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1 INTRODUCTION

Thailand is a middle-income country. Though the Asian crisis in 1997 arrested economic and social progress, this situation has now largely been overcome. Thailand is again experiencing economic and social growth. Improvements in health status contribute to this growth while, at the same time, the country faces new health challenges to its health system and its services. Donor funding has largely disappeared as Thailand has developed its technical and financial capacity in health.

National partnerships between RTG/MOPH, teaching and research institutions, foundations and civic society are flourishing in many areas. International partners with major engagements in health are relatively few, notably WHO, EU, and UNAIDS as well as a number of INGOs.

WHO has been assisting Thailand in many areas of health since the agency was established. In tune with the transition from a poor developing country to a middle-income country the RTG-WHO collaborative programme has changed. It has become focused and it addresses emerging health issues such as the health systems reform and the HIV/AIDS epidemic. In order to keep up with a society in transition and changing conditions, there is a need to regularly review and adjust the strategies for the RTG-WHO programme.

Thailand houses considerable individual and institutional capacity in health related areas. For this reason a considerable growth has occurred over the last decade in the supportive functions that WHO undertakes or facilitates in Thailand such as study tours, fellowships, group educational activities, consulting, collaborating centers and contracting of research projects.

However, there has not been a parallel strategic development of these areas compared to those of the RTG-WHO programme. Placement of fellows, organization of meetings, research contracting etc. takes place in ad-hoc or at-request manner and there is no strategic framework that combines all WHO's activities in Thailand. These activities are initiated from all levels of the organization: HQ, RO's and within the country.

A strategic framework, a new Country Cooperation Strategy (CCS), that ties together all WHO activities in a middle-income country like Thailand, would focus the work and would foster synergies and avoid duplications of efforts. If

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appropriate the CCS could serve as a model for WHO's role in other middle-income countries.

The existing CCS was formulated in 2000 and covers the period 2002-2005. In view of the changes and the visions outlined above, it was decided to conduct a review of the CCS that would provide directions for WHO's work in Thailand for 2004-2007.

2 NATIONAL HEALTH SITUATION

The health status of Thai people has improved greatly in the past three decades as judged by major indicators such as infant mortality rate, maternal mortality ratio and life expectancy.

Following the 1997 economic crisis there was a fall in per capita GDP and devaluation of the national currency, which in turn resulted in a negative economic growth in 1998. However, since 2000 the country's economic conditions have improved steadily. The economic growth rates for 2000, 2001 and 2002 have been reported at 4.6%, 1.8% and 4.5%, respectively. The Ministry of Public Health (MOPH) budget, which decreased by 5% to 12% in 1998-1999, has increased by 21.2% over the period 2000-2003.

The Ninth National Health Development Plan (2002-2006) has been adopted with the goal of "building healthy conditions for all Thai citizens" in a holistic manner in partnership with all sectors concerned. Universal coverage of the health care scheme was initiated in April 2001 and extended nationwide in October 2001.

2.1 Major Health Problems and Key Issues in Health

2.1.1 Health System Reform

Thailand aims to deliver essential health services oriented towards building health rather than treating ill health. Services provided should focus on ensuring equity, equality, efficiency, consumer protection and satisfaction. There are many new conditions leading to health systems reform, for example, the Constitution of 1997, stronger policies on decentralization, as well as laws to decentralize planning process of public basic services and human resources management to local authority units. These changes prompted the MOPH to take the necessary steps for reforming the total health system – including decentralization, health care reform, hospital autonomy, health financing reform, health insurance, quality assurance and community participation. The particular problem of health services for marginalized population groups such as hill tribes, internal migrants, undocumented aliens, and the urban poor requires special attention. Many of these groups have been severely neglected in the past.

The 1997 economic crisis stressed the need for internal health system reforms and resulted in a greatly reduced budget for the public health component of the

National Health Situation

“Thai aid fund”, Thailand’s external assistance programme. But since 1999, the levels of the programme budget have picked up considerably.

