World Health Organization
Country Office for Thailand

WHO Country Cooperation Strategy

Thailand

2017–2021

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Message from the Regional Director

This fifth Country Cooperation Strategy (CCS) 2017–2021 is not only WHO's strategic vision for the Organization's work with the Royal Thai Government and its partners but, once again, is a pathfinder in global collaboration in health at the country level.

In recent years, Thailand has taken several bold initiatives with a large number of its population brought under health protection coverage. Thailand has achieved universal coverage with relatively good levels of spending on health, but faces significant challenges due to rising costs and its commitment to bring under the umbrella of its health coverage migrant workers and the informal sector.

Thailand is crucial to global health because of the extraordinary progress it has made in health and the prominent role it plays in global health.

The World Health Organization is proud of being a partner in some of the major health achievements of Thailand.

I commend the seventy-five governmental and nongovernmental stakeholders that reached agreement not only on priorities, goals and operational modalities but also chartered a CCS governance structure that would oversee optimal execution of the five Strategic Priorities for the World Health Organization's collaboration with Thailand.

I understand the final evaluation of the fourth WHO Country Cooperation Thailand 2012–2016 was conducted in June 2016. The evaluation gave a number of recommendations and I am pleased to see that these recommendations were taken onboard while developing this Country Cooperation Strategy.

I believe the five Strategic Priorities for WHO collaboration are aligned with Thailand's health priorities and WHO's resources focusing towards these priority programmes will contribute towards health progress in this extraordinary country as well as have a major impact on global health.

The method of working adopted will also foster multisectoral engagement and multiagency cooperation and ensure integrated approaches that respond to the imperatives of the 2030 Agenda for Sustainable Development and effectively address the complex and interconnected nature of health in the Sustainable Development Goals.

Dr Poonam Khetrapal Singh
Regional Director
WHO South-East Asia Region

Preface

The Country Cooperation Strategy (CCS) 2017–2021 for Thailand describes WHO's medium-term strategic vision to guide the Organization's work in Thailand. Most importantly, it describes five priority programmes on which the Ministry of Public Health in Thailand, its numerous partners, and the World Health Organization will work jointly over the next 5 years. These programmes address some of the critical public health issues facing Thailand in its unique context – an upper-middle-income country that has pioneered universal health coverage and that is committed to improving health through knowledge generation, evidenced-based policy and social/political action.

But the CCS in Thailand is more. It represents the continuation of a strategic, innovative and unique approach to partnership – an approach where more than 60 stakeholders in health including the Ministry of Public Health, academia, civil society, other sectors and government autonomous health agencies all come together on a limited number of clear priorities based on evidence. In this approach, WHO serves as a catalyst to broader collaboration in the priority areas across sectors, where the work is fuelled by domestic investments and where the use of WHO's social and intellectual capital is maximized.

The core component of the Strategy describes the work in five priority areas: antimicrobial resistance, global health diplomacy and international trade and health, migrant health, noncommunicable diseases and road safety. Though most of WHO's work will be focused on these areas, it will continue to support normative and policy work in other important areas as needed.

The WHO Regional Office for South-East Asia fully supports this approach to the Organization's cooperation with the Royal Thai Government.

It is hoped that the Country Cooperation Strategy 2017–2021 will continue to contribute to improving the health of all people living in Thailand by bringing together the Ministry of Public Health, other ministries and a wide spectrum of partners to discuss critical health priorities and stimulate high-value policy work, knowledge generation, advocacy and capacity-building in these areas. We hope that the principles and processes involved in creating and implementing the Thailand-WHO Country Cooperation Strategy 2017–2021 will serve as a model for other countries wishing to adopt this innovative approach.

Dr Sopon Mekthon
Permanent Secretary
for Public Health
Ministry of Public Health

Dr Daniel Kertesz
WHO Representative
to Thailand

Acronyms and Abbreviations

AMR	Antimicrobial resistance
ASEAN	Association of Southeast Asian Nations
BAC	Blood alcohol level
CC	Collaborating Centre
CCS	Country Cooperation Strategy
CDC	United States Centers for Disease Control and Prevention
Ex Com	Executive Committee (for management of CCS)
FAO	Food and Agriculture Organization of the United Nations
GDP	Gross Domestic Product
GHD	Global Health Diplomacy
IHPP	International Health Policy Programme
IHR	International Health Regulations
ILO	International Labour Organization
IOM	International Organisation for Migration
ITH	International Trade and Health
MDGs	Millennium Development Goals
MDR-TB	Multidrug-resistant tuberculosis
MICS	Multiple Indicator Cluster Survey
MoFA	Ministry of Foreign Affairs
MoPH	Ministry of Public Health
NCD	Noncommunicable diseases
NCPO	National Council for Peace and Order
NESDB	National Economic and Social Development Board
NESDP	National Economic and Social Development Plan
NGOs	Nongovernmental organizations
NHPSP	National health policies, strategies and plans
RTG	Royal Thai Government
SDGs	Sustainable Development Goals
SEARO	WHO South-East Asia Regional Office
SSS	Social Security Office
TB	Tuberculosis
ThaiHealth	Thailand Health Promotion Foundation
UHC	Universal Health Coverage
UNCT	United Nations Country Team

UNEP	United Nations Environment Programme
UNFPA	United Nations Population Fund
UNHCR	UN Refugee Agency
UNICEF	United Nations Children's Emergency Fund
UNPAF	United Nations Partnership Framework
WCO	WHO Country Office
WHO	World Health Organization
WR	WHO Country Representative

Acknowledgements

Thailand's Country Cooperation Strategy 2017–2021 (CCS) was developed in partnership between WHO, the Royal Thai Government and 75 governmental and nongovernmental organizations. It was produced with inputs from government ministries and agencies led by the Ministry of Public Health, centres of excellence in Thailand, civil society, bilateral and multilateral agencies, UN agencies and academic institutions. The CCS 2017–2021 document was prepared under the leadership of WHO's Thailand Country Representative, Daniel Kertesz. Technical inputs were coordinated by Liviu Vedrasco and Nima Asgari-Jirhandeh. WHO staff support for development of programme priority areas was provided by Kritsiam Arayawongchai, Richard Brown, Renu Garg, Sushera Bunluesin, Mukta Sharma, Deyer Gopinath and Aree Moungsookjareoun. Consultants Cristóbal Tuñón and William Aldis assisted in development of the CCS 2017–2021 document.

Executive summary

Thailand of today is an upper-middle-income country that has seen dramatic improvements in the health of its population. It achieved many of the Millennium Development Goals at the national level. Thailand has a vibrant primary health care, innovative health system development and a progressive health promotion programme. Universal health care (UHC) for Thai citizens, introduced in 2002, extended the scope of coverage to 18 million people who were uninsured and to a further 29 million who were previously covered by less comprehensive schemes. Since UHC introduction, out-of-pocket expenditures have fallen dramatically.

With its capacity in policy analysis and active participation in global health forums, including WHO's World Health Assembly, multilateral platforms and other regional and global institutions, Thailand will have significant influence on global health policy and programmes – including on trade and health negotiations, where middle and low-income countries are not well represented.

Despite these achievements, there are persistent population health challenges. Noncommunicable disease rates are rising. Antimicrobial resistance threatens gains made against infectious diseases. While Thailand has made significant progress in financing and providing health care to almost all of its population, migrants remain underserved. Road traffic deaths and injuries are a persistent tragedy and growing threat.

The fifth Country Cooperation Strategy (CCS) 2017–2021 is WHO's strategic vision for the Organization's work with the Royal Thai Government and its partners. It works to improve systems needed to implement national health policies, strategies and plans, and to achieve national targets under the Sustainable Development Goals. The CCS 2017–2021 is informed by an analysis of the health context in Thailand and lessons learned from the implementation of the previous CCS 2012–2016. It is aligned with priorities set out in the 12th National Economic and Social Development Plan (NESDP) and the 20–year strategic plan for Thailand, the United Nations Partnership Framework, World Health Assembly and Regional Committee Resolutions, SEARO Regional Director's Flagship Areas, WHO's Twelfth General Programme of Work (2014–2019) and the Sustainable Development Goals (SDGs).

Multiple stakeholders and high-level decision-makers reached agreement on priorities, goals and operational modalities through an extensive consultation process over several months. This process strengthened working relationships and was translated into a multilayered participatory CCS governance structure that will ensure focus, coherence and cost-effectiveness. Seventy-five bodies – governmental and nongovernmental – have defined roles in the planning and execution of the CCS. These bodies, with the Royal Thai Government and WHO, form a tripartite leadership and implementation structure for this CCS.

The five strategic priorities for WHO collaboration with Thailand in the coming 5 years are described below in alphabetical order:

- Antimicrobial Resistance
- Global Health Diplomacy (including International Trade and Health)
- Migrant Health
- Noncommunicable Diseases
- Road Safety

1

Introduction, Mission and Vision of WHO Thailand

This document describes the priority health issues that will be addressed by the Ministry of Public Health (MoPH) of the Royal Thai Government, national collaborating bodies and the World Health Organization, from 2017 to 2021. It reviews public health context and justification, means of identifying priorities, the priority programmes themselves, the CCS governance structure and linkages of programme content to national and global policies.

WHO's activities in Thailand are guided by the following: the Sustainable Development Goals (SDGs); resolutions of the World Health Assembly and the Regional Committee for South-East Asia; WHO's twelfth General Programme of Work; the United Nations Partnership Framework (UNPAF) for Thailand; and most important, the national health policies, strategies and plans articulated by the Ministry of Public Health of the Royal Thai Government (Annex 1). Seventy-five bodies – governmental and nongovernmental – have defined roles in planning and executing the CCS 2017–2021. These bodies, with the Royal Thai Government and WHO, form a tripartite leadership and implementation structure for this CCS.

