World Health Organization

An innovative financing model for greater health impact in Thailand

Inaugural WHO Partners Forum Case Study

Challenge

As Thailand became a middle-income country and its capacity in the health sector grew, its requirements from WHO changed. Yet WHO was slow to adapt to the country's new health needs and requests; it continued to support hundreds of small projects that did not produce broad impact. The Organization did not fully leverage its intellectual and social capital – its high quality technical expertise combined with its power as a globally-respected health authority – to influence policy development, advocacy and implementation. Nor did it effectively engage with Thailand's robust network of health-focused agencies, with their capacity for policy research and development, technical knowledge, experience and social networks. Further, the way WHO financed its work in the country carried heavy transaction costs.

Solution

To maximize the WHO's value and create a stronger, more effective domestic partnership, WHO and the Royal Thai Government (RTG) agreed, in 2010, to develop a new model for collaboration. The first step in the process was to refocus WHO's role away from funding towards providing more social and intellectual capital. By doing so, WHO catalyzed a stronger, more dynamic partnership with domestic health-focused agencies, and continued to provide the highest level technical support from across the Organization. As a result, WHO and the RTG have united their expertise and experience to focus on a limited number of high priority, complex health challenges.

To ensure more effective management and implementation of the collaboration, an innovative financing mechanism was created in 2017, based on the principles of the Paris Declaration. For the first time, funding from WHO and the RTG for the partnership is flexible – un-earmarked to any specific activity in the plan. It is also predictable: all partners pledge contributions in an annual country financing meeting. And its transaction costs are low, requiring only a single annual financial and technical report for all funding agencies.

This was a radical shift for WHO, the Ministry of Public Health, and the four other domestic health partners that provide funds. No agency had ever funded according to these criteria, and WHO and the four local organizations had to change their processes to adapt to the new model. The new mechanism motivates WHO and its partners to streamline procedures, reduce further transaction costs and avoid duplication. Most importantly, most of the funding was mobilized by the local partners, such as the Thai Health Promotion Foundation and the National Health Security Office (responsible for implementing universal health coverage (UHC) in Thailand). This improved the potential for sustainability. By common agreement, WHO is required to contribute just 30% of the total cost of work over five years. Domestic agencies supply the remaining 70%. The principles of this new partnership and funding mechanism were supported at the highest levels across all the partners.

WHO used its 2017-2021 Country Cooperation Strategy as a vehicle for this improved paradigm for partnership and financing in Thailand. The approach is unique because it is nationally led, focused on six priority areas selected through a consensus process, and uses WHO as a catalyst to bring stakeholders from government, civil society and academia to the table. The priority areas include: noncommunicable diseases (NCDs), antimicrobial resistance, migrant health, global health diplomacy, international trade and health and road safety. Each of the six is managed by a programme committee of key stakeholders, led by a national partner from either government or civil society.

Impact

The partnership between WHO and the RTG has had impact in all priority areas. Improved capacity and evidence for policy in international trade and health has allowed Thailand to protect and promote its interests globally. The work in migrant health continues to bring UHC closer for undocumented migrants living in Thailand. Other specific examples include:

In the road safety priority area: In Thailand, more than 60 people die in traffic accidents every day. The new WHO-RTG partnership has led to progressive legislation on drink-driving, seatbelt use, improved public passenger vehicles and stronger enforcement to save lives. Support has been provided to the Ministry of Transport to establish a Committee on Motorcycle Safety, a key step in reducing motorcycle deaths, which account for 80% of traffic-related deaths in the country.

In the NCDs priority area: NCDs kill 400,000 Thai people each year and threaten the country's UHC system. WHO and the RTG organized a joint high-level mission of the UN Inter-Agency Task Force on NCDs to Thailand. Following a meeting with the Task Force, the Prime Minister of Thailand published a paper in The Lancet, committing himself to important measures to prevent and control NCDs in the country.

Conclusion

WHO has worked shoulder-to-shoulder with the Government of Thailand to improve and enlarge their partnership, mobilize domestic resources and establish a unique funding mechanism to effectively address key health challenges in the country. In doing so, WHO has proven its value as a critical catalyst, leveraging its social and intellectual capital and convening power to drive impact at country level around a very focused health agenda in line with the Sustainable Development Goals.

Perhaps most importantly, the partners have been bold and innovative in experimenting with a new approach. The WHO-Thai collaboration serves as a laboratory to test new ways of working that may well demonstrate promising practices and lessons for how to increase effective partnership and financing and produce improved health results in other middle-income countries.