The Parliament passed the law on national health insurance in late 2002; the law aims to set up a National Health Insurance Fund and to develop policies and guidance for health insurance scheme implementation. According to the law, the National Health Insurance Office has been established as an autonomous agency, which will be governed by a Board chaired by the Minister of Public Health. The Office will be fully functioning once its governing Board and Secretary-General are appointed, planned for May 2003.

The MOPH has submitted the draft National Health Act to the Cabinet for review and endorsement and further submission to the Parliament for deliberation. This Act, if passed, will provide direction on national health reform for building people’s health. It is expected that the law will be enacted in late 2003 or early 2004. At present, the government is yet to establish a clear policy on hospital autonomy and decentralization, especially for the provincial health administration.

The health system reform effort initiated and implemented in Thailand over the past 5 years has received substantial international attention. International health cooperation is becoming more important for Thailand and is receiving higher priority. The experiences and lessons learned in Thailand should be shared with other institutions and countries.

2.1.2 Emerging and Re-emerging Diseases

In recent years, there have been remarkable changes in the context of Thailand’s health care, including aging of the population, changes in the disease pattern to one with an emphasis on chronic disorders, and diversification of people’s needs for medical care. However, some diseases, both communicable and non-communicable diseases, continue to pose major challenges to health development in Thailand. Some priority health problems requiring greater attention are as follows:

Malaria: After many years of steady decrease in malaria morbidity and mortality, the disease is reaching epidemic proportions in certain parts of the country, notably along the Thai-Myanmar international border. Nearly 80% of reported cases are detected at the border; multi-drug resistance is prevalent, and the constant population movement in that area seriously aggravates the problem.

Atypically for Thailand, increasing numbers of young children and women of child-bearing age are affected.

HIV/AIDS: The effects of behavioral changes have resulted in a decline of HIV/AIDS sero-prevalence in general population but also in a reduced STD (Sexually Transmitted Diseases) infection rate. However, the HIV prevalence rates among vulnerable groups derived from sentinel surveillance data are still as high as 12.3% among direct sex workers and 41.7% among intravenous drug users in 2002. This is considered to be one of the major challenges to Thailand's efforts to control the HIV/AIDS epidemic. Even though the prevention programme has continued to make steady gains, the HIV/AIDS burden, both in terms of social and health care costs, is increasing, especially as increasing numbers are becoming clinically ill. Thus, there is a need for more concerted effort on intervention, particularly as there are indications that the downward incidence trends may be reversing in some areas among certain population groups. Another major challenge is to expand the coverage of ARV treatment from current mother-to-child transmission to a broader section of AIDS patients.

Tuberculosis: After many years of declining incidence, TB is once again a serious problem, particularly as a co-infection with HIV/AIDS, and with the emergence of multiple-drug resistant strains of tuberculosis. Countrywide implementation of the Directly Observed Treatment, Short Course (DOTS) began in 1997 and it was expected that DOTS strategy would cover all districts by the end of the year 2001. At present, although all districts across the country have been implementing the strategy, only 86% of the population is actually covered. Efforts are being made to cover marginalized groups including the people with HIV/TB co-infection, residents living along the borders, the urban poor, and prisoners. Even though the tuberculosis control programme has made significant progress on DOTS management in the provincial areas, tuberculosis control in urban areas, particularly in Bangkok, needs strengthening. In addition, concerted efforts are needed to sustain the implementation of DOTS nationwide as well as to further improve the quality of the national tuberculosis control programme.

Non-communicable Diseases: With the increase in affluent middle class and sedentary-type work as well as the aging population, and changing life style, non-communicable diseases are on the rise. Coronary artery disease, cancers, diabetes mellitus and accidents and trauma have become major causes of morbidity and mortality in Thailand. In addition, mental health problems and

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substance abuse are also increasing and pose major challenges to health of the population. Therefore, health promotion and protection needs greater attention and concerted efforts to address both non-communicable and communicable diseases.