Core functions of WHO as articulated in the Twelfth General Programme of Work (GPW)[1] are a sound basis for describing WHO's contribution. They are as follows:

(1) Providing leadership on matters critical to health and engaging in partnerships where joint action is needed;

(2) Shaping the research agenda and stimulating the generation, translation and dissemination of valuable knowledge;

(3) Setting norms and standards, and promoting and monitoring their implementation;

(4) Articulating ethical and evidence-based policy options;

1 World Health Organization. Not merely the absence of disease: 12th General Programme of Work 2014-2019. Geneva, 2014. http://www.who.int/about/resources_planning/twelfth-gpw/en/ - accessed 12 May 2017.

(5) Providing technical support, catalysing change, and building sustainable institutional capacity; and

(6) Monitoring the health situation and assessing health trends.

These core functions distinguish WHO's work from that of other development agencies. They can be seen in action in the design of CCS 2017–2021 priority programmes.

The WHO Country Office (WCO) links the global goals and initiatives of WHO with policies and plans of the MoPH of the Royal Thai Government, and is primarily responsible for harmonizing regional and global priorities with those of Thailand. The Mission Statement of the WCO is:

> ***"We support and add value to the Royal Thai Government and other stakeholders to improve the health of people in Thailand and to promote Thai expertise around the world".***

2

Health and Development Situation

2.1 Political, Social and Macroeconomic Context

Thailand has faced significant social and political stresses during the past decade, including, coups d'état in 2006 and 2014, the historically severe flood in 2011 and the global financial crisis in 2008. Nevertheless, the country has made remarkable progress, and has a High Human Development Index (0.726 in 2015). Thailand has achieved many of the global Millennium Development Goals (MDGs), although pockets of vulnerability remain.

Although Thailand is now an upper-middle-income country, fundamental challenges remain. These include the quality of education, low level of research and development, low productivity gains, dependency on exports and natural resources depletion. Significant inequalities persist in many socioeconomic dimensions. Groups within society—children, older people, persons with disabilities, migrants, ethnic minorities, indigenous people, sexual and gender minorities and displaced persons, for instance—are still being left behind in the process of the country's development.[2]

Thailand is governed at present by the National Council for Peace and Order (NCPO). Under NCPO supervision, the 20th constitution, or charter, since 1932 was approved through a referendum on 7 August 2016. Chapters 47, 48, 255 and 258 have clauses referring to health, covering rights of the poor to receive free services 'according to the stipulated laws', access to prenatal and postpartum care, health promotion and promotion of Thai traditional medicine, disease prevention and control, waste management, guarantees of rights of access to care in insurance schemes, and establishment of primary care delivery clusters based on population density. Another positive development is the Prime Minister's confirmation that all government reforms will move in accordance with the 20-Year National Strategy, starting from the 12th

2 United Nations Country Team in Thailand. Thailand common country assessment. Bangkok: United Nations, 2015.

National Economic and Social Development Plan (NESDP). All government agencies must set their strategies in line with the National Strategy and the NESDP.[3]

Thailand is now a service-led economy. In 2013, service sectors made up 53.6% of GDP; the industrial sector, 38.1% and the agricultural sector, only 8.3%. However, of the total 38.9 million employed labour force in 2013, 38.7% are in the agricultural sector (15.1 million) with the remaining 61.3% in industrial and service sectors. After years of continuous growth, Thailand's economy has lately been in a difficult position compared with other countries in the Association of Southeast Asian Nations (ASEAN) region. Thailand's average growth rate between 2012 and 2014 was at 3.68% per annum; however, the rate sharply dropped from 2.81% in 2013 to 0.9% in 2014.[4] The growth rate in 2015 was 2.8%. The significant decline in Thai exports over the past two years has had an important impact on the economy. Moreover, household debt continues to climb, reaching its highest level in 10 years, and increasing 13% since last year alone.

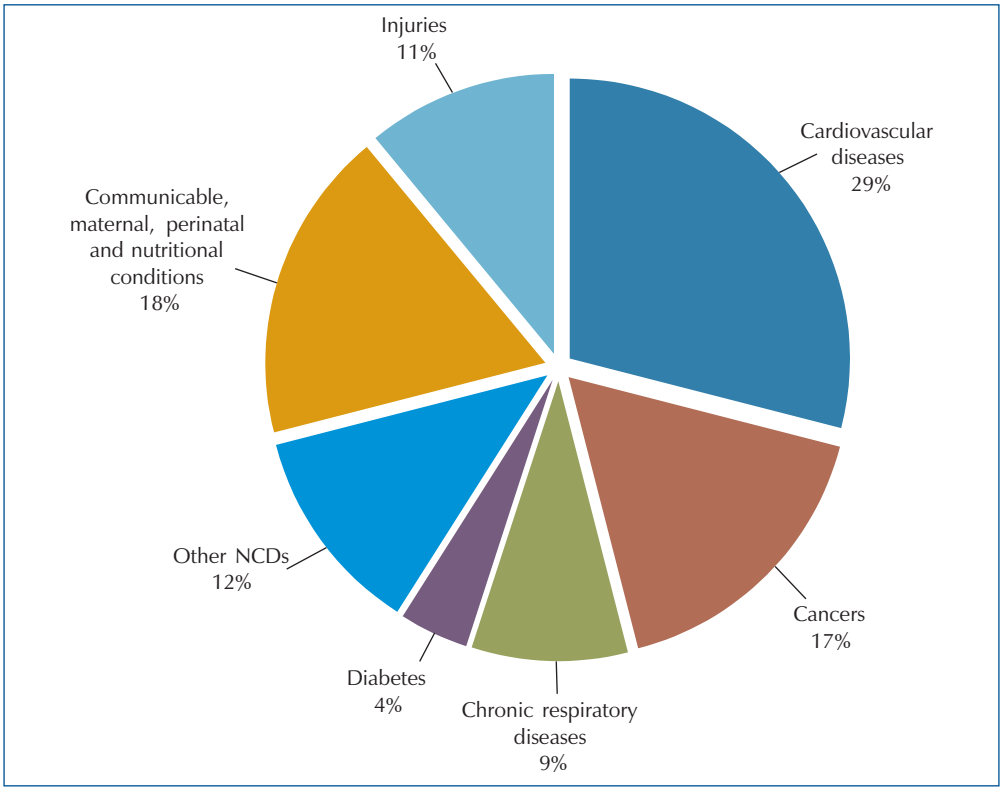
2.2 Health Status

Thailand shows significant progress on overall population health indicators, despite ongoing challenges. Some of these challenges are well recognized but not yet controlled, such as noncommunicable diseases and road traffic injuries. Others, while recognized, have not featured prominently on the national health agenda, such as the health of migrants. Others are emerging problems only recently receiving global and national attention, such as antimicrobial resistance. While addressing these specific public health issues, there are others needing continuing attention, including tuberculosis, malaria and HIV/AIDS, the impact of climate change on health and adolescent health.

3 Government Public Relations Department, Thailand. National reform steering assembly is starting its tasks. Bangkok, 2015. http://thailand.prd.go.th/1700/ewt/thailand/ewt_news.php?nid=2281 - accessed 12 May 2017.

4 National Economic and Dvelopment Board. Progress report of the 11th national economic and social development plan (Bangkok: NESDB, 2014).

Figure 1: Causes of Death, Thailand 2014



Source: WHO 2014

2.2.1 Noncommunicable diseases (NCDs)

NCDs have become a critical public health issue for Thailand (Figure 1). NCD deaths accounted for 71% of the total 501 000 deaths in Thailand in 2014 and are predicted to continue to increase rapidly.[5] The economic loss from major NCDs to the Thai society was an estimated 280 billion Thai Baht in 2013. Cardiovascular diseases alone caused 29% of deaths compared with 18% from communicable, maternal, perinatal and nutritional conditions altogether. The highest burden NCDs in Thailand are cancer, cardiovascular diseases, chronic respiratory diseases and stroke. Lifestyle changes related to consumerism are one of the major causes of NCDs.[6] Other negative causes included the lack of attention to the control and prevention of health risk factors or living in unsafe environments with health threats (such as farmers using chemical-based pesticides). Behavioural factors related to modern lifestyle and urban living – such as consumption of processed, high-sugar and fat food products; tobacco

5 World Health Organization. Noncommunicable diseases country profiles. Geneva, 2014. http://apps.who.int/iris/bitstream/10665/128038/1/9789241507509_eng.pdf?ua=1 - accessed 12 May 2017.
6 Ministry of Public Health, Thailand. Thailand healthy lifestyle strategic plan B.E. 2554-2563 (2011–2020). Nonthaburi, 2011.

use; excessive alcohol consumption; inadequate intake of vegetables and fruits; and physical inactivity – contributed to the rising prevalence of NCDs. Such behaviours result in abdominal obesity, hypertension, high blood cholesterol, high blood sugar, and metabolic syndrome, all of which are precursors to NCDs.

2.2.2 Antimicrobial resistance

Antimicrobial resistance (AMR) is reaching crisis proportions worldwide. AMR in Thailand, according to a 2010 estimate, resulted in 3.24 million excess days of hospitalization and 38 481 deaths per annum, and cost 0.6% of national GDP.[7] The Thai National Strategic Plan on Antimicrobial Resistance (2017–2021), which aims to reduce morbidity, mortality and the economic impact of AMR, was endorsed by the Cabinet in late 2016. The Plan sets targets for a 50% reduction in AMR morbidity; 20% and 30% reductions in antimicrobial use in humans and animals respectively and a 20% increase in public knowledge about AMR, including awareness of appropriate use of antimicrobials.

2.2.3 Migrant health

It is estimated that there are over 4 million migrants in Thailand.[8] There is no valid population-based data on their health status. Only 499 000 migrants were registered as of late 2015, and were thus eligible to receive care under the Social Security Scheme (SSS) of the government's universal health-care programme. An impressive total of 1.3 million are enrolled in the migrant health insurance programme, but there are significant cultural and language barriers, with one study showing that more than 60% of migrants covered by insurance do not seek care from the government health-care network when they are ill.

Migrants without access to health care are a potential reservoir for drug-resistant TB, malaria and HIV/AIDS.

