline, a partnership matrix, and funding pledges from contributors, making it highly actionable.
3. Alignment with WHO's General Program of Work:
   - While all CCSs align with WHO's global priorities, Thailand's CCS moves beyond broad strategies to detailed implementation plans.
4. Thailand's Complex Health Landscape:
   - The CCS model must coordinate multiple entities, including MoPH, NHSO, NHCO, HSRI, and development partners, ensuring high adaptability.
5. Effort & Development Time:
   - CCS development in Thailand takes about a year, involving extensive stakeholder consultations, making it more intensive but impactful compared to other countries.

4.3 Key Insights and Areas for Improvement in the CCS Governance System (2022–2026)

The governance system follows a three-tiered model (ExCom, CSC, PSCs) designed to enhance collaboration, accountability, and efficiency. Based on meeting minutes and stakeholder feedback, the following key observations and challenges have been identified:

1) Emphasis on Mobilizing Social & Intellectual Capital Over Financial Resources
   The WHO-CCS model in Thailand is designed to mobilize expertise, partnerships, and knowledge-sharing, rather than relying solely on financial resources.
   - During the Executive Committee meeting (August 10, 2023):
     - WHO representative to Thailand stated that WHO Thailand's CCS pools social and intellectual capital rather than focusing solely on financial investment.

o An advisor to the Office of the Permanent Secretary, Ministry of Public Health for Foreign Affairs emphasized that financial constraints should not hinder progress, instead, WHO-CCS should maximize expertise and networks.

- Program-Specific Guidance:
    o Migrant Health: Recommended leveraging private-sector partnerships (e.g., Thai construction firms) to improve healthcare access.
    o Public Health Emergency (PHE): Emphasized digital and health literacy rather than direct financial investments.

2) Strengthening Inter-Program Collaboration

- During the CSC Meeting (January 16, 2024), it was highlighted that programs should not operate in silos but instead share intellectual resources and best practices.
- Key collaboration areas include:
    o Road Safety & NCDs – Addressing alcohol-related harm & active mobility.
    o Migrant Health & PHE – Strengthening cross-border health response.
    o Digital Health & Other Programs – Enhancing data integration.
- WHO Thailand Proposal: Establish an informal CSC consultation to improve knowledge-sharing and collaboration mechanisms.

3) Ensuring Long-Term Program Sustainability

- The EnLIGHT program integrated some activities into the Global Health Division (GHD) to ensure continuity beyond CCS funding.
- Recommendation: Other CCS programs should explore government integration or alternative funding sources to sustain impact beyond 2026.

4) Financial and Administrative Challenges

- Audit Delays:
    o The selected auditor BDO withdrew, delaying financial reports. A domestic auditor (Nathee) was recommended for faster processing.
- Challenges in Fund Disbursement:
    o EnLIGHT, Migrant Health, and PHE programs faced difficulties due to CCS pool fund restrictions, delaying key initiatives.
- Overhead Costs Policy:
    o The Department of Disease Control (DDC) was unable to receive overhead costs due to policy barriers, despite funder approval.

5) Enhancing Monitoring & Evaluation (M&E)

- A midterm evaluation (2024) is planned to assess program impact and enhance governance efficiency.
- ExCom Recommendation: Shift from bi-annual reviews to real-time digital reporting for improved tracking and responsiveness.

Conclusion

Between 2022 and 2024, the CCS governance system successfully:

1. Reinforced WHO-CCS principles, leveraging social and intellectual capital over financial dependence.
2. Enhanced inter-program collaboration for synergistic impact.
3. Implemented sustainability strategies (e.g., EnLIGHT integration into GHD).
4. Addressed financial inefficiencies, including audit and fund disbursement challenges.
5. Strengthened monitoring & evaluation mechanisms for more responsive decision-making.

5 | Communication Strategies and Protocol

5.1 Overview of Communication Functions

Effective communication is a critical enabler of CCS program implementation, influencing coordination, visibility, advocacy, and public trust. Communication functions within the CCS 2022–2026 framework can be broadly categorized into two domains: external communication, which focuses on public engagement and advocacy, and internal communication, which supports coordination, knowledge exchange, and strategic alignment across CCS partners and subprograms.

5.1.1 External Communication

External communication supports the visibility of CCS work, engagement with key stakeholders, and promotion of public awareness, advocacy, and health literacy.

o **Advocacy and Policy Dialogues:** CCS programs conduct national conferences, public forums, and multi-stakeholder dialogues to influence public policy and build support for health equity, UHC, and other strategic goals.

o **Community Engagement and Inclusion:** Communication campaigns have addressed stigma and promoted social acceptance, including efforts to counter xenophobia and promote migrant inclusion in the health system.

o **Risk Communication and Public Trust:** Public perception monitoring and countering misinformation are part of CCS strategies, particularly in health emergencies. These efforts include community-level outreach to ensure transparency and build trust in health interventions.

o **Media and Digital Platforms:** Digital media, social platforms, and traditional outlets are used to expand the reach of CCS-supported messages. These channels help amplify program achievements and promote dialogue with a wider audience.

5.1.2 Internal Communication

Internal communication facilitates alignment and collaboration between CCS subprograms, WHO, MoPH, and mplementing partners. It supports planning, implementation, reporting, and strategic coherence.

o **Coordination and Reporting Mechanisms:** Program Steering Committees (PSCs), the CCS Secretariat, and WHO Country Office use structured communication for coordination, reporting, and decision-making.

o **Knowledge Management and Technical Dissemination:** Sharing of research findings, guidelines, policy briefs, and best practices is carried out within the CCS network to enhance programmatic learning and adaptation.

o **Intra-program and Cross-program Dialogue**: Communication tools and platforms (e.g., internal briefings, digital workspaces) are used to foster collaboration between programs, identify synergies, and share resources.

o **Internal Stakeholder Updates:** Program updates, milestone tracking, and alumni or network follow-ups (such as through EnLIGHT and MHP fellow networks) ensure institutional memory and continuity.

5.2 Program-specific Communication Strategies

This section outlines specific internal and external communication strategies employed by individual CCS programs to maximize their effectiveness, engagement, and impact.

1) ConvergeDH

External Communication
- o Public Awareness and Advocacy: Conducted webinars such as "Open House with Open Data," disseminated policy briefs through digital platforms, and utilized both traditional and social media to build public awareness.
- o Community of Practice (CoP): Established an external multi-stakeholder platform involving researchers, policymakers, and data users to promote knowledge sharing on open data practices.
- o International Collaboration: Engaged with global forums (WHO, HTAsiaLink) for benchmarking and nternational visibility.

Internal Communication
- o Stakeholder Coordination: Regular meetings of Steering Committees and Digital Health Committees, internal consultations with legal and regulatory bodies, and strategic alignment meetings with MoPH, WHO, and HITAP.
- o Technical Knowledge-Sharing: Produced internal technical reports, academic publications, and organized workshops targeting healthcare workers and implementing partners.

2) EnLIGHT

External Communication
- o Advocacy and Policy Engagement: Facilitated participation of fellows in global health forums (WHA, UHC2030), disseminated policy briefs and research findings externally.
- o Public and Media Engagement: Leveraged social media platforms, traditional media, and external events to highlight program achievements and influence policy debates.

Internal Communication
- o Coordination and Planning: Organized regular internal PSC meetings, progress tracking updates, and strategy planning sessions.
- o Knowledge Exchange: Conducted internal workshops, network-building events for fellows, and alumni communications to sustain engagement and knowledge dissemination.

3) NCDs

External Communication
- o Public Campaigns: Implemented public awareness campaigns on NCD risk factors (e.g., sodium reduction campaigns).
- o Stakeholder Engagement: Collaborated externally with private sector and NGOs through policy dialogues and advocacy events.

Internal Communication

- o Technical and Strategic Coordination: Held internal coordination meetings among WHO, MoPH, and partners to align NCD strategies and actions.
- o Knowledge Sharing: Disseminated internally produced technical reports and research findings through structured briefings and workshops.

4) Migrant Health

External Communication

- o Advocacy and Community Engagement: Ran public awareness campaigns addressing migrant health rights and stigma reduction, using diverse communication channels.
- o Policy Dialogue: Organized external forums with policymakers and international stakeholders to advocate for migrant health policy.

Internal Communication

- o Cross-border Coordination: Facilitated internal stakeholder meetings for cross-border health collaboration and program alignment.
- o Capacity Building: Conducted internal training sessions and information dissemination for program implementers and Migrant Health Volunteers.

5) Public Health Emergency (PHE)

External Communication

- o Risk and Crisis Communication: Managed public information dissemination during health emergencies, including countering misinformation.
- o Stakeholder and Media Outreach: Coordinated external media interactions and partnerships with NGOs and community leaders during health crises.

Internal Communication

- o Emergency Coordination: Maintained robust internal communication systems among MoPH, WHO, and implementing partners for emergency preparedness and response.
- o Technical Updates: Regular internal sharing of health data, risk assessments, and emergency preparedness plans.

6) Road Safety Program

External Communication

- o Public Campaigns: Conducted external awareness and behavior-change campaigns (e.g., helmet use, drunk driving prevention).
- o Advocacy with Stakeholders: Facilitated external stakeholder dialogues with government agencies, private sector, and civil society for policy advocacy.

Internal Communication

- o Program Coordination: Conducted internal coordination meetings and strategic planning sessions across implementing agencies.
- o Knowledge and Data Sharing: Disseminated road safety data and analysis through internal briefings, reports, and cross-program learning sessions.

5.3 Key findings of the mid-term review on Communication Strategies and Protocols

Key findings identified in the mid-term review indicate significant achievements but also reveal critical gaps requiring targeted improvements. Communication strategies and protocols across CCS programs must clearly differentiate between internal and external communication roles to address challenges effectively:

External Communication Challenges:

o   Fragmented Public Messaging (EnLIGHT, NCDs, MHP): Inconsistent public messaging across these programs has limited collective visibility and diluted advocacy efforts. Developing centralized guidelines for public communication will enhance alignment and impact.

o   Insufficient Grassroots and Community Engagement (MHP, Road Safety, PHE): Community-level engagement with vulnerable populations remains inadequate in these programs, highlighting the need for strengthened outreach and culturally relevant communication.

o   Underutilization of Digital Platforms (ConvergeDH, NCDs, EnLIGHT): Digital communication strategies within these programs are underdeveloped, missing opportunities to engage wider, specially younger, audiences effectively.

Internal Communication Challenges:

o   Emerging Need for Strategic Narrative: Although integration was not embedded in the programme design, current implementation highlights an opportunity to strengthen internal coherence. A shared narrative could help articulate how diverse activities contribute to CCS-wide goals.

o   Lack of Standardized Communication Protocols (All Programs): The absence of uniform internal communication protocols results in inconsistencies and inefficiencies across all programs. Standardized procedures will streamline internal communications, enhancing credibility and clarity.

o   Weak Measurement and Evaluation (All Programs): Programs lack systematic tracking and evaluation of internal communication effectiveness, limiting the capacity to make informed, ata-driven improvements.