2.1.3 Tobacco Consumption Control

In Thailand, although anti-tobacco campaigns have not been able to reduce the number of smokers, the proportion of smokers dropped from 26.3% in 1991 to 20.5% in 1999. It is noteworthy that between 1993 and 1999, the proportion of male smokers dropped slightly from 43.2% to 38.9%, but that among females has remained virtually unchanged about 2.5%. Fiscal and taxation policy has become a key feature of the legislative framework in recent years. For example, Thailand earmarks 2% of tobacco and alcohol excise taxes for the Thai Health Promotion Foundation (ThaiHealth) which is used to support activities in advocacy for health promotion and to support sports and cultural events thus replacing advertising support previously provided by the tobacco industry. Policy towards public media includes discouraging advertisements that favour unhealthy lifestyles while encouraging advertisements that promote healthy ones. The total ban of tobacco advertising is a key example.

2.1.4 International Health Issues

There is increased interest in regional and bilateral collaborating mechanisms for international health. Recently Thailand has been actively involved in many new regional and bilateral health-related collaborative efforts, e.g., Roll Back Malaria (RBM), Greater Mekong Subregion projects such as Mekong Basin Disease Surveillance (MBDS), ASEAN subcommittee on health and nutrition, bilateral cooperation agreements with neighboring countries, and south-south collaboration.

There is an increase in concern over the health impact of globalization. Issues related to resource mobilization and allocation, vested interests in international trade, and TRIPS are affecting all developing countries including Thailand. To benefit and contribute most to those health-related collaborations and to cope with the increased level of international politics affecting health, Thailand sees an urgent need to strengthen the country's international health capacity, particularly in human resources.

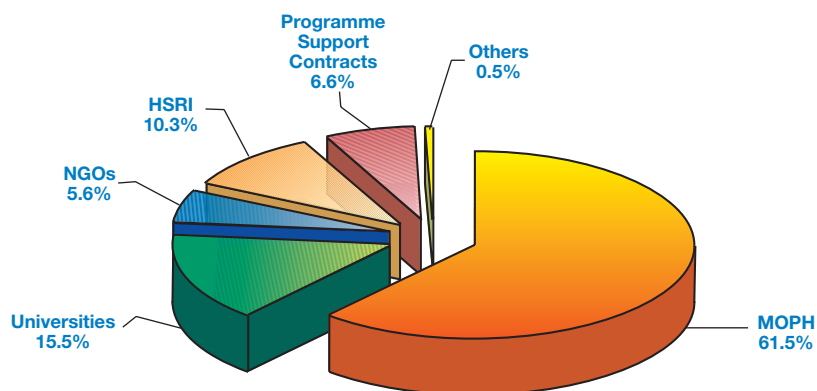
2.2 WHO partnerships for Health Development

2.2.1 Intersectoral Coordination

Although the WHO programme in Thailand is involved in broad collaboration, perhaps insufficient attention has been paid to sectors outside the formal health sector, which includes universities, research institutes and NGOs. Although there has been collaboration with agencies such as the Border Patrol Police in anti-malaria activities, more could be done in this regard. However, the WHO programme devotes a considerable amount of its resources to agencies outside the Ministry of Public Health. Examples include creating awareness and prevention of HIV/AIDS and continuum of care for people living with HIV/AIDS, access to basic health services through Social Security Scheme, healthy cities approach for health promotion and environmental health as well as occupational health. NGOs have also been very effective in tobacco control. The current health system reform movement in Thailand envisions strong civil actors as building blocks of a national healthy society, based upon lessons learned from many civil societies which have achieved better health for the people as well as self-sufficient economies.

Figure 1 shows the distribution of WHO's regular budget to various sectors.

**Figure 1: WHO Thailand Work Plans 2002-2003
Proportion of Contracts by Major Organization
as of 31 December 2002 (213 contracts)**



Source: PC Unit, WHO Thailand.

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2.2.2 Collaboration with Other International Organizations and Agencies

WHO has forged a stronger alliance with the Economic and Social Commission for Asia and the Pacific (ESCAP) in a number of health and development areas, most notably in efforts to implement recommendations of the report of the Commission on Macroeconomics and Health issued in 2001.

Joint efforts with the International Labor Organization (ILO) have taken place to review existing, and explore alternative, health insurance schemes under universal coverage.