2.2.4 Road safety

Road safety remains a critical public health problem in Thailand, despite efforts by the Royal Thai Government, WHO and other partners. According to WHO's 2015 Global Report, Thailand has the second highest incidence of road traffic fatalities in the world, with 36.2 deaths per 100 000 population per year. There is an associated loss of 3% of GDP. The concentration of fatalities among vulnerable road users (riders of motorized 2- or 3-wheelers, pedestrians and cyclists) is striking; these account for 83% of all traffic deaths compared with 49% globally.

7 Pumart P, Phodha T, Thamlikitkul V, Riewpaiboon A, Prakongsai P, Limwattananon S. Health and economic impacts of antimicrobial resistant infections in Thailand: a preliminary study. J Health Syst Res. 2012; 6:352–60.

8 National Health Commission of Thailand. The number of migrant workers in Thailand reaches 4 Million. Bangkok: National Health Commission of Thailand, Royal Thai Government, 2012.

Recognizing the global extent of the problem, road safety has been included as target 3.6 (to halve the number of deaths and injuries from road traffic crashes by 2020) of the SDGs.

2.2.5 Malaria

Malaria incidence per 1000 population declined from 5.20 in 1990 to 1.36 in 2000 and then to 0.17 in 2012. There were only 24 850 cases of malaria in Thailand in 2015, an approximately 85% reduction, with the morbidity rate of 0.38/1000 population in 2015. The at-risk population in Thailand is about 17 million, or 21% of the population.[9] Increased efforts are needed to arrest the spread of multidrug resistance, including artemisinin resistance. A 10-year National Strategic Plan for Malaria Elimination (2017–2026) with a 5-year accompanying Operational Plan (2017–2021) was recently endorsed with strong political commitment.

2.2.6 Tuberculosis (TB)

Thailand is among the 30 high-burden TB countries globally. Incidence is declining very slowly, and is estimated at 176 000 new cases annually (mid-point estimate of 117 000).[10] The National Reference Laboratory for TB reported that 510 patients in 2012 had confirmed MDR-TB; however, WHO estimates that there are 2190 annual cases in Thailand. The links between the epidemic of HIV infections and the TB situation also need to be highlighted. TB was detected in 13% of new cases of HIV infections, and a major concern is addressing the issues related to HIV-TB co-infection.

2.2.7 HIV/AIDS

An estimated 440 000 people were living with HIV in Thailand in 2015, including 4100 children. The estimated adult HIV prevalence was 1.1%.[11] There were an estimated 7816 new infections in 2014. A quarter of adult infections (1944) occurred in women, of them, 221 in female sex workers and the remaining 1944 in other groups of women, particularly discordant couples and partners of key populations. AIDS-related deaths have been steadily decreasing since 2001, with a sharp decline from 2006, following the scale-up of antiretroviral treatment. There were 14 000 deaths due to AIDS in 2015. In June 2016, the country received WHO validation for having eliminated the transmission of HIV and syphilis from mothers to their children; Thailand is the second country in the world to do so.[12]

9 World Health Organization. World malaria report 2016. Geneva, 2016.
10 World Health Organization. Global tuberculosis report 2016. Geneva, 2016.
11 National AIDS Committee. Thailand AIDS response progress report 2015. 2015.
12 Global Association of Risk Professionals. Asian epidemic model. London, 2015.

2.2.8 Reproductive, maternal, new born, child and adolescent health

While recognizing that there are differences in completeness of reporting from different regions, it is encouraging that the Maternal Mortality Estimation Inter- Agency Group estimates that between 1990 and 2015, the maternal mortality ratio in Thailand had halved from 40 to 20 per 100 000 live births.[13]

Thailand continues to successfully implement the Expanded Programme on Immunization (EPI) and is strongly committed to eradicate polio by 2018 and eliminate measles by 2020; however, a few challenges remain in the deep south and among migrant communities.

The teenage pregnancy rate in Thailand remains the highest in South-East Asia. More than 50 out of every 1000 girls aged 15 to 19 give birth each year. Of teenage mothers, 80% report that their pregnancy was unintended, and nearly one third resorts to abortion.[14] The Legislative Assembly approved the Prevention and Remedial Measures for Adolescent Pregnancy Bill in February 2016 with provisions on sex education in schools and access to quality care among its 23 sections.[15]

2.2.9 Access to drinking water and basic sanitation

MDG targets for access to drinking water and basic sanitation were achieved, although authorities acknowledge that the goal to improve drinking water quality, for which there are significant urban-rural disparities, will not be achieved.[16]

There are other public health issues where Thailand is performing less well than other countries of equivalent levels of economic and social development. These are part of the unfinished public agenda for Thailand: preventing iodine deficiency through universal salt iodization, and improving environmental and occupational health.

2.3 Health System Response

Thailand has shown impressive achievements in the health sector; these are reflected in dramatic improvements in basic health indicators over the last 25 years. Thailand has a vibrant primary health care, innovative health system development and a progressive health promotion programme leveraging alcohol and tobacco tax to finance health promotion activities.[17] A detailed description of Thailand's health system is available.[18]

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13 World Health Organization. Maternal Mortality in 1990-2015. Geneva, 2015. http://www.who.int/gho/maternal_health/countries/tha.pdf - accessed 12 May 2017.
14 Management of Thailand's Family Planning Service System Research Project, The Department of Health, Ministry of Public Health, 2013.
15 The Asian Forum of Parliamentarians on Population and Development. Thailand's national legislative assembly approves prevention and remedial measures for adolescent pregnancy bill. Bangkok: The Asian Forum of Parliamentarians on Population and Development, 2016.
16 Ministry of Public Health, Thailand. 3rd Millennium Development Goals Report on Health 2015. Bangkok, 2015.
17 Idem.
18 Asia Pacific Observatory on Health Systems. The Kingdom of Thailand health system review; Health Systems in Transition, Vol. 5 No. 5. Manila, 2015.

Table 1: Selected population and health indicators

Indicators	1990	2000	Latest available statistics
Total population (x 1000)	54548	62056	67959 (2015)
Population < 15 years (%)			17.7 (2016)
Population > 60 years (%)	7.4	9.2	16.5 (2016)
Population in urban areas (%)	19	35	48 (2016)
Life expectancy Female Life expectancy Male	68.8 63.5	75 70	78.6 (2016) 71.8 (2016)
Fertility rate (births per woman)	2.14	1.82	1.6 (2016)
Contraceptive prevalence rate (%)			79.3 (2012)
Infant mortality /1000 live births	35	25	6.4 (2013)
Maternal mortality /100000 live births		44.5 (2003)	31.8 (2010)
Deliveries attended by health staff (%)	90.8		99.6 (2012)
Total health expenditure (THE) as proportion of GDP	3.5% (1994)	3.4%	6.5% (2014)
Public expenditure as a proportion of THE	45% (1994)	56%	86% (2014)
THE per capita (USD)	86 (1994)	67	256 (2012)

Source: World Bank Data Bank 2016; WHO Country Cooperation Strategy. Thailand 2012–2016; Global Health Observatory: Country statistics and global health estimates by WHO and UN partners January 2015; Institute of Population And Social Research, Mahidol University; National Statistical Office; Survey of Children and Women Situation in Thailand 2012 (MICS); Bureau of Policy and Strategy, Ministry of Public Health; Health Statistics (Registration data) 2013; Bureau of Policy and Strategy, Ministry of Public Health.

Universal health care (UHC) for Thai citizens, introduced in 2002, extended the scope of coverage to 18 million people who were uninsured and to a further 29 million who were previously covered by less comprehensive schemes.

A Migrant Health Insurance Scheme has also been added. Since UHC introduction, public expenditure on health steadily increased from 56% in 2000 to 86% in 2011, while out-of-pocket expenditures decreased from 27.2% to 12.4% of total health spending.[19] Significant challenges remain, however, including financing concerns and reducing disparities between the three coverage components within UHC (Universal Health Coverage Scheme, Civil Servant Medical Benefit Scheme and Social Health Insurance Scheme).[20]

19 Thai National Health Accounts Working Group, 2013.
20 Asia Pacific Observatory on Health Systems. The Kingdom of Thailand health system review; Health Systems in Transition, Vol. 5 No. 5. Manila, 2015.

Thailand was committed to the Millennium Development Goals (MDGs); most were achieved at the national level, although disparities remain subnationally. Thailand is strongly committed to the Sustainable Development Goals (SDGs), a universal call to action to end poverty, protect the planet and ensure that all people prosper and enjoy peace. The SDGs are broad and complex, with 17 goals and 169 targets. Many health-related targets are contained in Goal 3, Ensure Healthy Lives and Promote Well-Being for All at All Ages. However, all SDG goals contain one or more targets having a direct or indirect impact on health. Developing a coherent policy and action agenda for addressing the entirety of the SDGs is a challenge for the Royal Thai Government; and WHO's strategy must support government, Ministry of Public Health and partners (see Table 3). WHO will focus on areas where Thailand faces its greatest challenges and where WHO has comparative advantage to address SDG targets.

2.4 Cross-cutting Issues

2.4.1 Poverty and inequalities

Thailand's rapid economic growth has contributed to an overall decline in poverty over the past decades; however about 11% of the population (7.3 million people) remain under the poverty line (2527 baht, or US$ 70/person/month).[21] Inequality, as measured by the Gini coefficient, has decreased from 0.536 in 1992 to 0.465 in 2013; however, the richest 10% of the population accounted for 36% of total income in 2013, while the poorest 10%, only 1%. Certain groups are especially vulnerable: ethnic minorities, migrants, individuals living with HIV, people with disabilities, gender and sexual minorities, elderly, disadvantaged women and children. Data on these groups have been collected only sporadically.[22]

2.4.2 Gender equality

Thailand has taken significant strides towards gender equality.[23] From 2012 to 2015, the government allocated US$ 10 million per year to promoting gender equality, including for career development, creating jobs and generating income.

Women are significantly underrepresented in public decision-making roles even though the National Women's Development Plan (2012–2016) has set ambitious goals to address this issue. The percentage of women in Parliament had risen from 6% to 15% from 1995 to 2014, but has dropped to 6% under the current government.[24]

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21 World Bank. Thailand Overview. September 2016. www.worldbank.org/en/country/thailand/overview - accessed 12 May 2017.