5.4 Program-Specific Communication Strategies: Achievements, Challenges, and Recommendations

The mid-term review of communication strategies under the Thailand Country Cooperation Strategy (CCS) 2022–2026 highlights substantial progress across programs in advocacy, knowledge dissemination, stakeholder engagement, and public health communication. However, specific program-level gaps remain, requiring targeted improvements.

Key Achievements

1) ConvergeDH
   - Successfully engaged policymakers and technical experts via the Digital Health Committee and convergence workshops.
   - Fostered multi-stakeholder knowledge exchange through the Community of Practice (CoP) for Open Data.
   - Strengthened international visibility through benchmarking in global forums.

Area for Improvement: Expand outreach through simplified communication tools such as infographics and localized social media campaigns to engage grassroots stakeholders.

2) EnLIGHT:
   - Internal communication has primarily focused on operational updates, with limited emphasis on connecting EnLIGHT's work to the broader CCS framework and Thailand's global health leadership agenda.
   - Programme achievements—such as alumni contributions and research outputs—have limited visibility, reducing opportunities to showcase EnLIGHT's added value nationally and internationally.
   - Lack of structured communication mechanisms across CCS subprogrammes, implementing partners, and fellows limits coordination, knowledge sharing, and programme cohesion.

Area for Improvement: Develop a strategic communication framework that promotes a unified narrative aligned with the "Team Thailand" global health agenda. This should include consistent messaging, regular information-sharing with key stakeholders, and the transformation of the annual technical report into a tool to communicate key achievements and impact.

3) NCDs:
   - Launched impactful public campaigns (e.g., "Fit & Firm with Thai Sook" and marketing restrictions on unhealthy foods).
   - Strengthened regulatory frameworks, notably the Sodium Reduction Strategy.
   - Area for Improvement: Establish structured knowledge-sharing systems and audience engagement analytics to measure behavior change effectively.

4) Migrant Health Program (MHP):
   - Advocated effectively for migrant health rights and integrated policies.
   - Improved health literacy using multilingual materials and migrant health volunteers (MHVs).
   - Leveraged the National Health Assembly (NHA) to gain multisectoral policy support.

Area for Improvement: Improve inter-agency communication and increase two-way engagement with migrant communities.

5) **Public Health Emergency (PHE) Program:**
   o Excelled in risk communication, misinformation tracking, and digital health integration.
   o Used multi-channel messaging effectively to build public trust during emergencies.

Area for Improvement: Sustain long-term public engagement and enhance cross-border collaboration mechanisms.

6) **Road Safety Program:**
   o Successfully drove policy advocacy, public awareness, and behavioral campaigns.
   o Engaged youth effectively via initiatives like the TikTok Road Safety Competition.
   o Established strong media partnerships amplifying road safety messaging.

Area for Improvement: Enhance data-driven communication strategies and strengthen coordination with law enforcement for better regulatory compliance.

Program-specific Challenges and Recommendations
   o ConvergeDH: Enhance grassroots-level engagement with accessible digital tools and local community outreach.
   o EnLIGHT: Develop systematic alumni tracking and expand external partnership frameworks, particularly within ASEAN.
   o NCDs: Implement structured platforms for knowledge exchange and establish measurable communication effectiveness metrics.
   o MHP: Strengthen internal governmental communication mechanisms and engage migrant populations through participatory methods.
   o PHE: Expand long-term public engagement strategies and strengthen cross-border emergency communication frameworks.
   o Road Safety: Improve data-driven communication planning and strengthen partnerships with enforcement agencies for improved impact.

Final Thoughts

Communication strategies must remain tailored and specific to each program's unique context and audience. Targeted improvements in grassroots outreach, digital integration, impact measurement, inter-agency coordination, and cross-sectoral collaboration will ensure CCS programs achieve optimal effectiveness and sustainability in meeting health objectives in Thailand.

6 | Good Practices

6.1 Pooled Resource Model: A Conceptual Framework for WHO's CCS

The pooled resource model underpins the WHO CCS by emphasizing the integration of resources to align with Thailand's health priorities and maximize the collective impact of its programs. While the model demonstrates successes in mobilizing and managing diverse resources, it also highlights opportunities to improve resource optimization through a more comprehensive and systematic framework.

A) Revisiting the Focus on Social and Intellectual Capitals

While the CCS framework highlights the importance of social and intellectual capitals as primary drivers, this emphasis may limit the program's ability to fully utilize and optimize the broad spectrum of available resources. Key capitals such as political, advocacy, cultural, and emotional intelligence play equally critical roles in maximizing program outcomes. For instance, the road safety program demonstrates the effective use of advocacy and political capital to influence policy and engage stakeholders, providing a holistic model that other programs can emulate. Expanding the framework to systematically incorporate all relevant capitals would enhance the CCS's capacity to address complex health challenges and leverage synergies across programs.

B) Integration of Capitals Happening Organically

Although the CCS framework primarily emphasizes social and intellectual capitals, the integration of diverse forms of capital is already occurring organically within individual programs. For example, the road safety program effectively combines advocacy, political, and reputational capitals to achieve high-level engagement and impactful outcomes. These successes demonstrate the untapped potential of a systematic approach that optimizes and aligns all forms of capital across CCS programs.

C) Pooled Funding Mechanism

The pooled funding mechanism is a key component of the CCS's pooled resource model, mobilizing domestic and international financial resources through collaboration between WHO and various health-sector stakeholders in Thailand, including the Ministry of Public Health (MoPH) and other quasi-governmental agencies. By centralizing resource management, this hybrid approach reduces transaction costs for program implementers and enables the CCS to address diverse health priorities. However, while securing funding through this mechanism is a significant achievement, it alone does not guarantee the optimization of program impact. Effective utilization of these resources, coupled with strategic planning, collaboration, and the integration of diverse forms of capital, is essential for realizing the full potential of the CCS. Additionally, while the mechanism reduces transaction costs for implementers, it shifts some of these costs to funders, resulting in increased administrative burdens due to differing compliance requirements and deviations from conventional funding methods. Trends toward stricter financial oversight further compound these challenges, posing long-term risks to the sustainability of the model and its operational efficiencies.

D) Broader Resource Integration and Theoretical Foundation

The pooled resource model extends beyond financial capital to incorporate six interconnected capitals: physical, financial, natural, social, human, and data capitals. This approach aligns with the DFID's Sustainable Livelihoods Framework (1997)[7] , which identifies five key capitals—physical, financial, natural, social, and human—as fundamental resources for sustainable development, particularly in resource-based economies. Data capital, though not part of the original DFID framework, plays a cross-cutting role in the CCS model, linking and optimizing the use of other capitals. While the six-capital framework provides a comprehensive foundation, its potential has not been fully realized within the CCS. By adopting a systematic approach to integrating these capitals, the CCS can better utilize existing resources and foster collaboration across programs to maximize collective impact.

E) Expanding the Concept

The six-capital framework offers the CCS a structured method to integrate and optimize resources effectively. Programs such as road safety and migrant health exemplify the potential of this approach:

- Road Safety: The road safety program has leveraged multiple forms of capital, including advocacy, political, and reputational capitals, to advance policy alignment and stakeholder engagement. By incorporating creative and emotional intelligence capitals through tools like nudge theory, the program aims at influencing significant behavioral changes, such as 100% helmet use in all provinces (see details in Appendix XX).
- Migrant Health: The Migrant Health initiative integrates social, human, and data capitals to address the complex needs of migrant populations. Synergies with programs like digital health (data standardization) and EnLIGHT (border health policy development) enhance the initiative's reach and impact. The collaborative use of these capitals demonstrates the benefits of a more systematic and comprehensive resource framework.

6.2 Intra-CCS Collaboration: A Means, Not an End

Collaboration within the CCS is not an end in itself but a critical means to achieving greater combined impact across programs. By fostering strategic partnerships and leveraging shared resources, intra-CCS collaboration enhances the efficiency and effectiveness of each program while contributing to the overarching goals of the CCS. For example, the road safety program's successful use of political and advocacy capital offers a model that NCDs and other programs can adapt to enhance their outcomes. Similarly, shared data capital can provide insights that benefit multiple programs, ensuring evidence-based decision-making and alignment with broader health priorities. This strategic approach to collaboration maximizes resource utilization and amplifies the overall impact of the CCS.

CCS

Although cross-programme collaboration was not embedded as a design feature across all CCS programmes, some— such as EnLIGHT and ConvergeDH (Digital Health)—have explicitly included cross-programme collaboration as part of their objectives. However, limited coordination has been observed in practice. For these programmes, it is essential to plan and operationalize cross-programme collaboration early, ensuring that shared goals, roles, and coordination mechanisms are clearly defined from the outset.

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[7] DFID, White Paper on International Development, published in November 1997, available at https://publications.parliament.uk/pa/cm199798/cmselect/cmintdev/330ii/id0203.htm

NCDs

A key best practice from Thailand's NCDs 2022-2026 program is the institutionalization of multi-sectoral collaboration to integrate NCD prevention across government agencies and policy sectors. This approach exemplifies Intra-CCS Collaboration, aligning NCD prevention efforts within the broader WHO Thailand Country Cooperation Strategy (CCS). The program successfully engaged multiple ministries, civil society organizations, academia, and the private sector to ensure that NCD policies are not only health-focused but embedded in economic, social, and regulatory frameworks. Notably, the program facilitated collaboration between the Ministry of Public Health (MoPH) and other key ministries—including the Ministry of Finance, Ministry of Education, Ministry of Social Development and Human Security, and the Excise Department—to address NCD risk factors through taxation policies, urban planning, and social protection mechanisms.

A significant achievement under this model was the integration of NCD prevention into Thailand's National Health Commission (NHC) policies, ensuring policy coherence across multiple government agencies. The program also strengthened regional and local policy mechanisms, enabling provincial and sub-district authorities to implement NCD strategies tailored to local contexts. This whole-of-government and whole-of-society approach aligns with WHO's emphasis on inter-sectoral collaboration, positioning NCD prevention as a national development priority rather than solely a health sector concern. By embedding NCD policies into economic and social governance structures, this model enhances long-term sustainability and policy continuity beyond individual projects.

This cross-sectoral governance structure represents a scalable model for Intra-CCS Collaboration, demonstrating how multi-agency engagement, policy integration, and decentralized governance can drive sustainable NCD prevention. The program's policy-driven approach, combined with strong regulatory mechanisms and multi-stakeholder involvement, serves as a best practice that can be replicated in other countries working to align NCD prevention with national economic and social policies under the WHO CCS framework.