Collaboration between WHO, MOPH and UNICEF has focused on maternal and child health, breastfeeding, child-friendly hospitals and schools programme, and the provision of vaccines for immunization, the latter in collaboration with Rotary International and the Centers for Disease Control and Prevention, USA.

UNAIDS and in particular the SEAPICT team is cooperating with WHO Thailand, jointly providing significant technical support to various MOPH units and NGOs. WHO Thailand also participates in the work of the Subregional Theme group on HIV/AIDS.

3 STRATEGIC AGENDA FOR WHO THAILAND

3.1 Purposes

During the review process a number of cross-cutting issues for WHO's role and its work appeared. It became evident that a shift in WHO main roles were needed, moving towards a stronger profile in advocacy, catalysation, knowledge management and monitoring and evaluation.

Some of these cross-cutting issues were seen as overriding principles that should direct the future work.

Two main purposes were identified as major aims for all areas of work:

- Equity promotion
- Capacity building

It is recognized that WHO has comparative advantages in addressing inequity issues and be a neutral advocate in the fight against poverty and in reducing the gap between the rich and the poor. It is feasible for WHO to introduce an equity criterion in its programming and in its advocacy activities. This would direct the work towards marginalised groups, address gender imbalances and focus on geographically disadvantaged areas. It will use Thailand's poverty alleviation plan in its programming and the MDG (Millennium Development Goals) for providing overall directions and a basis for monitoring.

While Thai capacity is well developed, there are technical areas, such as globalization, consumer protection and environmental health, where additional skilled human resources and institutional development are needed. It is also necessary to continuously upgrade knowledge to keep pace with global development.

Capacity building and institutional development is seen as essential components to strengthen technical cooperation among countries.

3.2 Strategies

Some cross-cutting functions provide the foundation for the basic strategies that WHO will adopt through this CCS.

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- Advocacy and catalyzing role – ranging from integrating policies and strategies for various national plans, to promoting the utilization of results from studies, to encouraging rational review of manpower needs/requirements at sub-national and national levels and the capacity to maintain leadership at these, and international levels (multi-partner opportunities with government and international agencies should be explored).
- Knowledge Management – sharing and dissemination of information for decision making and planning for effective interventions. Evidence-based approaches to 1) focus resources on diseases of importance and appropriate target groups and 2) moving research results into policy making in all areas with emphasis on health systems.
- Monitoring and Evaluation – cross-cutting multi-dimension including overall purposes (equity promotion and capacity building) as well as effectiveness of national activities and approaches in all areas of work – CD, NCD, monitoring rapid changes in health systems development and assessing overall movements and directions in this area. Burdens of Disease assessments are included in this area.
- Developing partnerships – in Thailand a partnership concept, rather than a development approach, should be pursued in line with the trend among other UN agencies notably UNDP. WHO will reach out to allies in Government, in civil society and with the UN family to involve more partners in its work in a proactive manner.

3.3 Areas of Work

In terms of technical areas of support, WHO will continue to focus on emerging diseases, differentiating between CD and NCD (including injury prevention and substance abuse), health promotion, health systems and border health. An additional area-of-work will be added as a high priority: Technical cooperation among countries (TCC).

The modalities of programming will gradually change towards a proactive approach where WHO Thailand will identify and plan for themes and products that WHO can advance. While the process of priority setting, project selection and monitoring has ensured a focused and efficient programme it has been less successful in proactively identifying and developing projects and programmes in need of WHO support.

The WHO Thailand programme of work focuses on 6 areas. These are presented in a matrix in Annex I.

3.3.1 Health Systems

The highest priority for WHO's work. It will include monitoring at national and subnational level of progress with the health system reform.

- Be the rational advocate and neutral observer for sound policies, promoting systematic debate and adjustment of health system performance and responsiveness.
- Linking global WHO initiatives and expertise with local movements.
- Monitoring and evaluation of rapid changes in health systems development; external monitoring; capacity building for national core stakeholders.
- Establishing national profiles, providing forum for discussions of policy implications of monitoring and assessments; encouraging evidence based approaches; sharing most recent developments from global initiatives/other country success stories; providing forum for presenting Thailand's experience to neighboring countries.
- Contributions to globalization issues: impact and opportunities for Thailand. Promoting intersectoral collaboration to explore cross-cutting potential implications of globalization policies.
- Follow up on the work of the CMH (Commission on Macroeconomics and Health).
- Health systems research will continue to be funded in a highly selective manner such as developing health system reform capacity.