22 United Nations Country Team in Thailand.

23 CEDAW/C/THA/Q/6-7, Committee on the Elimination of Discrimination against Women, Consideration of reports submitted by States parties under article 18 of the Convention on the Elimination of All Forms of Discrimination against Women, 25 November 2016.

24 World Bank. Proportion of seats held by women in national parliaments. http://data.worldbank.org/indicator/SG.GEN.PARL.ZS?locations=TH - accessed 12 May 2017.

2.4.3 Violence against women and gender-based violence

Violence against women is underreported. Although Thailand has passed several laws to protect women from domestic violence, many affected women do not know their rights, or the channels through which they can bring their cases.[25]

Thai law does not criminalize homosexuality but it does not explicitly ban discrimination on the grounds of sexual orientation and gender identity. Lesbian, gay, bisexual, transgender and intersex (LGBTI) people are somewhat protected under different laws and regulations. For example, the Labour Protection Act 2007 has also defined "rape" as an action perpetrated on people of all sexes. However, there are gaps in implementing and enforcing laws in this area, due to gender biases and the lack of understanding of gender, women's human rights and the laws themselves.[26]

An International Labour Organization (ILO) study found that LGBTI people are not fully accepted by Thai society due to persistent prejudices and lack of understanding about different sexual orientations and gender identities.[27] Many forms of gender-based harassment have been documented, from mild teasing to sexual violence, including physical assaults and rape.[28]

2.4.4 Human rights

Thailand has a long-standing commitment to promoting and protecting human rights. In 1948, it was one of the first Asian countries to endorse the Universal Declaration of Human Rights. Thailand is now party to 7 of the 9 core international human rights treaties and four optional protocols. Thailand has also ratified 15 international labour Conventions.[29] However, there are concerns that all international obligations are not being met.[30]

2.5 Development Partners' Environment

2.5.1 Partnership and development cooperation

Thailand is a regional hub for many development organizations. Thirty UN agencies and two development banks comprise the UN Country Team (UNCT). In the health

25 Thai Womens CSO Statement. Summary Report of Thai Women's Csos on Beijing +20 Review. Bangkok: United Nations Economic and Social Commission, 2015.
26 CEDAW/C/THA/Q/6-7, Committee on the Elimination of Discrimination against Women, Consideration of reports submitted by States parties under article 18 of the Convention on the Elimination of All Forms of Discrimination against Women, 25 November 2016.
27 Suriyasarn B. Gender identity and sexual orientation in Thailand: promoting rights, diversity and equality in the World of Work Project. Bangkok: International Labour Organization, 2014.
28 Department of Women's Affairs and Family Development. Report on the Status of Women B.E. 2558. Bangkok: Ministry of Social Development and Human Security, 2015.
29 International Labour Organization. Ratifications for Thailand. http://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:11200:0::NO::P11200_COUNTRY_ID:102843 - accessed 12 May 2017.
30 United Nations Country Team in Thailand.

sector, active UNCT members include WHO, UNICEF, UNAIDS and UNFPA. The work of other agencies also impacts health; however, because of the relative self-sufficiency of Thailand, many of these agencies are more active in surrounding South-East Asian countries.

WHO actively participated in preparing the United Nations Partnership Framework 2017–2021 (UNPAF).The UNPAF reflects the partnership between the UNCT and the Royal Thai Government, and provides a strategic framework to ensure that the country's vulnerability pockets are adequately addressed on the path to sustainable development. The UNPAF is in line with the 12th National Economic and Social Development Plan (NESDP) for 2017–2021 – Thailand's aspiration to achieve SDGs by 2030, and the country's international commitments and obligations. The UNPAF's major outcome is "By 2021, inclusive systems, structures and processes advance sustainable people-centred, equitable development for all people in Thailand".

2.5.2 Collaboration with the United Nations system at country level

Of the agencies active in health, UNICEF prioritizes child protection and nutrition, and also collaborates with WHO on immunization and control of iodine deficiency. The IOM and UNHCR have programmes serving migrants in border areas and use WHO guidelines. ILO has been active in Thailand including work on workers' rights and employment conditions, concentrating on legal and regulatory frameworks. FAO is active in Thailand and in the Region, and collaborates with WHO directly on control of antimicrobial resistance. UNEP is working with the government on health care, hazardous waste and pollution management.

Donors active in Thailand include the Global Fund for AIDS, TB and Malaria, the Rockefeller Foundation, the Gates Foundation, the Bloomberg Initiative and the Asian Development Bank.

Civil society is a strong force in Thailand and many civil society organizations both national and international are actively engaged in public health issues.

2.5.3 Thailand's contribution to the global health agenda

Thailand has a long history of leadership in international health. In the field of global health policy, the International Health Policy Programme (IHPP) is internationally recognized, with hundreds of widely cited publications in the international literature. In a recent development, the MoPH has collaborated with the Ministry of Foreign Affairs (MoFA) to formulate a National Global Health Strategy 2016–2020 (GHS) recently approved by the Cabinet and the National Health Assembly. The GHS contains five strategies:

(1) Fostering national and global health security

(2) Promoting Thailand's leading role in global health and shared responsibility with global community

(3) Promoting policy coherence between national and global health

(4) Strengthening the Thai health system to be fair and equitable

(5) Strengthening the capacity of individuals and institutions and improving the quality of information to support development of global health work.

2.6 Review of WHO's cooperation over the past CCS cycle

In planning the new CCS 2017–2021, the performance of the 2012–2016 CCS is of great interest because it was the first with a limited number of well-funded priority programmes. This was a significant departure from previous years, when a more diffuse collection of many smaller projects was undertaken, many without a clear programmatic base.

Several findings of the extensive final evaluation[31] of the 2012–2016 CCS were highly relevant. They are listed in Table 2 below, with corresponding actions designed to improve the CCS 2017–2021.

Table 2: CCS 2012–2016: Final evaluation findings and application to CCS 2017–2021

CCS 2012–2016 Final Evaluation Findings	Actions taken in CCS 2017–2021
"Multisectoral and multiagency work done by the subcommittees is a strong part of the CCS in several of the current programmes. This should continue and be fostered…" *"All parties involved need to recognise that partnerships beyond the Ministry of Public Health and even beyond the health sector are needed to tackle some of the more important and complex health issues…"* *"Health has many determinants outside the formal health sector. The potential benefits of multisectoral work almost certainly justify the added complexity…"*	These recommendations have been fully understood and accepted by the government; and diversity of participation of nongovernmental and nonheath sector bodies in programme policy, design, implementation and monitoring is a defining feature of the 2017–2021 CCS. In the Executive Committee, steering Committee and programme subcommittees, there are 75 participating bodies, half of them from either outside the MoPH, outside the health sector, or both (see Annex 3 'Agencies and Organizations Participating Directly in CCS Implementation').
"A clear development process for selecting the priority programmes for the next CCS should be defined and disseminated to all relevant parties…" *"The selection of lead agencies is particularly sensitive…"*	As described in Chapter 3, section 3.1, priority programmes and lead agencies for the 2017–2021 CCS were selected according to rigorous standards in an open and participatory process.

31 Sawat Ramaboot et al., "Final Evaluation of WHO Country Cooperation Strategy Thailand 2012–2016" (Bangkok: World Health Organization, 2016).

CCS 2012–2016 Final Evaluation Findings	Actions taken in CCS 2017–2021
"A lighter process for managing the CCS should be pursued…" *"The new method of working for the WHO CCS using subcommittees and lead agencies should be considered a partial success…"*	The governance structure for the 2017–2021 CCS is as simple as it can be recognizing the complexity of the issues being addressed and the diversity of partners. An important feature of the management design is the clear functions and responsibilities and reporting lines for the different layers of management, from the Executive Committee to the subcommittees managing priority programmes. See Chapter 4.

The review team concluded that the WHO CCS Thailand 2012–2016 was well aligned with the health priorities of the country. It was successful in orienting the resources of WHO towards priority programmes.

3

Setting the Strategic Agenda for WHO Cooperation

Key principles guiding WHO cooperation in countries and on which the CCS is based are:

- *Ownership* of the development process by the country
- *Alignment* with national priorities and strengthening national systems in support of the national health strategies/plans
- *Harmonization* with the work of sister UN agencies and other partners in the country for better aid effectiveness
- *Cooperation as a two-way process* that fosters Member States' contributions to the global health agenda.
- It is accepted that WHO work in the CCS 2017–2021 will catalyse broader national work in the CCS priority areas, and not be "the main fuel".[32] WHO, the Royal Thai Government and nongovernmental partners are united in a tripartite structure for implementation of the CCS. This CCS will assist the MoPH and partners to fully engage in the SDG agenda and through its selected priority programmes, achieve a select group of SDG targets. The CCS 2017–2021 priority programmes will promote the central pledge of SDGs that no one will be left behind and will contribute towards its goal of reducing inequality most notably through its Global Health Diplomacy, Migrant Health and Noncommunicable Diseases priority programmes.

3.1 How Was Prioritization Done?

Thailand's 2017–2021 Country Cooperation Strategy was developed in partnership between WHO and the Royal Thai Government. The process began in early 2016,

32 Global Health Diplomacy Sub-committee, "The Country Cooperation Strategy Global Health Diplomacy Program Subcommittee Meeting and Stakeholders' Consultation" (Bangkok: Ministry of Public Health, 2016).

and was highly participatory, multistakeholder (see Annex 3) and multisectoral. Main inputs for the process to select priorities were:

- 12th NESDP and 20–year strategic plan for Thailand
- WHO-Thailand Country Cooperation Strategy, 2012–2016
- UNPAF
- Multiple consultative meetings with partners
- SDGs
- WHO 12th General Programme of Work
- World Health Assembly and Regional Committee Resolutions
- SEARO Regional Director's Flagship Areas

Criteria were developed for selecting priority programmes, and included:

- Relevance to national priorities and policies
- Relevance to international development agenda and global health policies
- Impact on national public health and population
- Feasibility of the programmes (well-established programme management platform, risk management, infrastructure, manager, long-term sustainability)
- Unfinished CCS priorities
- Added value and comparative advantages of WHO and partners
- Most contributing partners are interested in it.