6.3 Pivotal Mid-Tier Governance Model

The CCS employs a **Multi-Tiered Governance Framework** consisting of three levels:
1) **Executive Committee (Ex Com):** Provides macro-level direction with a whole-of-government approach but faces challenges like high turnover and competing priorities.
2) **Coordination Subcommittee (CSC):** Operates as the pivotal mid-tier, bridging strategy and operations.
3) **Program Steering Committee (PSC):** Focuses on tactical and technical implementation.

- **The CSC's Central Role:** The CSC, chaired by senior MoPH leadership, functions as the operational anchor of the governance system. Its responsibilities include aligning high-level strategic directives with operational realities and ensuring accountability. It is staffed by senior officials with national and international expertise, complemented by WHO technical support.
- **Key Features and Innovations:**
  - o **Operational Anchor:** The CSC balances strategic oversight from the Ex Com with the PSC's execution.
  - o **Stability Amid Leadership Changes:** Consistent leadership and frequent meetings mitigate turnover-related disruptions.
  - o **Vertical Integration:** Inclusion of sub-program managers ensures seamless coordination between policy and implementation.
  - o **Empowered Leadership:** Senior officials in the CSC are equipped with both strategic authority and operational expertise, enhancing coherence and responsiveness.
- **Feedback from Stakeholders:**
  While quantitative evidence of the CSC's role is limited, stakeholders consistently highlight its critical contribution to governance and programmatic success.

6.4 Good Practices in Capital Integration

a)   Migrant Health Program: A Model of Cross-Program Collaboration

The Migrant Health initiative in Tak province, one of the pilot areas of the CCS-MHP, effectively leverages multiple forms of **social, human,** and **data capital** to address the complex health needs of migrant populations and foster cohesive, inclusive policy development. Through the establishment of the **Provincial Migrant Health Board,** the program enhances **relational capital** by strengthening partnerships among health and non-health stakeholders, including government agencies, NGOs, and community leaders. These efforts build trust and facilitate coordinated actions to address migrant health challenges effectively.

Cultural capital is integrated by aligning initiatives with societal values, traditions, and beliefs, ensuring outreach and services are culturally sensitive and respectful of the diverse backgrounds of migrant populations. **Political capital** is evident in the program's influence on provincial health policies, emphasizing equitable and rights-based healthcare access for migrants. The program also builds **reputational capital** by maintaining transparency, earning trust among stakeholders, and securing ongoing support for its activities.

Using **intellectual capital,** the program generates evidence-based insights through research and data collection to inform targeted interventions and policy recommendations. This intellectual capital is further strengthened through collaboration with other CCS programs, as highlighted in the **2023 Migrant Health Progress Report.** For instance:

- **Digital health** provides data standardization tools to improve health information systems for migrant populations.
- **NCDs and road safety programs** contribute specific health knowledge to enhance targeted interventions addressing migrant health conditions.
- P**ublic Health Emergency (PHE)** offers expertise in managing health emergencies specific to migrant populations.
- **EnLIGHT** supports border health policies to enhance healthcare accessibility and quality for migrants.

The program also **employs advocacy** capital by mobilizing community leaders and health advocates to represent migrant voices in healthcare planning. Training health workers in empathy and psychological support demonstrates **emotional intelligence capital,** fostering trust and a deeper understanding of migrant needs. Additionally, adherence to equity and inclusivity principles highlights **ethical capital,** ensuring the program aligns with international standards. **Authority capital** is strengthened through the Provincial Migrant Health Board's capacity to develop mandates and policies that streamline service delivery, ensuring institutional support and sustainability.

By incorporating **data capital,** the program optimizes the use of health information and creates synergies with other CCS programs like digital health and NCDs. This collaboration enables the program to deliver more precise and efficient healthcare solutions, ensuring alignment with broader CCS goals. Together, these integrated forms of capital underpin the program's success in building trust, promoting knowledge sharing, and driving inclusive policy development while leveraging synergies to maximize impact.

b)   Road Safety Program: A Model of Maximizing In-Program Resources

The road safety program exemplifies the strategic utilization of **in-program resources** to advance its agenda, demonstrating how focused integration of available capitals within a single program can drive impactful outcomes. By leveraging multiple forms of **WHO's and own capital,** including advocacy, political, reputational, and ethical capital, the program showcases how maximizing internal resources can foster high-level engagement and policy alignment, creating sustainable and scalable solutions in road safety.

The program effectively leveraged **political capital** to influence decision-making at the national level, successfully engaging policymakers and legislators to prioritize road safety. This has resulted in the adoption of policies and measures that align with the **Safe System Approach** and the **Global Plan for the Decade of Action for Road Safety (2021–2030),** integrated into Thailand's **5th National Road Safety Master Plan (2022–2027).**

WHO's **reputational capital** provided credibility to the program, positioning it as a trusted advisor and enabling partnerships with national and provincial governments. Furthermore, **ethical capital** ensured that advocacy efforts were aligned with equity and safety standards, fostering inclusive policy development that addressed the needs of vulnerable road users, including motorcyclists and pedestrians.

The program demonstrated **creative capital and emotional intelligence capital** through the application of **nudge theory,** which influenced behavioral changes at the individual and societal levels. Key outcomes included:

- The implementation of public awareness campaigns promoting 100% helmet use in all provinces.
- Advocacy for safer driving practices, reducing road traffic injuries and fatalities.
- The establishment of community-driven initiatives, such as local road safety committees, to sustain behavioral and policy changes.

In addition, **relational capital** was strengthened through partnerships with law enforcement, local governments, and community leaders, ensuring sustained collaboration and enforcement of road safety measures. **Data capital** also played a critical role, with the program utilizing evidence-based insights to identify high-risk areas, monitor road traffic injuries, and evaluate the effectiveness of implemented policies.

The road safety program demonstrates how the integration of various forms of capital can create a holistic approach to addressing complex public health challenges. By leveraging these capitals, the program not only improved road safety outcomes but also established a scalable model that other CCS programs, such as NCDs and migrant health, can adapt to amplify their impact.

7 | Strategic Recommendations, and Final Reflections

7.1 Overview of Mid-Term Review Findings

The mid-term review of the **Thailand Country Cooperation Strategy (CCS) 2022–2026** has assessed the strategy's performance, impact, and alignment with Thailand's national health priorities. The review has demonstrated that CCS remains a highly relevant and effective framework in strengthening health governance, policy implementation, and multi-sectoral collaboration.

Key achievements over the past two years include:
- Stronger inter-sectoral partnerships between government agencies, WHO, and development partners.
- Notable policy advancements in digital health, migrant health, NCD prevention, road safety, and global health leadership.
- Innovative governance and funding mechanisms, such as pooled financing, enabling better resource alignment.
- Increased knowledge generation and leadership capacity, positioning Thailand as a key player in regional and global health diplomacy.

Despite these accomplishments, the review has identified **challenges that require targeted actions,** including:
- Coordination gaps across CCS programs, affecting implementation efficiency.
- Need for stronger monitoring and evaluation (M&E) to track impact and guide adaptive strategies.
- Financial and operational sustainability concerns, particularly in securing long-term funding.
- Limited strategic communication and advocacy efforts, reducing CCS's visibility among key stakeholders.

7.2 Strategic Recommendations for CCS 2024–2026

To maximize the impact of the Thailand Country Cooperation Strategy (CCS) 2022–2026 during its remaining period, key strategic actions should focus on strengthening integration, enhancing sustainability, improving monitoring and evaluation (M&E), and reinforcing communication efforts. These recommendations are designed to ensure that CCS initiatives contribute to long-term health system improvements while remaining aligned with national priorities and global health frameworks.

7.2.1 Overall Strategic Recommendations
1) Strengthen Program Integration and Coordination
   o Establish structured cross-program collaboration mechanisms to foster synergies, particularly between digital health, migrant health, NCDs, and road safety initiatives.
   o Enhance governance structures and accountability mechanisms to improve coordination, decision-making, and operational efficiency.

2) **Enhance Monitoring, Evaluation, and Impact Measurement**
   o Shift M&E from compliance-focused reporting to an impact-driven approach, ensuring that performance measurement reflects real-world health improvements.
   o Integrate cross-cutting indicators that align with Thailand's health priorities and Sustainable Development Goals (SDGs).
   o Strengthen data-driven decision-making by leveraging digital tools for real-time monitoring and program adjustments.

3) **Secure Long-Term Financial and Operational Sustainability**
   o Diversify funding sources by engaging private sector partners, international donors, and public-private partnerships (PPPs) to reduce reliance on government and WHO funding.
   o Institutionalize CCS-supported initiatives within national health policies and budget frameworks, ensuring continuity beyond 2026.
   o Improve financial management efficiency, addressing delays in fund disbursement and enhancing resource allocation processes.

4) **Elevate Communication and Advocacy for CCS**
   o Develop a CCS Communication and Engagement Plan to enhance visibility among policymakers, donors, and civil society stakeholders.
   o Expand the use of digital platforms, social media, and evidence-based storytelling to showcase CCS's achievements and health impact.
   o Strengthen regional and global health diplomacy efforts, reinforcing Thailand's leadership role in global and ASEAN health governance.

7.2.2 Strengthening Cross-Cutting Issue Integration

The CCS framework has successfully advanced poverty and inequality reduction, gender equality, human rights, and sustainability across various health programs. However, gaps remain in data disaggregation, targeted interventions for marginalized populations, long-term financial sustainability, and environmental considerations.

To enhance cross-cutting impact, CCS should:

1) **Improve Data-Driven Equity Assessments**
   o Strengthen data collection on gender, socioeconomic status, and human rights-based health access, ensuring targeted interventions for underserved populations.
   o Implement real-time monitoring systems that track disparities in healthcare access and outcomes.

2) **Enhance Financial and Policy Sustainability**
   o Develop long-term funding strategies that integrate cross-cutting issues into national financing mechanisms.
   o Increase private-sector collaboration to support sustainability in migrant health, digital health, and NCD prevention.

3) **Expand Multisectoral Engagement**
   o Strengthen collaboration with non-health sectors, particularly in migrant health governance, climate-sensitive health programs, and digital equity initiatives.
   o Engage private sector and civil society actors to ensure holistic, community-driven solutions.

4) **Improve Program Evaluation and Knowledge Exchange**
   o Establish structured cross-program evaluation mechanisms to assess how well equity-focused strategies are being implemented.
   o Facilitate knowledge-sharing platforms to exchange best practices on addressing social determinants of health.

Looking ahead to CCS 2027–2031, cross-cutting issues should be explicitly included in the next Expression of Interest (EoI) round—either as dedicated components or integrated within program workstreams. This would promote continuity, strategic alignment, and broader stakeholder engagement. In parallel, a more systematic call for multisectoral partnerships—including non-health sectors and cross-border collaborations—should be issued to expand the reach and impact of CCS-supported initiatives.