3.3.2 CD Surveillance

Surveillance for infectious diseases remain key to effective disease control and there is a need to continuously develop this area with focus on emerging diseases and cross-border coordination.

- Advocacy for integrated policies and strategies for the national CD plan.
- Contextual analysis of national needs under decentralization, including existing skills base and requirements for capacity building.

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- Assistance with a coordinated CD surveillance system.
- Exploring intersectoral networking; supporting twinning arrangements among key units at various levels of the national system.
- Serving as broker with neighboring countries for bilateral and multi-country surveillance programmes.
- Develop capacity for monitoring and early response to emerging diseases.
- Assist with developing national disease profiles, evidence based systems, burden of disease assessments in context of effective monitoring of CD, and sharing such development experience in sub-regional cooperation.

3.3.3 Health Promotion and NCD Surveillance

Health promotion (HP) is critical for Thailand in its efforts to address life style changes associated with increase in NCD morbidity and mortality. Sound health promotion must be evidence based and there is therefore a need to develop a strong NCD surveillance system.

- Advocacy leading to change in policy using a multisectoral approach; introduce and explore best practice models for NCDs of importance to Thailand. Support burden of disease assessments and promote their use as tool for policy formulation.
- Assessment of effectiveness of health promotion activities in Thailand; evaluating impact of key HP initiatives and promoting positive results; exploring extent of and effectiveness of ThaiHealth initiatives as part of overall national HP agenda.
- Support and reinforce global HP initiatives in Thailand – technical collaboration with other countries for the exchange of lessons learned in the promotion/reinforcement of healthy lifestyles. Linking Thai activities to the global HP agenda.
- Technical support for such activities as capacity building, especially for mid-level staff and local administration organizations, based on changing needs due to decentralisation and building on existing skills base and requirements for capacity building, and for knowledge generation through research and linking research results to policy development.

3.3.4 Technical Cooperation among Countries

This is a new AOW (Area of Work) with a dedicated workplan. It will assist in strengthening Thai involvement in international health. The Greater Mekong Subregion (GMS) shares a range of characteristics and WR's in these countries will enhance the collaboration between the WHO programmes in GMS. There is currently no scope for a specific role for WHO Thailand in coordinating WHO activities in GMS.

This AOW is seen as the vehicle for the gradual development of a "One WHO" approach in aligning all WHO activities in the country and out-of-country. Initial areas of collaboration with global focus will include human reproduction and tropical disease research initiatives.

- Fellowships for IHPP (International Health Policy Programme) scholars and possibly fellowship in other priority areas.
- Capacity building and institutional development for international work for Thai experts and centers of expertise including WHO CC's.
- WHO will act as broker to establish partnerships and focus technical support with other countries.
- There will be cross-cutting linkages to all other AOW.
- Forums for networking and information sharing will be supported.
- It will emphasise the collaboration with neighbouring countries. If feasible long-term programmes for human resource development may be developed between some countries, notably Laos which share culture and language with Thailand.
- Activities and inputs from global, regional and country levels will be synchronized especially in terms of fellowship placement, institutional development, research focus, and collaborating center involvement.

It is anticipated that this area will grow in an incremental manner over the two biennia covered by this strategy.

3.3.5 Border Health

The Border Health Programme seeks to address the complex situation on the Thai/Myanmar border, through coordination, health assessments and technical

Strategic Agenda for WHO Thailand

assistance. A strong border health programme will help facilitate interaction between the multitude of players, increase awareness, promote more effective responses and ultimately result in reduced mortality and morbidity for a vulnerable population, as well as reducing public health risks for the entire population.