Stakeholders from inside and outside the MoPH met in working groups to prepare and submit concept notes providing background, context and justification for the proposed priority programmes. No single agency dominated the process. In total, 38 concept notes were reviewed.

Criteria were developed for selecting lead organizations for priority programmes. It was required that lead organizations for priority programmes have high social and intellectual capital (capacity), be a national health authority in the priority area as demonstrated by past achievements in relevant areas with domestic and international recognition, and provide a competent manager.

Priority programmes and lead organizations were selected in a structured process according to the above principles. Five priority programmes were ultimately selected from the 38 fully developed concept notes. Up to three focus areas within each priority programme were then identified. This process was led by multisectoral subcommittees for each programme.

3.2 Priority Programmes

Five priority programmes were selected for inclusion in the WHO CCS 2017–2021:

- Antimicrobial Resistance
- Global Health Diplomacy
- Migrant Health
- Noncommunicable Diseases
- Road Safety

3.2.1 Antimicrobial resistance

Situation assessment

The burden of AMR in Thailand has been estimated in 2010 to result in 3.24 million days of hospitalization and 38 481 deaths per annum, and to cost 0.6% of national GDP. The Thai National Strategic Plan on Antimicrobial Resistance (2017–2021), which aims to reduce morbidity, mortality and the economic impact of AMR, was finalized and endorsed by the Cabinet in late 2016. The plan sets targets for a 50% reduction in AMR morbidity; 20% and 30% reductions in antimicrobial use in human and animal respectively, and a 20% increase in public knowledge about AMR, including awareness of appropriate use of antimicrobials. The CCS programme aims to support execution of the plan, including arrangements for monitoring and evaluation, and to strengthen evidence-based implementation.

Antimicrobial Resistance	
Key issues	(1) Ensuring an integrated 'One Health' approach, including coordination within the human health sector, as well as with agriculture and environment sectors (2) Strengthening and integrating AMR surveillance and monitoring systems (3) Establishing and ensuring compliance with policies for the optimal use of antibiotics in and outside of health-care settings (4) Identifying and addressing knowledge gaps to guide AMR policies and programmes (5) Limited human resources
Focus areas	(1) Strengthen individual and institutional capacities (including capacity to generate evidence) for effective NSP-AMR implementation (2) Identify and disseminate evidence to relevant NSP-AMR implementing agencies for effective implementation (3) Strengthen existing M&E platforms and develop other essential implementation platforms where needed

CCS deliverables	(1) Quality-assured and representative laboratory and epidemiological surveillance for resistant organisms that is regularly shared with AMR stakeholders (2) Improved systems for monitoring antibiotic consumption in humans and animals, with effective dissemination of information to human and animal constituencies (3) Strengthened capacity for generation of evidence to inform AMR policy (4) Sustainable platforms for M&E of AMR programme implementation (5) Baseline, mid-term and final reports produced based on parameters defined by the AMR component of the WHO/ IHR 'Joint External Evaluation' tool
Impact	Thailand reduces AMR-related morbidity and mortality as per defined national targets
Lead agencies	Food and Drug Administration, International Health Policy Programme

WHO will contribute and add value by:

- Providing direct financial and technical input for programme implementation, including normative support, technical consultations and generation of evidence to inform policy
- Supporting governance of the AMR programme
- Facilitating engagement with AMR stakeholders, including FAO, other concerned UN agencies and NGOs.
- Supporting Thailand's work on AMR beyond its borders, including supporting the role of WHO Collaborating Centres on AMR in Thailand

3.2.2 Global health diplomacy

Situation assessment

To effectively manage the major challenges in global health that affect health of the population requires national capacities in both health system delivery and global health diplomacy (GHD). Therefore, the Ministry of Public Health and Ministry of Foreign Affairs issued a directive to have the national global health strategic framework (2016–2020) (GHS) approved by the Cabinet in 2016. The strategies aim to ensure health security for Thai people and to sustain and further strengthen global health capacity in Thailand. The GHD programme will generate evidence to guide effective implementation of the national GHS.

Global Health Diplomacy	
Key issues	(1) Lack of monitoring and evaluation systems for the GHS and important global health policies and international agreements (2) Lack of a comprehensive GH capacity development plan
Focus areas	(1) Development of a monitoring and evaluation system for important global health policies and international agreements (2) Evidence generated for policy and trade negotiations towards coherent trade and health policies (3) GH capacity development
CCS deliverables	(1) A situation analysis of the global health governance in Thailand (2) New GH governance mechanism and governing structures (3) Functional monitoring and evaluation system for important global health policies and international agreements (4) GH tools, guidelines, standard operating procedures for engaging in GH mechanisms
Impact	Coherent trade and health policies leading to improved health outcomes
Lead agencies	Bureau of International Health, Office of the Permanent Secretary

WHO will contribute and add value by:

- Providing direct financial and technical input for programme implementation, including normative support, technical consultations and experts
- Facilitating engagement with WHO, international organizations and other key GH players

International trade and health (GHD subprogramme)

Situation assessment

With the increase of regional and bilateral trade, the direction of trade agreements and policies has changed, and concern on the impact on health is increasing. The focus of international trade has shifted towards new trade issues such as intellectual property, government procurement, competitive laws, labour, environment and state-owned enterprises. The scope of trade is not only confined to export and import of goods and services but expanded to cover systems or situations that are related to trade such as access to technology/medicine and medicine pricing systems. Balancing international trade and health is now receiving higher attention at the global and national policy levels. For example, Sustainable Development Goal 3.b focuses on TRIPS flexibility to ensure access to affordable essential medicine; and at the country level, the Thailand Global Health Strategy includes international trade policy that balances trade and health benefits as one of the key issues of the Strategy. Apart from being a member

of a multilateral WTO trade agreement, Thailand has signed 12 regional and bilateral free trade agreements and is in the process of negotiation for another five agreements and interested in participating in the Transpacific Partnership (TPP). Optimizing the benefits from these trade agreements while minimizing health impact, even possibly with health benefits, are the main concerns.

International Trade and Health	
Key issues	(1) Ensuring inclusive and stronger collaboration for balanced trade policy where the health concerns are taken into account when developing trade policy trade; hence a need for trade and health policy coherence (2) Generating timely and concrete evidence to support the formulation of trade policy taking into account health aspects and concerns (3) Supporting the role of agencies such as MoPH in the International Economic Policy Committee, the International Trade Development Committee and for public education
CCS deliverables	(1) Concrete and timely evidence to support international trade policy decisions and preparedness (2) International trade and health information clearinghouse accessible by networks and general public (3) Strengthened capacities for knowledge generation and policy advocacy (4) Strong networks and collaboration with partners and stakeholders to enable better knowledge generation and participatory trade negation process where health is of concern
Impact	Evidence-based and participatory policy decisions and trade negotiation process towards coherent trade and health policies for positive health outcomes
Lead agencies	International Health Policy Programme, Office of the Permanent Secretary

WHO will contribute and add value by:

- Providing direct financial and technical inputs for programme implementation, including normative support, technical consultations and generation of evidence to inform policy
- Facilitating the sharing of experience from other countries and institutions
- Supporting the governance structure of the ITH programme
- Facilitating intercountry networking to support the work of ITH

3.2.3 Migrant health

Situation assessment

Thailand has an estimated 3-4 million migrants who are believed to contribute more than 6% of national GDP. In Thailand, the provision of health services to migrants can be viewed as building on the success of providing universal health coverage for the Thai population. Important drivers for this work include human rights and health security concerns, as well as the need to maintain a healthy workforce.

Migrant Health	
Key issues	(1) Linkage of health insurance eligibility to documentation status, with cumbersome administrative procedures, resulting in incomplete coverage and inadequate baseline data to inform policy (2) Multiple stakeholders with high requirement for coordination (3) Sociocultural barriers compounded by limited information on health seeking behaviour (4) Limited human resources for migrant health
Focus areas	(1) To identify and/or generate strategic information on border and migrant health to facilitate/advocate for evidence-based policy recommendations (2) Strengthen individual and institutional capacities, as well as domestic and international partnerships for border and migrant health (3) Further define and expand/improve access to health services for vulnerable border and migrant populations
CCS deliverables	(1) Timely strategic information is generated to guide policy decisions related to the health security of border and migrant populations (2) Clear administrative structure established to respond to the health needs of border and migrant population at national and subnational levels (3) Increased health and insurance coverage among migrant and vulnerable populations (4) Migrant friendly health services promoted
Impact	Improved health service delivery and health status of migrants in Thailand
Lead agencies	Health Systems Research Institute / Bureau of Policy and Strategy, Office of the Permanent Secretary

WHO will contribute and add value by:

- Providing direct financial and technical input for programme implementation, including normative support, technical consultations and generation of evidence to inform policy
- Supporting governance of the Migrant Health programme
- Facilitating engagement with Migrant Health stakeholders, including IOM, other concerned UN agencies, development partners, NGOs and CSOs
- Facilitating intercountry dialogue on migration and health, including through existing platforms such as the Mekong WHO Representatives Group and ASEAN

3.2.4 Prevention and control of noncommunicable diseases

Situation assessment

Noncommunicable diseases (NCDs)—mainly heart disease, stroke, cancer, diabetes and chronic lung disease—are the predominant killers in Thailand. NCDs share behavioural risk factors such as tobacco use, insufficient physical activity, harmful use of alcohol and unhealthy diet (excessive salt, sugar and saturated fat) as well as metabolic risk factors, namely raised blood pressure, overweight/obesity, raised cholesterol and raised blood sugar. NCD risk factors are common in the Thai population: one out of four Thai adults has high blood pressure; one out of 10 has raised blood sugar; 40% of adult males smoke; consumption of salt and sugar among Thais exceeds recommended limits; and rates of adult and childhood obesity have dramatically increased in the past decade. To combat NCDs and risk factors, Thailand has adopted nine national targets in line with the global targets.