7.2.3 Strengthening Governance and Institutional Coordination

To ensure efficient and sustainable CCS implementation, governance mechanisms must be reinforced, with a stronger emphasis on knowledge-sharing, structured collaboration, and alternative financing strategies.

Key recommendations include:

1) **Maximize WHO-CCS's Intellectual and Social Capital**
   o Reduce reliance on financial resources by leveraging policy influence, expert networks, and strategic partnerships.
   o Strengthen regional and global collaborations to position Thailand as a thought leader in health governance.

2) **Foster Structured Inter-Program Collaboration**
   o Ensure effective knowledge-sharing and joint strategy development across CCS priority areas, preventing siloed implementation.
   o Establish clear accountability structures for cross-program collaboration and shared learning.

3) **Secure Alternative Funding Sources**
   o Develop co-financing arrangements with development partners, private-sector investors, and philanthropic organizations to sustain initiatives beyond CCS 2026.
   o Strengthen engagement with ASEAN health financing mechanisms to ensure long-term regional support.

4) **Improve Financial Oversight and Risk Management**
   o Address audit inefficiencies and disbursement delays, ensuring timely and transparent fund utilization.
   o Strengthen financial governance frameworks to enhance accountability and optimize resource allocation.

5) **Enhance Real-Time Monitoring and Evaluation (M&E)**
   o Expand the use of digital reporting tools to improve real-time performance tracking and adaptive program management.
   o Strengthen evidence-based decision-making by ensuring M&E frameworks are outcome-focused rather than process-driven.

7.2.4 Strategic Recommendations for Strengthening Communication Efforts

Effective communication is critical for ensuring program visibility, stakeholder engagement, and long-term sustainability. To enhance communication strategies across CCS programs, the following actions are recommended:

1) **Expand Grassroots and Community Engagement**
   o Develop localized health communication campaigns tailored to rural communities, migrant workers, and low-income populations.
   o Utilize community health volunteers, local radio stations, and culturally adapted messaging to enhance accessibility.

2) **Enhance Digital Communication and Knowledge Management**
   - o Establish a centralized digital communication strategy, integrating social media analytics, mobile health (mHealth) tools, and interactive e-learning platforms.
   - o Strengthen data visualization techniques to improve the accessibility of health policy findings for non-technical stakeholders.

3) **Strengthen Monitoring and Evaluation of Communication Strategies**
   - o Implement standardized impact assessment frameworks to measure engagement levels, media reach, and behavior change outcomes.
   - o Utilize real-time feedback mechanisms to refine communication campaigns and adapt messaging to evolving public needs.

4) **Improve Inter-Agency Coordination and Unified Messaging**
   - o Develop an integrated communication framework across CCS programs to ensure consistent, evidence-based messaging.
   - o Foster joint communication platforms between government ministries, civil society, and the private sector to streamline policy communication and knowledge-sharing.

5) **Expand Private Sector and Regional Collaboration**
   - o Strengthen corporate engagement in health advocacy, particularly in NCD prevention, road safety, and digital health innovation.
   - o Enhance ASEAN regional partnerships to share best practices, conduct joint awareness campaigns, and coordinate cross-border health initiatives.

7.2.5 Tailor M&E to Program Type

As some CCS programs (e.g., EnLIGHT, MHP) function primarily as enablers or catalysts, monitoring and evaluation frameworks should be tailored accordingly. This includes identifying indirect impact indicators, contribution tracing tools, and appropriate documentation practices to recognize both tangible outputs and catalytic influence.

Conclusion: Advancing CCS Towards 2026 and Beyond

As CCS enters its final phase, ensuring its impact, sustainability, and institutionalization within Thailand's health system is critical. Strengthening cross-program coordination, financial sustainability, evidence-based decision-making, and communication strategies will be key drivers of success.

By addressing governance gaps, integrating equity-focused frameworks, expanding digital engagement, and fostering multi-sectoral partnerships, CCS can leave a lasting legacy in improving health outcomes, reducing disparities, and strengthening Thailand's role in global health governance.

Investing in long-term policy alignment, financial sustainability, and cross-sectoral collaboration will ensure that CCS continues to drive health system transformation beyond 2026.

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Meeting minutes:

- 6 July 2022 – CCS Coordinating Sub-Committee (CSC) Meeting
- 15 December 2022 – CCS Coordinating Sub-Committee (CSC) Meeting
- 6 January 2023 – Executive Committee (ExCom) Meeting
- 10 August 2023 – CCS Coordinating Sub-Committee (CSC) Meeting
- 17 January 2024 – Executive Committee (ExCom) Meeting
- 16 January 2024 – CCS Coordinating Sub-Committee (CSC) Meeting
- 23 July 2024 – CCS Coordinating Sub-Committee (CSC) Meeting

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Appendix

Appendix A) List of Participants / Key informants'

No	Name	Position	ExCom	CSC	PSC	Donors
1	Dr. Jos Vandelaer	Co-chair ExCom; Chair Subcommittee CSC	✓			
2	Dr. Suwit Wibulpolprasert	Committee ExCom /Advisor CSC	✓	✓		
3	Dr. Viroj Tangcharoensathien	Committee	✓			
4	Dr. Nanoot Mathurapote	Co-chair Subcommittee CSC; Donor-NHCO		✓		✓
5	Prof. Dr. Churnrurtai Kanchanachitra	Subcommittee		✓		
6	Dr. Wiwat Rojanapithayakorn	Subcommittee		✓		
7	Dr. Walaiporn Patcharanarumol	Committee and Secretary ExCom; Prog. Manager Converge DH	✓	✓	✓	
8	Dr. Surakameth Mahasirimongkol	Committee and Co-Secretary ExCom; Prog. Manager -EnLIGHT	✓	✓	✓	
9	Dr. Kritsada Hanbanjerd	Prog. Manager- NCDs		✓	✓	
10	Ms. Boonyawee Auensiriwan	Program manager - Migrant Health		✓	✓	
11	Dr. Attaya Limwattanayingyong	Program manager - PHE		✓	✓	
12	Dr. Wiwat seetamanotch	Program manager -Road safety		✓	✓	
13	Ms. Atcharaporn Thammachot	Donor -HITAP				✓
14	Ms. Chalarntorn Yothasamutra	Donor -HITAP				✓
15	Mr. Rungsun Munkong	Donor -Thai Health				✓
16	Dr. Teeranee Techasrivichien	Committee and Co-Secretary ExCom; WHO Technical officer-- Road Safety	✓		✓	
17	Dr. Mark Landry	WHO Technical officer-Digital Health			✓	
18	Dr. Bunluesin Sushe	WHO Technical officer-NCDs			✓	
19	Dr. Olivia Corazan Nieveras	WHO Technical officer- NCDs			✓	
20	Ms. Aree Moungsookjarean	WHO Technical officer- Migrant Health			✓	
21	Dr. Alisa Yanasan	WHO Technical officer - PHE			✓	

Appendix A) List of Participants / Key informants'

No	Name	Position	ExCom	CSC	PSC	Donors
22	Dr. Richard Brown	WHO Technical officer - PHE			❯	
23	Dr. Wanee Nitiyanant	Program advisor- NCDs			❯	
24	Dr. Surasak Thanaisawanyangkoon	Program advisor - Migrant Health			❯	
25	Dr. Anucha Setthasathian	Program advisor - Road Safety			❯	
26	Mr. Chak Kosalyawat	Program coordinator - Digital Health			❯	
27	Dr. Natchanan Tantisiriwet	Program coordinator - Digital Health			❯	
28	Ms. Panchanok Muenkaew	Program coordinator - Digital Health			❯	
29	Ms. Papada Ranron	Program coordinator - Digital Health			❯	
30	Ms. Saudamini Vishwanath Dabak	Program coordinator - Digital Health			❯	
31	Ms. Supalak Charoentham	Program coordinator - Digital Health			❯	
32	Dr. Cha-aim Pachanee	Program coordinator - EnLIGHT			❯	
33	Ms. Sopit Taweekarn	Program coordinator - NCDs			❯	
34	Ms. Tharinee Pangchunan	Program coordinator - NCDs			❯	
35	Ms. Piriyaporn Kala	Program coordinator - Migrant Health			❯	
36	Ms. Kotchamon Sukyoyot	Program coordinator – PHE			❯	
37	Ms. Jintana Manorothkul	Program coordinator / Road Safety			❯	

Note: there are some participants who involved in both the stakeholder in-depth interview, and the focus group discussion.

Appendix B Question guidelines

Evaluation Framework for WHO's Thailand Country Cooperation Strategy (CCS) 2022-2026

Key Evaluation Questions

Relevance
1. To what extent do the CCS objectives align with Thailand's current health priorities and socio-economic needs?
2. Are the CCS programmes addressing the most critical health issues (e.g., NCDs, migrant health, road safety)?
3. How relevant are the interventions for vulnerable and marginalized populations?

Coherence
1. How well are CCS programmes aligned with Thailand's national policies, the SDGs, and WHO's broader global and regional priorities?
2. To what extent are different partners (government, NGOs, academia) working cohesively to implement the programmes?
3. Are there synergies between the CCS and other health initiatives in Thailand, particularly regarding collaboration with the Ministry of Public Health and other key stakeholders?

Effectiveness
1. What key achievements and outcomes have been realized as of mid-2024? Are they in line with the expected results?
2. What factors have contributed to the successful implementation of the CCS programmes?
3. To what extent has the programme improved public health awareness and strengthened capacities within Thailand?
4. What are the challenges encountered in achieving the programme's halfway targets? How were these challenges addressed?

Efficiency
1. Have the financial and human resources allocated to CCS programmes been used effectively and efficiently?
2. Were there delays in programme implementation? If so, what were the reasons, and how were they mitigated?
3. What technical and financial bottlenecks have been observed across different programmes?

Impact
1. What measurable impacts have been generated by CCS interventions on public health policies, systems, or outcomes?
2. How has the programme's work contributed to long-term improvements in Thailand's health sector, particularly in digital health, NCD prevention, or road safety?
3. What positive changes in stakeholder collaboration and policy-making have been achieved?

Sustainability
1. What mechanisms have been put in place to ensure the sustainability of the achievements of the CCS programmes?
2. How capable are national systems and institutions of maintaining and expanding the programme's benefits after WHO's intervention ends?
3. What risks could hinder the long-term sustainability of the programme outcomes, and how can these be mitigated?

Cross-cutting Themes (Lessons Learned, Gender, Equality and Leaving No One Behind)
1. **Inclusivity and Vulnerable Populations:**
   o How has the CCS programme ensured that vulnerable and marginalized groups, such as migrants, the elderly, ethnic minorities, and those in remote areas, are included in the programme design and implementation?
   o To what extent have CCS interventions reached populations that are typically "left behind," including undocumented migrants, refugees, and stateless individuals?
   o How has the programme addressed the specific barriers (financial, social, cultural) faced by these vulnerable groups in accessing health services and information?