- More activity in formulating technical cooperation components. WHO is needed to help countries come together to tackle technical issues. For outbreak alert and response, more can be done on a bilateral basis.
- Greater coordination role in bringing partners (UN agencies, etc.) together. WHO could facilitate the role of NGOs in addressing needs of migrants.
- Through education, facilitation of coordination activities, support for new or improved services targeted at vulnerable populations, assistance in fund raising, identification of issues, and technical assistance, serve as an advocate for both the government and the population.
- Limit “border health” to the Thai/Myanmar border. This border is unique, given the conflict issues. It is preferable to place Laos and Cambodia within other programmes, such as TCC rather than within a border programme.

3.3.6 Roll Back Malaria

The Roll Back Malaria Mekong is a Bi-regional (SEAR-WPR) programme that is managed by WHO Thailand. It aims to address problems of malaria in Greater Mekong Sub-region which have unique features as follows:

- forest-related disease transmission that is complicated by high population mobility especially along the international borders;
- diversity of population ethnicity;
- political problems;
- epidemic potential;
- the most important issues of deteriorating multi-drug resistant *P. falciparum*;
- increasing problems of counterfeit/substandard antimalarial drugs.

To date, success in malaria control in GMS has been constrained by lack of funding and human resources, and further limited by fragmentation of effort, non-evidence based control strategies, insufficient community action, and lack of inter-agency partnerships. Therefore, RBM Mekong aims to reduce by half malaria burden over a period of 10 years (2001-2010) by scaling up actions to roll back malaria through strengthening of partnerships, coordination and pooling of available resources. The key strategies for malaria control to achieve the objectives of RBM Mekong are:

- improving access of targeted population to rapid diagnosis and appropriate treatment of malaria;
- increasing coverage of malaria prevention by insecticide treated mosquito net (ITN);
- development of communication strategy through effective IEC approaches;
- strengthening human resource for malaria control and prevention.

As RBM Mekong is based in WHO Thailand and coordinates between two WHO Regions, various partners, donors, institutes within and outside the GMS, its roles in coordination, information sharing and technical assistance should be promoted and should be an integral part of GMS health programme, with support from Thailand. However, the RBM Mekong will be continued for the next 2-4 years but should be reviewed within the next 2 years. No changes are foreseen in programme objectives, strategies and management over the next biennium.

3.4 Towards “One Programme” at Country Level

WHO Thailand has three functions: 1) support for the RTG-WHO collaborative programme and “non-programmatic” activities, 2) representative to ESCAP and 3) “a coordinating function for WHO activities in the Mekong countries”.

The programmatic functions – the RTG-WHO collaborative programme funded from Regular Budget and the RBM and Border Health Programme funded from Extra Budget – are elaborated in previous sections.

The non-programmatic functions are functions that to a large extent are outside the authority and control (no management responsibilities, no budget holding) of WHO Thailand.

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They comprise the following categories:

- Contracts. APW (Agreement for Performance of Work) and TSA (Technical Service Agreement). These are issued by SEARO and HQ, mainly for research and development. WHO Thailand typically only acts to facilitate payments to contracted partners based on instructions from RO or HQ. During the period 2000-2003 more than 100 contracts were handled with an approximate amount of more than 3 million US\$. The biggest contractors are HRP and TDR HQ. Some of these contracts are for institutional development, others for specific scientific studies.
- Consultants. Thai experts being recruited as consultants. WHO Thailand sometimes identifies these experts, sometimes only executes recruitment formalities. This is based on requests from RO's (especially SEARO and WPRO) or HQ, and occasionally from other country offices.
- Expert panel members. These are being identified in a consultative fashion between HQ, RO and WHO Thailand. Reappointment is presented to WR for comments. There is no systematic linkage to Collaborating Centres.
- Fellowships. More than 500 requests for fellowships and study tours were handled in 2001 and approximately 300 placed. The majority of fellows come from SEARO countries but a significant number come from WPRO countries especially in the Greater Mekong Subregion.
- Collaborating Centres (CC). Seventeen centres are currently designated, with an additional 15 Centres in the pipeline for redesignation or new designation.
- Group Educational Activities (meetings, seminars, workshops). WHO Thailand organizes between 20 and 40 major meetings per year for RO and HQ.
- Other services: Procurement for WPRO and SEARO and reference laboratory services, especially for polio specimens from other countries.