Prevention and Control of Noncommunicable Diseases	
Key issues	(1) Suboptimal coordination within the health sector and limited cooperation from nonhealth sectors (2) Knowledge gaps for guiding policies and programmes (3) Limited human resource capacity to tackle NCDs (4) Fragmented surveillance and monitoring systems (5) Inadequate enforcement of existing policies (6) Missed opportunities to address NCDs effectively within health-care services
Focus areas	(1) Tobacco control (2) Early detection, prevention and control of cardiovascular disease (hypertension and diabetes) (3) Reduce childhood obesity

CCS deliverables	(1) NCD coordination mechanisms strengthened and streamlined (2) New knowledge generated, disseminated and used for policy development and programme improvement (3) Evidence and policy options for harmonized and a rational NCD surveillance system were provided and advocated
Impact	Thailand is on track to achieve the nine national and global NCD targets
Lead agencies	Thai Health Promotion Foundation / Department of Disease Control

WHO will contribute and add value by:

- Providing financial and technical support to implement CCS activities
- Providing normative support to achieve nine global NCD targets
- Facilitating coordination among multiple stakeholders and strengthening governance mechanisms in conjunction with UN partners
- Convening technical consultations for policy development and conducting policy advocacy to promote "health in all policies''
- Supporting evidence generation and dissemination to promote use evidence-based policy development
- Promoting Thai expertise to influence the global NCD movement

3.2.5 Road safety

Situation assessment

According to the Third Global Status Report on Road Safety, Thailand has the second highest road traffic fatality rate in the world. Vulnerable road users including motorcyclists, pedestrians and bicyclists comprise 83% of the fatality. While Thailand is a signatory to Decade of Action for Road Safety and has a national plan in place, the country has seen minimal decrease in road traffic mortalities, from 38.1 per 100 000 population in the Second Global Status Report on Road Safety (2013) to 36.2 in the Third report (2015).

Road Safety	
Key issues	(1) The responsibility to promote road safety lies with various agencies, resulting in fragmented management and suboptimal coordination. Some of the subcommittees based on the Five Risk Factors have met only sporadically since their inception (2) The national traffic injury data system was fragmented, with too many data sources for different purposes, resulting in questionable reliability of national reports (3) The Third Global Status Report also identified gaps in legislation and enforcement. For example, urban speed is too high at 80 km/h and seatbelt is not compulsory for rear seat passengers in the car (4) Enforcement overall is not high
Focus areas	(1) Strengthen road safety management and coordination (2) Improve national traffic data system (3) Improve legislation and enforcement
CCS deliverables	(1) Effective coordination and management through reorganization of the Road Safety Directing Centre into a robust government agency capable of leading road safety action in Thailand towards Vision Zero implementation (2) Excellence in road safety data integration with timely analytics supporting evidence based investments in road safety action. The quality of data will be improved to the degree that WHO will not need to estimate the fatality rate for the next Global Report on Road Safety in 2019 and will use data submitted by Thailand. (3) Road safety legislation meets international best practice for all risk factors and improves enforcement leading to improved behaviours, reduction in crashes and reduced fatalities
Impact	Reduced morbidity and mortality from road traffic injuries
Lead agencies	Thai Health Promotion Foundation / Khon Kaen Hospital

WHO will contribute and add value by:

- WHO will work with the national Road Safety Directing Centre to strengthen its capacity as the national coordinating body for road safety, in addition to catalyzing synergy among key nongovernmental road safety actors to facilitate complementary efforts
- WHO will continue to support the Bureau of Noncommunicable Diseases to improve the national integrated data system developed in the last phase

of the CCS, by improving the data integration manuals and training relevant staff responsible for reporting of traffic data, to ensure its implementation at both national and provincial levels

- Building on the progress made through the support from the Bloomberg Initiative for Global Road Safety, WHO will continue to support improvement of road safety legislation through the Working Group to Review Road Safety Legislation and the Legal Development Programme, which will be complemented by the Journalism Fellowship Programme component.

Validation of alignment of each focus area with NHPSP priorities, GPW outcomes, SDG national targets, UNPAF outcomes, and the Regional Director's Flagship Areas was then carried out, with results shown in Table 3.

Table 3: Validation matrix: CCS 2017–2021 focus areas with national health policies, strategies and plans (NHPSP), GPW, SDGs, UNPAF, RD's Flagship Areas

CCS Strategic Priorities (Priority Programmes)	CCS Focus Areas	NHPSP Priorities[33]	SDGs National Targets	GPW Outcomes	UNPAF Outcomes	RD's Flagship Areas
1. Antimicrobial Resistance	1.1 Strengthen individual and institutional capacities, (including capacity to generate evidence) for effective NSP-AMR implementation	2. To ensure a proactive health system to achieve quality of life for all age groups and effective disease and risk prevention	—	—	1. Collaborate at national and subnational levels to build systems, structures and processes that develop effective, inclusive and sustainable policy-making and implementation architecture	5. Combating Antimicrobial Resistance
	1.2 Identify and disseminate evidence to relevant NSP-AMR implementing agencies for effective implementation	2. To ensure a proactive health system to achieve quality of life for all age groups and effective disease and risk prevention	—	Increase access to, and rational use of safe and efficacious quality medicines and health technologies	1. Collaborate at national and subnational levels to build systems, structures and processes that develop effective, inclusive and sustainable policy-making and implementation architecture	5. Combating Antimicrobial Resistance

33 For National Policies, Strategies and Plans, validation is tested against two national policy documents: The 12th National Health Development Plan 2017–2021 (Annex 1), and the joint MoPH and MoFA Global Health Strategy.

CCS Strategic Priorities (Priority Programmes)	CCS Focus Areas	NHPSP Priorities[33]	SDGs National Targets	GPW Outcomes	UNPAF Outcomes	RD's Flagship Areas
	1.3 Strengthen existing M&E platforms and develop other essential implementation platforms where needed	2. To ensure a proactive health system to achieve quality of life for all age groups and effective disease and risk prevention	—	—	1. Collaborate at national and subnational levels to build systems, structures and processes that develop effective, inclusive and sustainable policy-making and implementation architecture	5. Combating Antimicrobial Resistance
2. Global Health Diplomacy	2.1 Effectively manage the major challenges in global health affecting health of the population	6. Promoting Thailand's leading role in GH and shared responsibility with global community (from Global Health Strategy)	—	Greater coherence in global health, with WHO taking the lead in enabling the many different actors to play an active and effective role in contributing to the health of all people	4. Collaborate at national and subnational levels to build systems, structures and processes that expand the methodical exchange of expertise and technology available regionally/ globally to support social, political and economic development	—

CCS Strategic Priorities (Priority Programmes)	CCS Focus Areas	NHPSP Priorities[33]	SDGs National Targets	GPW Outcomes	UNPAF Outcomes	RD's Flagship Areas
	2.2 Develop evidence-based policy and trade negotiation processes towards coherent trade and health policies for positive health outcomes	—	3.b Support the research and development of vaccines and medicines for the communicable and noncommunicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the fullest the provisions in the Agreement on Trade-Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all	Greater coherence in global health, with WHO enabling the different actors to take an active and effective role in contributing to the health of all people	—	—

CCS Strategic Priorities (Priority Programmes)	CCS Focus Areas	NHPSP Priorities[33]	SDGs National Targets	GPW Outcomes	UNPAF Outcomes	RD's Flagship Areas
3. Migrant Health	3.1 To identify and/or generate strategic information on border and migrant health to facilitate / advocate for evidence-based policy recommendations	—	16.9 Provide legal identity for all, including birth registration	All countries have properly functioning civil registration and vital statistics systems	1. Collaborate at national and subnational levels to build systems, structures and processes that develop effective, inclusive and sustainable policy-making and implementation architecture	—
	3.2 Strengthen individual and institutional capacities, as well as domestic and international partnerships for border and migrant health	3. Strengthen the capacity of services at all levels so that access is convenient and appropriate	—	—	3. Collaborate at national and subnational levels to build systems, structures and processes that develop effective, inclusive and sustainable policy-making and implementation architecture	—

CCS Strategic Priorities (Priority Programmes)	CCS Focus Areas	NHPSP Priorities[33]	SDGs National Targets	GPW Outcomes	UNPAF Outcomes	RD's Flagship Areas
	3.3 Further define and expand / improve access to health services for vulnerable border and migrant populations	3. Strengthen the capacity of services at all levels so that access is convenient and appropriate	3.8 Achieve universal health coverage	All countries have comprehensive national health policies, strategies and plans aimed at moving towards national health coverage		4. Universal health coverage
4. Noncommunicable Diseases	4.1 Tobacco control	1.5 Reduce mortality from NCDs (25% reduction from 2016)	3.a Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate	Increased access to interventions to prevent and manage noncommunicable diseases and their risk factors	—	2. Containing noncommunicable diseases
	4.2 Early detection, prevention and control of hypertension and diabetes	1.5 Reduce mortality from NCDs (25% reduction from 2016)	3.4 By 2030, reduce by one third premature mortality from noncommunicable diseases through prevention and treatment and promote mental health and well-being	Increased access to interventions to prevent and manage noncommunicable diseases and their risk factors	—	2. Containing noncommunicable diseases

CCS Strategic Priorities (Priority Programmes)	CCS Focus Areas	NHPSP Priorities[33]	SDGs National Targets	GPW Outcomes	UNPAF Outcomes	RD's Flagship Areas
	4.3 Reduce childhood obesity	1.5 Reduce mortality from NCDs (25% reduction from 2016)	3.4 By 2030, reduce by one third premature mortality from noncommunicable diseases through prevention and treatment and promote mental health and well-being	Increased access to interventions to prevent and manage noncommunicable diseases and their risk factors	—	2. Containing noncommunicable diseases
5 Road Safety	5.1 Strengthen road safety management and coordination	1.4 Mortality from traffic accidents (<16 persons / 100 000 population)	3.6 By 2020, halve the number of global deaths and injuries from road traffic accidents	Reduced risk factors for violence and injuries with a focus on road safety, child injuries, and violence against children, women and youth	1.1 Collaborate at national and subnational levels to build systems, structures and processes that develop effective, inclusive and sustainable policy-making and implementation architecture	—