2. **Gender Equality and Human Rights:**
   o How well have gender equality and human rights been integrated into the planning and delivery of CCS programmes?
   o Are there specific interventions that target the unique health needs of women, children, and other gendered groups, especially in underserved or marginalized communities?
   o What measures have been taken to ensure that the rights of all individuals, regardless of their gender, socio-economic status, or legal status, are protected in the programme implementation?

3. **Reducing Health Inequities:**
   o What efforts have been made to reduce health inequities among different socio-economic, geographic, and ethnic groups in Thailand?
   o How does the programme identify and prioritize the needs of those furthest behind, as part of its overall strategy?
   o Have any innovations or strategies been implemented to improve access to healthcare for groups traditionally left behind, such as people with disabilities or those living in extreme poverty?

4. **Stakeholder Engagement and Empowerment:**
   o How effectively have local communities, particularly those representing marginalized groups, been engaged in the planning and implementation of CCS programmes?
   o Are there mechanisms in place to ensure that these groups have a voice in decision-making processes that affect their health and well-being?
   o What efforts have been made to strengthen the capacities of local organizations and stakeholders that work with vulnerable populations, ensuring they are part of a sustainable health system?

5. **Monitoring and Accountability:**
   o How does the programme track its progress in reducing health disparities and ensuring that no group is left behind?
   o Are there monitoring systems in place to assess whether vulnerable and marginalized groups are benefiting from CCS interventions equally?
   o What accountability mechanisms exist to ensure the inclusion and protection of these groups, and how are they being implemented?

Coordination Mechanisms:
1. How effectively do the Coordinating Sub-Committee (CSC) and Programme Sub-Committees (PSCs) facilitate coordination and collaboration across the six sub-programmes to avoid duplication and enhance synergies?
2. To what extent does the governance structure actively resolve operational or strategic dissonances that arise between sub-programmes?
3. Are there established processes for sharing lessons learned or best practices between sub-programmes to enhance overall CCS performance?

Additional Questions on Governance Mechanisms

1. Are the roles and responsibilities of each governance body (Ex-Com, CSC, PSCs) clearly defined and understood by all members?
2. How well is the hierarchical governance structure working in practice? Are there any observed inefficiencies or bottlenecks due to the current structure?
3. To what extent does the governance structure enable flexibility and responsiveness to unforeseen changes in the external environment (e.g., policy shifts, public health emergencies)?
4. How well does the governance structure integrate and promote the participation of diverse stakeholders, including marginalized groups and civil society organizations?

Synergies and Dissonances Across Sub-Programmes

Synergies Across Sub-Programmes:

1. How effectively do the six CCS sub-programmes collaborate and complement each other to achieve the overall goals of the CCS?
2. Are there examples of successful integration or cross-programme collaboration that have enhanced the effectiveness of multiple sub-programmes (e.g., shared resources, joint initiatives, aligned strategies)?
3. What mechanisms are in place to foster collaboration across sub-programmes, and how effectively are they being utilized?
4. How have synergies between sub-programmes contributed to greater efficiency and the optimal use of financial, human, and technical resources?
5. How has collaboration across sub-programmes improved outcomes for marginalized or vulnerable groups, ensuring alignment with the principle of "Leaving No One Behind"?

Dissonances Across Sub-Programmes:

1. Are there instances where activities or priorities within one sub-programme have unintentionally created dissonances or conflicts with the objectives or operations of other sub-programmes?
2. How effectively does the governance structure identify and mitigate negative interactions or dissonances between sub-programmes?
3. Are there specific areas where competition for resources (e.g., financial, human, or technical) between sub-programmes has led to delays or reduced effectiveness in achieving outcomes?
4. How have differences in timelines, objectives, or strategic approaches across sub-programmes impacted overall coordination and effectiveness?
5. Have there been any dissonances resulting in unintended consequences for vulnerable populations due to interactions between sub-programmes that were not anticipated during the planning phase?

Expected Outputs

- **Findings Report:** Summarize progress toward CCS objectives, identify key successes and challenges, and highlight lessons learned.
- **Strategic Recommendations:** Provide actionable recommendations for improving programme implementation, enhancing synergies across programmes, and strengthening sustainability.
- **Risk Mitigation Suggestions:** Propose strategies to address any unaddressed subtopics or challenges encountered at midterm.

This framework provides a structured approach for evaluating the progress and outcomes of WHO's CCS 2022-2026 in Thailand, ensuring a comprehensive and systematic review.

Communication Objective

To develop effective communication tools for WHO's program midterm evaluation, a structured approach is essential to ensure clear, impactful, and strategic communication with all target audiences. This approach will enhance the program's ability to convey its progress, outcomes, and key messages, fostering better engagement and understanding across stakeholders. Below is a proposed approach and a set of guiding questions to support the development of these tools.

Approach to Developing Communication Action Plan with Protocol:

1. **Conduct a Communication Audit:**
   - Begin by evaluating existing communication tools, such as the annual reports and other communication channels (e.g., newsletters, social media posts, videos). Identify their strengths and weaknesses, particularly in conveying achievements, progress, and strategic directions.
2. **Identify Key Audiences and Tailor Content:**
   - Consider the needs of different audiences, such as policymakers, beneficiaries, and international partners. Each group may require different levels of detail and focus.
   - Break down complex technical findings into simplified messages for the general public while providing detailed reports for policymakers and technical partners.
3. **Utilize Multiple Communication Channels:**
   - Leverage diverse communication platforms, including social media (SNS), videos, infographics, and reports. Ensure the chosen channels align with audience preferences and enhance engagement.
4. **Develop Clear, Results-Based Narratives:**
   - Ensure that communication tools not only report activities but also highlight achievements, progress toward objectives, and strategic direction. This can involve success stories, key findings, and recommendations presented in both technical and accessible formats.
5. **Create Visual, Engaging Tools:**
   - Use infographics, snapshots, and success stories to visualize key findings. Develop YouTube/TikTok videos to capture the attention of a broader audience, especially for promoting WHO's work to the general public.

Communication Action Plan with Protocol

1. **Objective of the Communication Protocol:**
   - To establish clear guidelines and tools for effective communication that enhance interactions between WHO programs, contributing agencies, CCS entities, and external stakeholders (including civil society, the public, and international partners).
   - To ensure consistent, transparent, and impactful communication of program progress, findings, and strategic directions.
2. **Key Components of the Communication Protocol:**

A. Roles and Responsibilities:
   - WHO Communication Team: Coordinate all external communication activities, ensure alignment with organizational goals, and approve materials before dissemination.
   - Program Leads: Provide regular updates on program progress and coordinate with the communication team to ensure information is shared in a timely and strategic manner.
   - Contributing Agencies/Partners: Share updates, data, and feedback with WHO and assist in disseminating communication materials to their networks.
   - External Stakeholders (e.g., civil society, public): Receive updates via agreed-upon channels, participate in feedback loops, and engage with shared content.

B. Target Audiences and Messaging:

1. Policymakers and Senior Officials:
   o **Objective:** Provide high-level, decision-focused updates on program outcomes and strategic directions.
   o **Communication Tool:** Executive summaries, briefing notes, detailed technical reports.
   o **Frequency:** Quarterly updates, as well as on-demand briefing sessions.

2. Beneficiaries/Public:
   o **Objective:** Increase awareness of WHO's program achievements and their impact on public health.
   o **Communication Tool:** Social media (YouTube, TikTok), infographics, public reports, success stories.
   o **Frequency:** Monthly or as key milestones are achieved.

3. International Partners (e.g., WHO country offices, NGOs):
   o **Objective:** Facilitate cooperation and align global health initiatives.
   o **Communication Tool:** Detailed reports, collaborative newsletters, international webinars.
   o **Frequency:** Semi-annual reports, ongoing as required by partnership milestones.

C. Communication Channels and Tools:

- **Annual Reports:** Ensure these focus on not just activities but achievements, outcomes, and strategic directions.
- **Executive Summaries/Briefing Notes:** Concise documents tailored to the needs of policymakers, highlighting key findings and actionable recommendations.
- **Social Media (SNS) Materials:** Create engaging and visual content for platforms like YouTube, TikTok, Twitter, and LinkedIn. Focus on infographics, short videos, and snapshots of progress.
- **Workshops and Webinars:** Organize sessions to present key findings to stakeholders and the public, allowing for direct engagement.
- **Email Newsletters:** Share regular updates with detailed information for international partners and agencies involved in the programs.
- **Websites/Resource Centers:** Maintain a central repository of all documents, videos, and updates for external stakeholders.

D. Communication Workflow:

1. Data Collection:
   o Program teams and contributing agencies will gather and report data on program progress, achievements, and challenges.

2. Content Creation:
   o The communication team will transform raw data into audience-specific content. This includes drafting reports, summaries, and creating media (infographics, videos).

3. Review and Approval:
   o All materials will undergo a review process to ensure accuracy and alignment with WHO's strategic priorities. The program leads and senior communication officers will approve the materials.

4. Distribution:
   o Communication materials will be distributed through selected channels (e.g., social media, reports, newsletters) according to the communication calendar.

5. Feedback Mechanism:
   o A feedback loop will be established, enabling audiences (especially external stakeholders and partners) to provide insights on the effectiveness of the communication tools.

3. Evaluation of Communication Efforts:
   - Metrics and KPIs:
     o Social media engagement (likes, shares, comments, views).
     o Website traffic to resource centers.
     o Feedback from policymakers and international partners (surveys, questionnaires).
     o Public awareness through media coverage or engagement.
   - Regular Monitoring:
     o A quarterly review of communication effectiveness, using engagement data and feedback to adjust messaging and delivery.

4. Action Plan for Communication Improvement:
   - **Training and Capacity Building:** Train program and communication staff on best practices in communicating health information, especially through digital platforms.
   - **Expanding Reach:** Identify gaps in current communication channels and explore new platforms (e.g., TikTok for a younger audience).
   - **Feedback Integration:** Establish regular feedback mechanisms for stakeholders and integrate their responses into ongoing communication strategies.

Questions for Developing the Communication Protocol:

1. Current Gaps:
   o What are the current gaps in communication between WHO programs, agencies, and external stakeholders? How can the new protocol address these gaps?
2. Roles and Responsibilities:
   o How can we clearly define roles and responsibilities for internal and external communication? What process will ensure accountability at every step?
3. Content Creation:
   o What tools will be needed to create effective and clear communication materials? How do we ensure content is audience-specific and engaging?
4. Channels and Timing:
   o Which channels have the most engagement for different audiences (policymakers, public, international partners)? What is the optimal frequency of communication for each?
5. Feedback Mechanism:
   o How will feedback be collected from stakeholders, and how will it influence the ongoing communication strategy?
6. Evaluation:
   o What metrics will be used to evaluate the success of communication tools and protocols? How will WHO ensure these tools are adaptable based on performance?