There is no existing strategic framework that combines all of WHO's activities in Thailand. These activities are initiated from all levels of the organization: HQ, RO's and within the country.

The new strategic agenda will gradually tie together all WHO activities in Thailand and will focus the work, foster synergies and avoid duplication of effort. It shall create one country programme ("ONE WHO") at the country level.

WHO CC's and centres of expertise will be identified in a proactive and systematic manner guided by WHO global and regional priorities. They will be the focus for capacity building and institutional development and active placement of fellows. Identification of consultants and experts will start at these centres.

A database on individual and institutional Thai expertise will provide the foundation for this strategy. It will be actively promoted outside Thailand and used internally in collaboration with MOPH and the Department of Technical and Economic Cooperation (DTEC), Ministry of Foreign Affairs. It will also provide the tool for recruitment of consultants for work in and outside the country and for identification of experts for WHO technical bodies.

WHO Thailand will seek to establish a systematic long-term coordination with projects undertaken by WHO special programmes such as HRP and TDR in research and development activities concentrating on institutional development and linking with the fellowship area and CC strengthening.

A one-programme approach to all these functions will be introduced in a phased manner under the umbrella of TCC. It will require strong support from RO and HQ to be successful. It will mean that all activities above should be incorporated in the planning and monitoring processes. There should be only one strategic budget for WHO's work in Thailand that will be detailed in biennial workplans, annual reports and regular evaluations.

3.5 Partnerships

WHO will continue to be actively engaged in the UN family (UNDP, UNAIDS, UNICEF and UNODC and others), and will participate in the implementation of UNDAF and monitoring of the progress towards the MDG.

WHO Thailand represents WHO at ESCAP. There is scope for additional engagement with the Commission, which has recently placed health as a high

Strategic Agenda for WHO Thailand

priority and has established a new department for Health and Development. It is active in the follow-up work of the CMH and this collaboration should be further expanded. Placing a full time coordinator at ESCAP must be pursued and the areas of collaboration expanded. Technical areas would include tobacco control, water and sanitation and possible selected surveillance activities.

WHO Thailand will likewise actively engage with other government bodies besides MOPH such as Department of Technical and Economic Cooperation (DTEC), Ministry of Foreign Affairs and the National Economic and Social Development Board (NESDB) and with civic society. It is anticipated that WHO funding for civil society will increase moderately.

WHO Thailand has a special role to play in regional and subregional activities due to Bangkok's position as a hub and the location of regional offices for both multilateral and bilateral (e.g. USAID, EU, SIDA) agencies. The office must be able to provide assistance for consultations and resource mobilisation with these agencies.

4 SUPPORTING AND IMPLEMENTING THE CCS IN THAILAND

4.1 Introduction

The strategy shift covered in Chapter 3 – from a mainly process oriented function of managing research support to a more pro-active advocacy and policy oriented function of advancing WHO's strategic agenda – will have implications on staffing, allocation of financial resources, information support and synchronization of technical support from the regional and global levels. The CCS review focused on the organization, management and structure of the WHO Thailand presence. It examined whether the available capacity was adequate to respond to the change in strategy and whether any modifications were necessary.

4.2 Staffing: Current and Future

The current staffing levels of WHO Thailand are displayed in the attached Organogram (Annex II). Basically, under the regular country budget mechanism WHO Thailand has been moving away from international staff focusing on specific technical issues, to a stronger cadre of National Professional Officers (NPOs). At present international staff include the WHO Representative and a management officer. NPOs cover areas involving programme coordination, monitoring and evaluation and HIV/AIDS. NPO Posts are being established to cover the areas of TCC and health systems. In addition, there are extra budgetary funded posts for border health coordination and Roll Back Malaria Mekong. An associate professional officer in health economics is seconded to the Faculty of Economics, Chulalongkorn University. A complement of general service support staff performs the administrative and financial functions of the office.

It is envisaged that in the process of moving from a process to an advocacy orientation, the functions and skill mix of some professional staff positions would have to be adjusted. The WHO Representative would continue to lead this process. A draft reorganization of staff function is presented in Annex III.