CCS Strategic Priorities (Priority Programmes)	CCS Focus Areas	NHPSP Priorities[33]	SDGs National Targets	GPW Outcomes	UNPAF Outcomes	RD's Flagship Areas
	5.2 Improve national traffic data system	4.2 To improve the health service support system, health information system, financing system and medicine and health technology system	3.6 By 2020, halve the number of global deaths and injuries from road traffic accidents	Reduced risk factors for violence and injuries with a focus on road safety, child injuries, and violence against children, women and youth	1.1 Collaborate at national and subnational levels to build systems, structures and processes that develop effective, inclusive and sustainable policy-making and implementation architecture	—
	5.3 Improve legislation and enforcement	1.4 Mortality from traffic accidents (<16 persons / 100 000 population)	3.6 By 2020, halve the number of global deaths and injuries from road traffic accidents	Reduced risk factors for violence and injuries with a focus on road safety, child injuries, and violence against children, women and youth	1.1 Collaborate at national and subnational levels to build systems, structures and processes that develop effective, inclusive and sustainable policy-making and implementation architecture	—

While focusing on priority areas, WHO will continue to address other public health challenges. These include new or emerging issues, as well as those needing continued attention. These include:

- IHR implementation
- Health impact of climate change
- Environmental health (air quality, water quality, chemical safety including asbestos, lead, mercury and pesticide exposure)
- TB control
- Malaria elimination
- HIV prevention and care (including harm reduction)
- Reducing teenage pregnancy
- Preventing unsafe abortion

WHO will also continue its commitment to normative functions. This includes not only sharing of norms, standards and guidelines with government and key partners, but also supporting their application. More generally, this requires creating and sustaining an environment for the sharing and effective use of knowledge.

WHO will also continue its commitment to sharing and applying norms, standards and guidelines with government and key partners. More generally, this requires creating and sustaining an environment for the sharing and effective use of knowledge.

Thailand is active in the global health policy dialogue and contributes expertise and knowledge from its experience in health systems development to other countries and international agencies. It has developed significant capacity on health issues of international importance. It is active in the governing body forums of WHO and in global health partnerships. WHO will continue to support and enhance Thailand's involvement in international health activities.

4

Implementing the Strategic Agenda

The WHO Country Cooperation Strategy 2017–2021 builds on radical innovations introduced in the CCS 2012–2016. A limited number of priority programmes were selected and developed through intensive consultations with government partners. By focusing on a few key programme areas where WHO had a comparative advantage, the 2012–2016 cycle achieved greater coherence, efficiency and impact. This greatly simplifies implementation, monitoring and evaluation.

The diversity of partners involved in preparing the CCS 2017–2021 is illustrated in Annex 3.

On 3 November 2016, the MoPH issued an order establishing the CCS Executive Committee and appointing its members.[34] The Executive Committee is co-chaired by the Permanent Secretary, Ministry of Public Health and WHO Representative to Thailand, with members representing Directors-General of eight Departments of the MoPH and Secretary-Generals or Directors of 16 additional institutes and organizations affiliated with or in collaboration with MoPH (see Annexes 2 and 3). This wide participation at a policy level will support policy coherence and sustainability of priority CCS programmes.

The Executive Committee's responsibilities are defined as follows:

(1) To formulate policy directions under WHO-Royal Thai Government Collaborative Programmes and ensure alignment with and those of the Ministry of Public Health as well as the country's priority areas

(2) To approve programmes and budget and oversee programme implementation

(3) To identify other key national health issues or problems to guide development of additional programmes / activities

(4) To arrange for an independent evaluation of programme implementation

34 Ministry of Public Health, "Appointment of the Executive Committee of the WHO-Rtg Collaboration - Order of the Minsitry of Public Health No. 1926/2559 [Unofficial Translation]" (Bangkok: Ministry of Public Health Royal Thai Government, 2016).

(5) To report the meeting outcomes to the International Health Policy Committee that is chaired by the Ministry of Public Health

(6) To appoint subcommittees as appropriate

(7) To proceed with other matters as assigned.

The Executive Committee will also endorse and sign the CCS 2017–2021. Under the Executive Committee, a Steering Committee guides M&E of all plans and provides troubleshooting assistance. Chairs of programme substeering committees will also serve as members of the Steering Committee.

For each of the five priority programmes (and the ITH subprogramme), a programme substeering committee is established to supervise the priority programme manager and programme implementation. These committees have between 19 and 27 members drawn from many public-sector organizations with expertise in the work of the priority programme. The responsibilities of the subcommittees are as follows:

(1) To steer and make recommendations for the implementation of the priority programme

(2) To monitor progress and outputs/outcomes of the programme

(3) To give advice on programme improvement and programme efficiency enhancement

(4) To proceed with other matters as assigned by the Executive Committee

5

Monitoring and Evaluation

5.1 Participation in CCS 2017–2021 Monitoring and Evaluation

The Thailand CCS governance structure ensures active and continuous participation of all stakeholders in the monitoring and evaluation process.

5.2 Timing

Internal monitoring will be a continuous process as described in section 5.3.

Formal evaluations will be carried out at the mid-point and at the end of the programme cycle.

5.3 Evaluation Methodology[35,36]

5.3.1 Regular monitoring

Continuous monitoring is built into the governance of the CCS 2017–2021 (Chapter 4). This is real-time, continuous implementation monitoring at operational level by the five programme subcommittees. WHO is represented in all committees. Additional monitoring and troubleshooting is done by the steering committee. Because all subcommittee chairs are members of the steering committee, systemic problems occurring across all programmes can be identified and evaluated at this level. The steering committee reports to the Executive Committee, with WHO as co-chair (see Annex 2). Programme adjustments of a policy nature will be decided here.

Regular monitoring within the WHO Country Office will determine whether CCS priorities and strategic focus areas are reflected in the WHO biennium workplan and how priorities and strategies are being carried out, and will ensure that core staff

35 World Health Organization. WHO evaluation practice handbook. Geneva, 2013. http://apps.who.int/iris/bitstream/10665/96311/1/9789241548687_eng.pdf - accessed 12 May 2017.
36 Multilateral Organisation Performance Assessment Network MOPAN 3.0. http://www.mopanonline.org/genericpages/mopan30methodologydigestmanual.htm - - accessed 12 May 2017.

in the WCO have appropriate core competencies for delivering results in the focus areas. Regular monitoring is an early warning system to alert the WR to the need to refocus the biennium workplan and adjust as feasible country office staffing patterns or seek additional technical support through contracting mechanisms or from the RO or headquarters.

5.3.2 Mid-term evaluation

A mid-term evaluation will focus on progress and barriers at the level of focus areas. The findings will enable mid-course corrections if needed. An emergency or other major event in the country may require revising the CCS 2017–2021.

5.3.3 Final evaluation

A final evaluation will be done to assess relevance, effectiveness, efficiency and impact, using standard protocols. Achievement of SDG targets and other goals and targets linked to the CCS strategic agenda (see Table 3) will be measured. Critical successes and impediments will be identified, with recommendations made for the next CCS cycle.

The final evaluation will also determine the extent to which the CCS 2017–2021 strategic priorities were incorporated into or influenced the NHPSP and the United Nations Development Assistance Framework and affected the work in the country of other development partners towards achieving the SDGs.

Annex 1

12th National Health Development Plan 2017–2021

12th National Health Development Plan Committee, Ministry of Public Health

(Unofficial translation)

Executive Summary

Rationale

The 12th National Health Development Plan 2017–2021 is under the 12th National Economic and Social Development Plan. It is a 5-year plan which serves as a mechanism to facilitate the implementation of the 20–year National Health Strategy and the health strategies under the 12th National Economic and Social Development Plan.

Vision

Strong and unified health system to ensure a healthy population and the nation's stability, prosperity and sustainability

Mission

Strengthen, support and foster a multisectoral participation by the public sector, private sector, academics and civil society, in developing and governing Thailand's health system to be strong and responsive to the changing landscape

Goals

(1) People, communities, local administrations and networks have better knowledge on health, thereby leading to reduction in preventable mortality and morbidity

(2) Quality of life for all age groups with reduction in premature mortality

(3) Strengthen the capacity of services at all levels so that access is convenient and appropriate

(4) Appropriate number of health personnel to take care of people

(5) Efficient and effective health governance system

Overall goals and indicators

(1) Reduction in mortality from major diseases (liver cancer, coronary artery disease and cerebrovascular disease) by 5% from the average in 2014, 2015 and 2016

(2) Satisfaction of service users (at least 90%)

(3) Satisfaction of service providers (at least 90%)

(4) Health expenditure to GDP (not greater than 5%)

(5) Mechanism to ensure unified and sustainable health system

Table 4: Four health development strategies

Objective	Goals and Indicators	Measures and Plans
Strategy 1: Health promotion, disease prevention and consumer and environmental protection excellence (P3 excellence)		
1) To develop and enhance the capacity of Thais to ensure correct knowledge and attitude towards health, reduction in risk behaviour and participation in health system development and management 2)To ensure a proactive health system to achieve quality of life for all age groups and effective disease and risk prevention 3) To improve care for the elderly by fostering cooperation between families, communities and health facilities	1) Children with proper development w.r.t. age (> 85%) 2) Average IQ of children (> 100%) 3) Above average EQ of children (70%) 4) Mortality from traffic accidents (<16 persons / 100 000 population) 5) Reduce mortality from NCDs (25% reduction from 2016) 6) Healthy aging (ADL > 12) 7) Morbidity from health products and environment (5% reduction from 2016) 8) Health literacy (5% increase) 9) Thais' health behaviours (compared to 5th health survey) 9.1) Physical activity (5% increase) 9.2) Vegetable and fruit consumption (5% increase) 9.3) Alcohol and smoking prevalence (5% reduction)	1) Strengthen networks and partners 2) Develop the process to formulate policies and legislations according to Health in All Policy 3) Provide knowledge to induce behavioural change 4) Develop a system to deal with health determinants 5) Strengthen district health system 6) Strengthen consumer protection system 7) Improve primary care