Expected Deliverables of the Communication Objective:

1. Communication Protocol:
   o A structured and formalized communication protocol designed to enhance interaction within the program and with external stakeholders (contributing agencies, CCS entities, civil society, the public). This protocol will include:
      - Defined roles and responsibilities for internal teams and stakeholders.
      - Guidelines for communication workflows, including approval processes.
      - Preferred channels and tools for communicating with different audiences.
      - A framework for consistent, timely, and transparent dissemination of information.

2. Communication Action Plan:
   o A detailed, actionable plan outlining how the program will improve its communication efforts. The action plan will cover:
      - Strategies for engaging different target audiences, including policymakers, the public, and international partners.
      - Specific communication tools (e.g., social media, reports, infographics, videos) and timelines for their deployment.
      - Steps to integrate digital communication tools, such as YouTube/TikTok videos and infographics, to engage broader audiences, especially the general public.
      - A feedback mechanism to assess and refine the effectiveness of communication efforts.

3. Set of Social Media (SNS) Materials:
   o A range of engaging, accessible, and visually appealing social media materials designed to effectively communicate the program's achievements and strategic directions. These materials will include:
      - Short videos for platforms such as YouTube and TikTok, highlighting key achievements and stories of impact.
      - Infographics and snapshots that clearly communicate complex data and findings in a simplified, visual format.
      - Success stories that illustrate the real-world impact of the program's initiatives, designed to appeal to both policymakers and the public.

4. Monitoring and Evaluation Framework for Communication:
   o A set of key performance indicators (KPIs) and metrics to monitor the success of the communication strategy. This framework will include:
      - Engagement metrics (e.g., social media views, shares, likes, and comments) for SNS materials.
      - Feedback from stakeholders, including surveys and consultations, to assess the clarity, accessibility, and relevance of communication tools.
      - Regular reporting mechanisms to track progress and make necessary adjustments to communication strategies as needed.

Appendix C) Expected Outcomes and Milestones, Key Achievements and Delays

Program	Major expected outcomes and milestones 2022-2026 [1]	Achievement at mid-term level [2]	Key delays at mid-term level [2]

ConvergeDH	● Creating a Shared Vision
	• Establish a Steering Committee and hold a National Convergence Workshop.
	• Align stakeholder perspectives and foster commitment to digital health and HIS.
	● Standards, Legislation, and Open Data Policy
	• Define minimum datasets for secure, interoperable, and shareable systems.
	• Use WHO-CCS case studies to improve healthcare for marginalized groups and enhance legislative processes.
	• Promote knowledge exchange to increase awareness and adoption.
	● Data Utilization and Open Data Policy
	• Facilitate data access for decision-making.
	• Enhance transparency and accountability.
	• Establish data-sharing frameworks for effective health information use.
	● Virtual Hospitals and Telemedicine
	• Develop an operational policy for virtual healthcare models.
	• Pilot prototypes in selected provinces, if funding allows.
	• Improve patient management, reduce hospital overcrowding, and enhance outcomes.
	● Building Capacity and Sustainability
	• Leverage WHO and local expertise to integrate digital health initiatives.
		1. Governance and Shared Vision
		• Established Steering Committee and Governance Framework
		  o 2022: Initial formation of the Steering Committee and key stakeholder engagement.
		  o 2023: Digital Health Committee formalized as a national governance mechanism.
		  o Outcome: A shared vision among key stakeholders and alignment with national digital health priorities.
		• Digital Health Forum Launched
		  o 500+ stakeholders engaged, ensuring multi-sectoral participation.
		2. Standards & Interoperability of Datasets
		• Road Traffic Injuries (RTI)
		  o 2022: Stakeholder meetings and planning phase initiated.
		  o 2023: Minimum standard dataset developed in Phuket for RTI cases.
		  o Outcome: First interoperable dataset for cross-agency data sharing in RTI.
		• Genomics
		  o 2022: Developed and piloted LinkGene application for pharmacogenetics.
		  o 2023: Integration with national hospital systems and alignment with global data standards (GA4GH & FHIR).
			Key Delays and Challenges (2022-2023)
			1. Digital Health Governance
			• Slow implementation of governance mechanisms
			  o Despite the formation of the Digital Health Committee, its operational framework is still under discussion.
			• Stakeholder engagement challenges
			  o Some key agencies not fully engaged, delaying decision-making and implementation.
			2. Standards and Data Interoperability
			• Road Traffic Injuries (RTI)
			  o Delayed database access approvals.
			  o Human resource limitations slowed implementation.
			• Genomics
			  o Data privacy concerns delayed stakeholder buy-in.
			  o Limited interoperability across hospitals hindered progress.
			• Migrant Health Data
			  o Delayed final implementation due to prolonged approval processes.
			3. Open Data Policy
			• Health Data Sharing Act not finalized
			  o Study initiated but not completed, delaying legal frameworks for open data.

Program	Major expected outcomes and milestones 2022-2026 [1]	Achievement at mid-term level [2]	Key delays at mid-term level [2]
	• Address technological and capacity-building challenges. • Ensure long-term investment in workforce training. ● Collaboration with WHO-CCS (2022-2026) • Provide policy guidance, feasibility studies, and best practices. • Strengthen Thailand's global role in health digitalization. • Support Universal Health Coverage (UHC) and share insights with other nations.	o Outcome: Thailand's first standard data model for genomics. • **Migrant Health Data** o 2022: Stakeholder consultations initiated. o 2023: Standard dataset approved for tuberculosis & COVID-19 data sharing, with integration into Thai Red Cross. o Outcome: First-ever standardized health data model for migrant workers. **3. Open Data Policy and Research Utilization** • Strengthened Thailand's Open Data Policy o 2022: Conducted a situational analysis on Thailand's open data landscape. o 2023: Established a Community of Practice (CoP) to connect data users and policymakers. o Outcome: Drafted Thailand's first Open Data Policy Report with recommendations. • Promoting Open Health Data o Hosted Open Data Day Webinar with key stakeholders. o Developed technical reports to guide Thailand's health open data framework. **4. Virtual Hospitals & Telemedicine** • Policy and Research Progress o 2022: Literature review and stakeholder mapping completed. o 2023: Conducted case studies on telemedicine across 10 hospitals.	• Fragmentation of health data o Lack of standardized data-sharing mechanisms across health agencies. **4. Virtual Hospitals & Telemedicine** • Delays in ethics approvals & data access o Slowed down retrospective analysis on telemedicine effectiveness. • Funding limitations o Study visits to India & South Korea delayed, impacting telemedicine reimbursement strategies. • Regulatory barriers o Need for alignment of telemedicine services with reimbursement structures, requiring extended consultations.

Program	Major expected outcomes and milestones 2022-2026 [1]	Achievement at mid-term level [2]	Key delays at mid-term level [2]
		o Outcome: Five manuscripts submitted to international journals, providing evidence for scaling up telemedicine in Thailand. • Advancing Telemedicine Infrastructure o Developed policy briefs on global best practices (India, Singapore). o Retrospective analysis completed on telemedicine utilization trends in Thailand.	
EnLIGHT	Expected Outcomes ● Quality and Availability of Knowledge • Generate research, lesson-learned reports, and technical papers to support Thailand's global health efforts and SDG achievement. • Support policy decisions for the Ministry of Public Health and Global Health Action Plan (2021-2026). ● Expanded Platforms for Global Health Movements • Strengthen Thailand's role in global health through platforms like UNAIDS PCB (Chair in 2022), WTO, ASEAN health clusters, and APEC. • Enhance bilateral and multilateral collaborations. ● Mobilized System Capacity • Build human resources and institutional capacity to drive global health governance and SDG targets.	1. Capacity Building Advancements • The Global Health Fellowship Program trained 10 fellows in 2022 and 22 fellows in 2023, reaching a total of 32 fellows—16 below the initial two-year target of 48 fellows. • Workshops and networking events successfully engaged over 200 participants, strengthening leadership development and knowledge exchange. • Expanded participation in international forums, including the World Health Assembly (WHA76), United Nations General Assembly (UNGA), and Executive Board (EB152), enhancing Thailand's presence in global health governance. 2. Knowledge Generation and Policy Contribution • Successfully produced multiple research reports, policy briefs, and manuscripts on key health and trade issues, including four	1. Capacity Building Adjustments • While the program trained a significant number of fellows, the original two-year target of 48 fellows was not fully met by the end of 2023, partially due to COVID-19 disruptions. However, the 2024 intake exceeded expectations, demonstrating an ability to scale up efforts. • Post-training engagement mechanisms, such as structured mentorship and alumni networking, remain areas for improvement, as current approaches focus primarily on initial training rather than long-term professional development. 2. Knowledge Generation and Quality Assurance Enhancements • While research targets were met, only one knowledge product underwent formal review,

Program	Major expected outcomes and milestones 2022-2026 [1]	Achievement at mid-term level [2]	Key delays at mid-term level [2]
	• Strengthen research institutions and create an online Global Health Resource Center for e-learning. ● Promoted Collaborations at Three Levels • Across CCS programs: Support agenda at global/regional levels and link efforts to SDGs. • Among domestic partners: Engage ministries, universities, and local health facilities. • With international agencies: Strengthen ties with WHO, WTO, UNAIDS, JICA, and developing countries in Asia. Impacts and Milestones • Key successes in Thailand's leadership in global health movements, recognized by stakeholders, within five years. • Added value to CCS programs by amplifying their global health and SDG-related impacts.	primary reports: Taking Stock of HIV/AIDS Progress and Extracting Lessons Learned, Political Economy of International Trade Negotiation Process in Thailand: The Case of CPTPP Phase I, Political Economy of International Trade Negotiation Process in Thailand: The Case of CPTPP Phase II, and Synthesis of the Free Trade Agreements (FTAs) of the European Free Trade Association (EFTA) for Intellectual Property Provisions Related to Health in Thailand-EFTA Negotiation. In addition, the program contributed to secondary research on topics such as mental health, universal health coverage (UHC), and health financing. • Established the Global Health and UHC Resource Center, along with Global Health Modules for training, expanding digital learning resources for policy engagement and leadership development. • Developed evidence-based materials that directly informed global health negotiations and Thailand's involvement in ASEAN and WHO platforms. 3. Strengthened Global Health Engagement and Collaboration • The EnLIGHT Program set a target of supporting 30 participants in attending global health events between 2022 and 2023.	highlighting the need for stronger quality assurance processes. • The reliance on IHPP/IHPF for research production is beneficial for consistency but could limit intellectual diversity. Expanding research partnerships with universities, ASEAN think tanks, and international institutions would further strengthen credibility. 3. Strengthening Collaboration with ASEAN and CCS Programs • Despite active participation in global health events, collaboration with ASEAN networks and other CCS subprograms (e.g., digital health and NCDs) remains underdeveloped. • A more structured approach to linking EnLIGHT's research and training programs with broader CCS initiatives would enhance Thailand's leadership role in emerging health governance challenges. 4. Enhancing the Long-Term Impact of Global Health Leadership Initiatives • While the program successfully integrates policy engagement and leadership development, there is a need for structured mechanisms to sustain long-term policy influence beyond participation in global forums.

Program	Major expected outcomes and milestones 2022-2026 [1]	Achievement at mid-term level [2]	Key delays at mid-term level [2]
		However, it managed to support 27 individuals—9 delegates in 2022 and 18 delegates and observers in 2023—falling slightly short of its goal.	• Strengthening the Monitoring & Evaluation (M&E) framework with qualitative indicators (e.g., measuring how EnLIGHT alumni contribute to policy decisions) would provide a clearer assessment of its long-term impact.
		• EnLIGHT contributed to Thailand's leadership in UHC, evidenced by involvement in UHC2030, P4H, and the Group of Friends of UHC, as well as participation in the UNGA High-Level Meeting on UHC.	**5. Expanding Multi-Sectoral Engagement**
		• The program effectively integrated technical research, capacity-building, and international diplomacy, ensuring evidence-based contributions to key discussions.	• Efforts to engage the private sector, youth, and non-health sectors in global health initiatives remain limited. Expanding partnerships in these areas would enhance cross-sectoral collaboration and create more diverse leadership pipelines.
		4. Innovative Approaches in Leadership Development	
		• The establishment of the Scientific Advisory Group (SAG) strengthened research validation and strategic direction, modeled after WHO's expert engagement framework.	
		• Digital learning tools and e-learning platforms provided an accessible training model for leadership development, increasing the sustainability of capacity-building efforts.	
		5. Expanding Institutional Networks and Multi-Sectoral Partnerships	
		• Strengthened collaboration with WHO, ASEAN, Thai universities, and regional research institutions, broadening intellectual diversity in global health discussions .	

Program	Major expected outcomes and milestones 2022-2026 [1]	Achievement at mid-term level [2]	Key delays at mid-term level [2]
		• Introduced South-South and Triangular Cooperation Flagship International Network, facilitating knowledge-sharing and policy influence beyond Thailand.	

NCDs	• Functioning institutionalized and strengthened national and local multi-sectoral mechanisms for primary prevention of NCDs.
	• Unfinished UNIATF's recommendation to be implemented
	• An improved NCD response implementation as indicated by the Nine Global NCD targets and NCD progress monitor report, particularly on the indicators that Thailand has yet to fully achieved in the 2020 report.
	• A continuing progress towards Thailand achieving the global NCD targets for 2025 and the SDG 2030 target on NCDs.
		1. Strengthened Multi-Sectoral Collaboration and Governance
		● Institutionalization of Multi-Sectoral Governance:
		  o Established Sub-Steering Committees and Technical Working Groups, ensuring coordinated implementation.
		  o Strengthened policy engagement with health and non-health sectors, including Finance, Social Development, Education, Urban Planning, and Tourism Ministries.
		  o Expanded provincial and local NCD networks, improving decentralized NCD governance.
		● Integration of NCDs into National Policy Frameworks:
		  o Developed the National NCD Strategic Plan (2023-2027), embedding NCD prevention into Thailand's long-term health agenda.
		  o Established cross-sector partnerships, such as the Excise Department collaboration on taxation policies for unhealthy food and alcohol.
			1. Gaps in Outcome Monitoring and Data Collection
			● Limited Measurement of NCD Prevalence Reduction:
			  • No clear evidence yet on the impact of policy reforms on salt intake, obesity rates, and tobacco use trends.
			  • Lack of gender-disaggregated and equity-focused data makes it difficult to assess the program's reach among vulnerable populations.
			● Social Return on Investment (SROI) Studies Delayed:
			  • Economic evaluations not yet completed to justify long-term policy investment n NCD prevention.
			2. Limited Financial Sustainability Planning
			● Uncertain Long-Term Funding Commitment:
			  • The program remains reliant on external funding from WHO, ThaiHealth, and government grants.
			  • No clear domestic financial strategy to ensure sustainability beyond 2026.

Program	Major expected outcomes and milestones 2022-2026 [1]	Achievement at mid-term level [2]	Key delays at mid-term level [2]
		● International Collaboration Initiated: 　o Drafted Terms of Reference (TOR) for the UN Thematic Working Group on NCDs (UN TWG) to align with WHO's global NCD strategies. **2. Advancements in NCD Policy and Legislative Reforms** ● Progress on NCD-Specific Regulations and Policies: 　o Marketing Restriction Bill for Unhealthy Food & Beverages for Children: 　　• Successfully completed Phase 1 and Phase 2 of legislative development. 　　• Conducted public hearings and legal framework adjustments to gain stakeholder support. 　o Sodium Reduction Strategy (2015-2025): 　　• Strengthened food industry regulations to limit sodium content in processed foods. 　　• Expanded food surveillance mechanisms across 36 provinces using the ThaiSaltSurvey app. 　o Obesity Prevention and Management Strategy Implemented: 　　• Launched multi-sectoral initiatives to tackle high obesity rates and promote healthy lifestyle interventions.	**3. Delays in International Knowledge Exchange and Collaboration** ● Global Knowledge-Sharing Forums Not Fully Implemented: 　• While UNTWG was initiated, planned international exchange forums and technical collaborations have not been conducted. ● Private Sector Engagement Could Be Expanded: 　• Limited partnerships with corporate stakeholders (e.g, food and beverage industries) to support corporate social responsibility (CSR) initiatives in NCD prevention. **4. Environmental Sustainability Not Yet Integrated** ● Climate and Environmental Health Considerations Not Addressed: 　• The program has not yet incorporated air pollution and climate-related NCD risks into national health policies. 　• Lack of sustainability-focused interventions, despite growing evidence of environmental impacts on NCD prevalence.

Program	Major expected outcomes and milestones 2022-2026 [1]	Achievement at mid-term level [2]	Key delays at mid-term level [2]

		3. Digital Innovations for NCD Prevention
		
		● Development of Digital Health Tools:
		  o ThaiSaltSurvey app implemented to support sodium consumption monitoring.
		  o Expansion of Digital NCD Screening and Health Survey Systems in 15 provinces, providing wider access to early detection tools.
		● Public Health Awareness Campaigns Using Digital Platforms:
		  o Fit & Firm with Thai Sook campaign launched to promote healthy behaviors among working-age populations.
		● Integration of Data and M&E Systems:
		  o Strengthened data collection for NCD policy monitoring, supporting future impact assessments.
		
		4. Enhanced Public Engagement and Policy Advocacy
		
		● Increased Public Awareness of NCDs through Multi-Channel Communication Strategies:
		  o Conducted policy briefings, media outreach, and public hearings on food marketing regulations.
		  o Strengthened stakeholder engagement through multi-sectoral consultations.
		● Consumer Protection Strengthened Through Policy Advocacy:	

Program	Major expected outcomes and milestones 2022-2026 [1]	Achievement at mid-term level [2]	Key delays at mid-term level [2]
		o Advocated for transparent food labeling regulations, ensuring consumer rights to healthier choices.	
Migrant Health	To achieve health equity of migrants and non-national population living in Thailand, the main factors are multi-stakeholders and multi-sectoral responses to drive community policy implementation of migrant and non-national population health through public and private partnerships. Therefore, the expected outcomes are as follows: 1. Sustainable partnership networks and platform for both national and international collaboration which effectively function to support and strengthen health systems to ensure the right and health equities among migrants, non-national people in Thailand. 2. Dialogue with governing bodies, and stakeholders regarding governmental policies responsible for health inequities. 3. New networking with more coverage of migrants and non-national populations will be formed. It is not limited to health partners alone but also non-governmental partners, academic experts, social and private sector partners at any levels. 4. Increasing the voice and influence of communities impacted by health inequities in policy change.	1. Sustainable Partnership Networks and Platforms ● National and International Partnerships Strengthened o Collaboration with IOM (International Organization for Migration) to develop border health systems between Thailand-Laos and Thailand-Cambodia. o Annual academic conference on International Migrants Day to exchange policy and operational strategies among Thailand, Laos, and Cambodia. o Formation of a Migrant Health Working Group (MHWG) under the UN Migration Network. o Collaboration with Thai Health Promotion Foundation and Bangkok administration to develop a migrant health volunteer model within businesses. o Engagement with non-health partners (CSOs, NGOs, academic experts, and private sector partners) to improve migrant health initiatives.	1. The National Migrant Health Policy/Strategy ● While progress has been made in policy dialogue and legislative proposals, the formal adoption and implementation of the National Migrant Health Strategy has been slower than expected. ● The proposed amendment to the National Health Security Act (to extend healthcare rights to migrants, refugees, and stateless individuals) is still under consideration and has not yet been implemented. ● The proposal to integrate migrant health insurance into national health policies is under review. This results in financial and administrative barriers that continue to limit health accessibility for undocumented migrants. 2. Data Integration for Migrant Health Systems ● The effort to standardize and integrate migrant health data has been progressing slower than planned. ● Despite multiple workshops, full integration between agencies has not yet been achieved, leading to continued fragmentation in health records for migrants.

Program	Major expected outcomes and milestones 2022–2026 (1)	Achievement at mid-term level (2)	Key delays at mid-term level (2)
	5. A rapid policy analysis and recommendations for supporting policy dialogue and policy makers responding to the dynamics of the COVID-19 situation. This analysis is expected to guide further structural interventions aiming to address inequity issues for the vulnerable populations in each pandemic phase by considering the country context.	**2. Dialogue with Governing Bodies on Health Inequities** ● Policy Advocacy at the National Level o Led efforts to develop a National Migrant Health Policy/Strategy through the Ministry of Public Health. o Facilitated high-level policy dialogues on migrant health with stakeholders including the Ministry of Labor, Ministry of Interior, National Health Security Office, and Social Security Office. o Supported House of Representatives proposal to amend the National Health Security Act to extend healthcare rights to migrants, refugees, and stateless individuals. o Established a Migrant Health Board in Tak Province as a provincial-level mechanism to coordinate migrant health services. **3. Expanding Migrant Health Coverage Beyond Health Partners** ● Health Service Management for Migrants Strengthened o Addressed policy gaps in financial risk protection for migrants (including undocumented migrants).	● Pilot projects have linked migrant health records to national databases, but full-scale implementation is pending, partly due to data security concerns. **3. Securing a Sustainable Funding Model for Migrant Immunization** ● The dialogue on vaccine access for migrants has identified gaps in funding, but there has been no concrete agreement on a sustainable budget for the Expanded Program on Immunization (EPI) for migrant children. ● Despite multiple stakeholder meetings, unding sources (e.g., GAVI, local government funds) have not been secured, causing uncertainty in future vaccine provision. **4. Establishing Provincial Migrant Health Boards Beyond** ● The pilot in Tak Province has been successful, but other provinces with large migrant populations (e.g., Samut Sakhon, Ranong) have not yet implemented the model. ● The lack of clear administrative directives from the Ministry of Public Health has delayed provincial-level adoption of this governance mechanism.