Strategy 2: Foster fair treatment and reduce inequality (service excellence)		
1) To create and develop the primary care system with adequate number of family medicine teams 2) To enhance service delivery capacity of all levels of health facilities 3) To strengthen health system quality and competitiveness 4) To reduce inequality in medical and public health services	1) Coverage of primary care clusters with family medicine teams (100%) 2) Number of specialist centres in four key disciplines (cancer, heart, accident, paediatric) in all 12 health regions (one for each discipline in all regions) 3) Ratio of beds to population (public health security schemes) > 2:1000 and regional dispersion <10% difference 4) Waiting time for OPD (30% reduction from the average in 2014, 2015, 2016) 5) Out-of-health region referral rate (50% reduction)	1) Organize primary care clusters 2) Enhance service delivery capacity at all levels of health service 3) Develop collaboration with networks and partners 4) Develop a quality assurance and patient safety system 5) Develop a health technology assessment system (HTA) 6) Promote and support R&D
Strategy 3: Develop and create a mechanism to increase the efficiency in managing human resources for health (people excellence)		
1) To make appropriate plans for human resources for health in order to cater for local needs and the country's health plan 2) To integrate the production of human resources for health based on cooperation between producers and users 3) To build a mechanism to manage human resources for health along with an M&E system at all levels 4) To create a network of human resources for health, encompassing the public sector, private sector, local administrations and people	1) Ratio of human resources for health to population Physicians: 1:1800 Dentists: 1:6500 Pharmacists:1:3500 Nurses:1:400 2) Ratio of physicians to population (<20% difference between areas) 3) Capacity of human resources for health (top 5 in Asia) 4) Happiness of human resources for health (greater than 80%)	1) Develop a system and mechanism to drive management and integration 2) Expedite development of human resources for health 3) Develop a mechanism for communication for networks and partners for human resources for health

Strategy 4: Develop and strengthen health governance system (governance excellence)		
1) To ensure good governance and unity in the health system, thereby leading to system stability and sustainability 2) To improve the health service support system, health information system, financing system and medicine and health technology system	1) Proportion of health facilities that pass the Integrity and Transparency Assessment (>80%) 2) Utilization rate of health information system (for policy and application) 3) Number of health R&D that can be utilized (5% increase) 4) Ratio of medicine and health technology imports (stable)	1) Create a governance and knowledge management system 2) Support health R&D 3) Develop a national system for medicine, medical equipment and technology 4) Strengthen the mechanism and process for information management 5) Improve the UHC system 6) Create and develop a mechanism to handle national health financing

Annex 2

Membership of CCS 2017–2021 Executive Committee

1.	Permanent Secretary, Ministry of Public Health	Chairperson
2.	WHO Representative to Thailand	Co-Chairperson
3.	Deputy Permanent Secretary (on international affairs), Ministry of Public Health	Deputy Chairperson
4.	Suwit Wibulpolprasert, Senior Advisor, Officer of the Permanent Secretary	Committee
5.	Viroj Tangcharoensathien, Senior Advisor, Officer of the Permanent Secretary	Committee
6.	Director General, Department of Disease Control, or representative	Committee
7.	Director General, Department of Medical Services, or representative	Committee
8.	Director General, Department of Health, or representative	Committee
9.	Director General, Department of Mental Health, or representative	Committee
10.	Director General, Department of Medical Sciences, or representative	Committee
11.	Director General, Department for Development of Thai Traditional and Alternative Medicine, or representative	Committee
12.	Director General, Department of Health Services Support, or representative	Committee
13.	Secretary-General, Food and Drug Administration, or representative	Committee
14.	Inspector General, Health Region 2	Committee
15.	Pathom Sawanpanyalert, Medical Doctor (Advisor Level), Health Technical Office, Office of the Permanent Secretary	Committee

16.	Secretary-General, National Health Security Office, or representative	Committee
17.	Secretary-General, National Health Commission Office, or representative	Committee
18.	Secretary-General, National Institute for Emergency Medicine, or representative	Committee
19.	Manager, Thai Health Promotion Foundation, or representative	Committee
20.	Director, Health System Research Institute, or representative	Committee
21.	Director, Healthcare Accreditation Institute, or representative	Committee
22.	Director, Health Insurance System Research Office, or representative	Committee
23.	Secretary-General, Consortium of Thai Medical Schools, or representative	Committee
24.	Director, Praboromrajchanok Institute for Health Workforce Development	Committee
25.	Director, Bureau of Health Administration, Office of the Permanent Secretary	Committee
26.	Director, Bureau of Health Emergency Response, Office of the Permanent Secretary	Committee
27.	Director, Bureau of Policy and Strategy, Office of the Permanent Secretary	Committee and Secretary
28.	Director, Bureau of International Health, Office of the Permanent Secretary	Committee and Co-secretary
29.	Director, International Health Policy Programme, Office of the Permanent Secretary	Committee and Assistant Secretary
30.	Director, Health Intervention and Technology Assessment Program, Office of the Permanent Secretary	Committee and Co-assistant Secretary

Annex 3

Agencies and Organizations Participating Directly in CCS 2017–2021 Implementation[37]

	Ex Com	Noncommunicable Diseases	International Trade and Health	Global Health Diplomacy	Road Safety	Migrants' Health	Antimicrobial Resistance
Action on Smoking and Health Foundation		x					
Bureau of International Health				xx			
Bureau of International Organizations, Ministry of Foreign Affairs				x			
Centre for Alcohol Studies		x					
Community Pharmacy Association							x
Consortium of Thai Medical Schools	x						
Department for Development of Thai Traditional and Alternative Medicine, MoPH	x						
Department of Disease Control, MoPH	x	x			x	x	

37 'xx' indicates lead agency.

	Ex Com	Noncommunicable Diseases	International Trade and Health	Global Health Diplomacy	Road Safety	Migrants' Health	Antimicrobial Resistance
Department of Health, MoPH	x	x					
Department of Health Services Support, MoPH	x						
Department of Livestock, Ministry of Agriculture and Credit Cooperatives							x
Department of Medical Sciences, MoPH	x						x
Department of Medical Services, MoPH	x				x		x
Department of Mental Health, MoPH		x					
Drug System Monitoring Mechanism Development Centre, Chulalongkorn University			x				
Faculty of Economics, Chulalongkorn University			x				
Faculty of Medicine, Siriraj Hospital, Mahidol University							x
Faculty of Veterinary, Mahidol University							x
Food and Agriculture Organization							x
Food and Drug Administration, MoPH	x	x	x				xx
FTA Watch			x				

	Ex Com	Noncommunicable Diseases	International Trade and Health	Global Health Diplomacy	Road Safety	Migrants' Health	Antimicrobial Resistance
Global Fund Management Office, Department of Disease Control				x			
Health Insurance System Research Office	x						
Health Intervention and Technology Assessment Programme	x						
Health Policy and Management Office, Ramathibodi Hospital, Mahidol University		x		x	x		
Health System Research Institute	x					x	x
Healthcare Accreditation Institute	x						x
Institute for Population and Social Research, Mahidol University			x	x			
Institute of Research and Development for Health of Southern Thailand, Prince of Songkla University		x					
International Health Policy Programme	x	x	xx	xx			xx
Mae Ramad Hospital, Tak province						x	
Ministry of Commerce			x				
Ministry of Foreign Affairs			x				

	Ex Com	Noncommunicable Diseases	International Trade and Health	Global Health Diplomacy	Road Safety	Migrants' Health	Antimicrobial Resistance
Ministry of Interior						x	
Ministry of Labour						x	
Ministry of Social Development and Human Security						x	
Ministry of Transport					x		
National Commission on International Trade and Health Studies			x				
National Health Commission Office	x	x	x	x	x	x	
National Health Security Office	x	x		x		x	
National Institute for Emergency Medicine	x				x		
National Statistics Office, Ministry of Digital Economy and Society							x
Office of the Permanent Secretary	x	x	x	x	x	x	x
Praboromrajchanok Institute for Health Workforce Development	x						
Tak Provincial Medical Office						x	
Road Safety Group Thailand					x		
Road Traffic Accident Prevention Support Programme					x		

	Ex Com	Noncommunicable Diseases	International Trade and Health	Global Health Diplomacy	Road Safety	Migrants' Health	Antimicrobial Resistance
Social Security Office						x	
Stop Drink Network					x		
Strategic Plan on Management of Migrant Workers and Human Trafficking						x	
Thai Chamber of Commerce			x				
Thai General Insurance Association					x		
Thai Health Promotion Foundation	x	xx		x	xx	x	x
Thai Healthy Lifestyle Strategic Management Office		x					
Thai Low Salt Network		x					
Thai National Health Foundation		x					
Thailand Development Research Institute			x				
Thai-US CDC Collaboration				X			
Tobacco Control Research and Knowledge Management Centre		x					
Trauma and Critical Care Centre, Khon Kaen Hospital					xx		

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The fifth Country Cooperation Strategy (CCS) 2017–2021 is WHO's strategic vision for the organization's work with the Royal Thai Government and its partners. The CCS in Thailand represents a strategic, innovative and unique approach to partnership an approach where more than 60 stakeholders in health including the Ministry of Public Health, academia, civil society, other sectors and government autonomous health agencies all come together on a limited number of clear priorities based on evidence. In this CCS, WHO serves as a catalyst to broader collaboration across sectors maximizing WHO's social and intellectual capital.

This CCS focuses of the following five strategic priorities:

1. Antimicrobial Resistance
2. Global Health Diplomacy (including International Trade and Health)
3. Migrant Health
4. Noncommunicable Diseases
5. Road Safety

The WHO Country Office for Thailand through this CCS is committed to contribute to improving the health of all people living in Thailand by bringing together the Ministry of Public Health, other ministries and a wide spectrum of partners to discuss critical health priorities and stimulate high-value policy work, knowledge generation, advocacy and capacity-building.

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