Program	Major expected outcomes and milestones 2022–2026 [(1)]	Achievement at mid-term level [(2)]	Key delays at mid-term level [(2)]
		o Collaboration with the Department of Disease Control to support community-based health literacy programs in urban areas.	
		o Worked with private sector and NGOs to expand health access for migrant workers in business establishments.	
		4. Increasing the Voice and Influence of Affected ommunities	
		● Multi-stakeholder Engagement to Improve Access	
		o Organized forums to increase migrant communities' involvement in health policy discussions.	
		o Advocated for equitable access to immunization services for migrant children.	
		o Launched an initiative to train migrant health volunteers (MHVs) to support community engagement.	
		5. Rapid Policy Analysis and Recommendations for COVID-19 and Other Health Issues	
		● Health Data Standardization Initiatives	
		o Developed standardized health data sets for migrant populations to improve data sharing and monitoring.	
		o Collaboration with the Ministry of Public Health's Convergence Digital Health Program to integrate migrant health data across agencies.	

Program	Major expected outcomes and milestones 2022–2026 [1]	Achievement at mid-term level [2]	Key delays at mid-term level [2]
		o Piloted a data system improvement project at Vachira Phuket Hospital for monitoring migrant health indicators. ● Immunization Policy and Vaccine Access o Organized stakeholder forums to secure funding for Expanded Program on Immunization (EPI) for migrant children. o Proposed GAVI and local government funding models to sustain vaccine access for migrants.	
PHE	National Outcomes 1. Sustainable Disease Control Mechanism – Implementation of the amended Communicable Diseases Act (B.E. 2558) and Health Security Reform Plan. 2. Strategic Plan for Emerging Infectious Diseases (EID) – A national multisectoral plan with sustainable resources and policy support. 3. Strengthened Health Systems – Improved pandemic preparedness while maintaining essential health services, particularly in Bangkok. 4. Public Health Emergency Financing Plan – Ensuring access to essential care for both Thais and non-Thais. 5. Public Health Intelligence System – Evidence-informed policymaking, including monitoring public perception and misinformation.	National Outcomes 1. Sustainable Disease Control Mechanisms – Strengthened national governance structures; Digital Health Committee established. 2. Emerging Infectious Diseases (EID) Strategic Plan – Expanded multisectoral engagement and improved risk communication strategies. 3. Health System Reorientation – Digital health integration advanced in Bangkok Metropolitan Area (BMA), supporting telemedicine expansion. 4. Public Health Emergency Financing Plan – Policy discussions with public health insurance schemes completed. 5. Public Health Intelligence System – Improved digital health data integration and risk communication platforms.	National Outcomes 1. Sustainable Disease Control Mechanisms – Some regulatory processes for full implementation are still under discussion. 2. Emerging Infectious Diseases (EID) Strategic Plan – Need for stronger institutionalized coordination mechanisms for sustainability. 3. Health System Reorientation – Some planned infrastructure improvements are behind schedule. 4. Public Health Emergency Financing Plan – Actual implementation of financing mechanisms remains under development. 5. Public Health Intelligence System – Gaps in real-time data sharing among different agencies persist.

Program	Major expected outcomes and milestones 2022-2026 [1]	Achievement at mid-term level [2]	Key delays at mid-term level [2]
	6. M&E Platform for Public Health Emergencies (PHE) – A system for provincial self-assessment and national monitoring.	6. M&E Platform for Public Health Emergencies (PHE) – National and provincial dashboards developed for real-time monitoring.	6. M&E Platform for Public Health Emergencies (PHE) – Standardized self-assessment tools for provinces still in refinement.
	7. National M&E Platform for Antimicrobial Resistance (AMR) – Based on the One Health Approach with annual reports.	7. AMR Surveillance (One Health Approach) – Annual AMR monitoring report published.	7. AMR Surveillance (One Health Approach) – Institutional responsibilities for AMR surveillance remain fragmented.
	8. Dedicated National Institute for Infection Prevention & Control – Strengthened national coordination and oversight.	8. Infection Prevention and Control (IPC) – Plans for a national IPC institute developed.	8. Infection Prevention and Control (IPC) – No official designation of the responsible national institute.
	9. AMR Surveillance Mandated by Law – Inclusion of AMR as a reportable disease under the Communicable Disease Act (B.E. 2558).	9. Mandatory AMR Surveillance – AMR designated as a national priority and included in legal frameworks.	9. Mandatory AMR Surveillance – Enforcement of AMR data reporting remains inconsistent across hospitals.
	10. Global & Regional Health Security Networks – Mobilizing resources and expertise through multi-level collaborations.	10. Global and Regional Network for Public Health Security – Expanded international collaborations, including WHO partnerships.	10. Global and Regional Network for Public Health Security – Domestic inter-agency collaboration requires further strengthening.
	11. Enhanced Multi-Sectoral Collaboration on AMR – Expanding partnerships under the One Health Approach.	11. Multi-Sectoral AMR Collaboration – Increased engagement of veterinary, agriculture, and human health sectors.	11. Multi-Sectoral AMR Collaboration – Challenges in fully aligning inter-sectoral policies.
	National Impacts	**National Impacts**	**National Impacts**
	● Short-Term (2022-2023)	Short-Term (2022-2023)	Short-Term (2022-2023)
	· COVID-19 Transition Management – COVID-19 no longer a major public health threat, allowing resumption of normal social and economic activities.	● COVID-19 no longer a major public health threat; economic activities resumed. ● National health system effectively managed COVID-19 resurgence within capacity limits.	● Some areas require additional support to sustain health system preparedness for future COVID-19 surges.
	· Health System Capacity for Future COVID-19 Waves – Able to manage severe cases within system capacity (e.g., <2,000 pneumonia cases, <400 ventilator cases).	Medium-Term (By 2026) ● Foundational steps taken for future public health threats, including zoonotic disease response planning and digital health expansion.	Medium-Term (By 2026) ● AMR containment efforts need stronger enforcement and public-private sector cooperation.

Program	Major expected outcomes and milestones 2022-2026 [1]	Achievement at mid-term level [2]	Key delays at mid-term level [2]
	● **Medium-Term (By 2026)** • Future Public Health Preparedness – Readiness for threats such as zoonotic diseases, AMR in food systems, healthcare-associated infections, and natural/man-made disasters.		
Road Safety	**Impact** Number of traffic death among motorcycle users reduce by 50% **Outcome** 1. Strength the road safety cooperation mechanism. 2. Laws and policy implementation about motorcycle safety are strengthen 3. Road safety implementation in Thailand go along with SDGs and the international agendas 4. Stakeholders and actors can deal with road safety challenges	**1. Strengthening Road Safety Cooperation Mechanism** ● Strategic Core Group (SCG) Formation: Established a coalition involving IHPP, TDRI, Ministry of Public Health (MoPH), Road Safety Policy Foundation, and Provincial Road Safety Support Program. Monthly meetings conducted, contributing to national road safety policies. ● Multi-Stakeholder Collaboration: Engaged policymakers, funders, youth, civil society, academia, and private sector, increasing participation from 38 organizations and launching collaboration with Rotary Clubs of Thailand. ● Coalition Platforms: Held four meetings per year to enhance networking, including a MOU signing event at Parliament (Dec 2022), solidifying 100% helmet-use commitment. ● Parliamentary Engagement: Established the Parliamentary Road Safety Committee (Jan 2024), modeled after the UK PACT initiative.	

Program	Major expected outcomes and milestones 2022–2026 [(1)]	Achievement at mid-term level [(2)]	Key delays at mid-term level [(2)]

		2. Strengthening Law and Policy Implementation for Motorcycle Safety
		● Helmet Use Advocacy:
		  o Policy endorsement by Prime Minister, Deputy Prime Minister, Minister of Interior, and the Bangkok Governor for 100% helmet-wearing.
		  o Campaigns such as "A Million Helmets, A Million People Safe" and public petition (one million signatures) to influence policymakers.
		  o Evidence-based policy briefs developed to strengthen enforcement.
		● Law Enforcement Capacity-Building:
		  o Two national police participatory meetings per year to support the police strategic plan.
		  o SWOT analysis identified gaps in enforcement.
		  o National Police Chief approved electronic ticketing system and stricter law enforcement on helmet use.
		  o Budget proposal (144 million THB) for expanding electronic ticketing and enforcement submitted to the National Police Office.
		● Drink-Driving Prevention:
		  o Policy briefs and recommendations for stricter penalties submitted to Parliament.	

Program	Major expected outcomes and milestones 2022-2026 [1]	Achievement at mid-term level [2]	Key delays at mid-term level [2]
		o Introduced a legal proposal to restrict employment in specific industries for repeat drink-driving offenders.	
		3. Aligning Thailand's Road Safety Implementation with SDGs and International Agendas	
		● Thailand's 5th Road Safety Master Plan (2022-2027) officially endorsed by the government.	
		● Policy Briefs Developed: Addressed helmet laws, drink-driving prevention, and insurance reform to align with SDG 3.6 (road safety) and 11.2 (safe transportation systems).	
		● Participation in Global Road Safety Networks:	
		o Collaboration with WHO, international research institutions, and UN agencies.	
		o Thai representatives to attend Safety 2024 in New Delhi, India.	
		4. Enhancing Stakeholder Capacity for Road Safety Challenges	
		● Capacity Building through Media & Advocacy:	
		o TikTok competition on real-life motorcycle crash survivor stories—30 finalists trained in Behavioral Economics ("Nudgeathon").	
		o Winners to be recognized by the Prime Minister in National Accident Seminar (2024).	
		● Safe City Initiatives: Bangkok Governor integrated road safety into urban safety policies.	

Program	Major expected outcomes and milestones 2022-2026 [1]	Achievement at mid-term level [2]	Key delays at mid-term level [2]

		● Academic Partnerships for Policy Impact:
		  o Conducted studies on traffic law reforms, behavioral economics, and enforcement strategies.
		  o Collaboration with Thailand Development Research Institute (TDRI) for policy research	

Reference:

(1) WHO-CCS 2022-2026 Program Proposal

(2) Program 2022 & 2023 Technical Reports

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