The existing management officer post should eventually take on a more defined purpose in ensuring that the administrative and financial programme support functions of the office are synchronized and supportive of the new directions of the country programme. The main focus here would be to ensure that the

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supportive functions, especially those involving other WHO office input (HQ and RO), are aligned with the strategic directions undertaken as part of the biennial workplans. This includes financial oversight and review of country programme activities and liaison with other development partners. The post also managing general services to complement and sustain technical cooperation among countries.

The NPO Programme post should take on more of a technical programme management, rather than programme coordination, function. At the same time, given the emphasis on surveillance as an area of concentration, both for communicable and non-communicable diseases, this position should serve as overall coordinator of this technical function.

The NPO Monitoring and Evaluation post should concentrate on those functions, by developing a monitoring plan and overall evaluation framework to coordinate with the reporting requirements of WHO. At the same time a reorientation toward planning should be gradually incorporated into this post, in order to benefit from the evaluative experience.

The NPO HIV/AIDS post should take on a wider role for overall communicable diseases, including support for emerging and re-emerging infectious diseases.

The NPO Technical Cooperation post should be established and take on supervisory responsibility for incoming fellowships and perhaps a programme assistant position focusing on information and/or database management functions.

The NPO Health Systems should also be established as soon as possible and take the lead in assessing the impact of both WHO's health systems input and the health systems reform movement in Thailand. This would necessitate close coordination with regional and headquarters' efforts in this area.

With this re-orientation of country office staff function, and in line with the WHO Country Focus Initiative (CFI), there will be a need to implement staff development opportunities to strengthen the core competencies and capabilities of the WHO country team. In order to re-equip the staff for new responsibilities, overall orientations at the global level, especially for NPO staff, should be provided along with periodic opportunities to update technical skills in the assigned area of responsibility. Additionally, training in programme management, negotiation skills,

and multi-sectoral coordination should be provided for all professional level staff. Team building, information technology, advanced writing and communication skills training should be provided to all levels of staff.

4.3 Finance

It is expected that the resource allocation for regular budget will continue at a slightly decreasing level. This, coupled with the new strategic focus for Thailand, necessitates a stronger and more coordinated approach to resource mobilization for extra budgetary funds. For the near future term it is expected the border health project will continue to mobilize external resources under the Border Health Coordinator. Likewise, the Roll Back Malaria Mekong Coordinator will continue to implement sub-regional activities with expected contributions from a variety of external sources. Efforts should be taken to mobilize additional external budgetary support for the technical cooperation among countries area of work. In order to enable the more effective functioning of the WHO Thailand programme, especially in the implementation of technical cooperation among countries activities, the Regional Office should consider a higher level of delegation of authority to meet the growing needs of the Organization at the country level in accordance with the CFI.

4.4 Information Support

The revised country strategy attempts to improve the management of knowledge, intelligence and information. This improvement focuses on making WHO information more useful *for* countries, internally having the right information *on* countries, and how the knowledge acquired at all levels can be applied to improve the effectiveness of the whole organization. The focus on ICT applications should go beyond the current use of administrative and financial information for internal management. The needs identified from the CCS should shape the ICT applications required. Requisite training should be provided for staff at all levels to realize this approach. Direction for the approach should come from the global level, with country level input into the design. Ultimately, information and intelligence in and around countries, and in WHO, should flow smoothly and be mutually supportive at all levels of the Organization.

4.5 Technical Support from Regional and Global Levels

Coherent programmatic and technical support from the Regions and HQ can foster collaboration at the country level through familiarity with the CCS for Thailand, sharing of expertise and connections with global networks, and assisting with building capacity of the country team in selected technical areas.

For example, the health promotion and non-communicable disease areas of work can be best supported by consultant and higher level organizational technical input. This input should come at the planning, implementation and assessment stages of the workplan activities. Additionally, consultant and WHO regional and global staff input would be called upon for specific technical inputs to country programme activities. Ideally, this would take place at the planning stages, in order to maximize efforts and to focus all levels of Organizational inputs toward the common country purpose. Again, this would be most readily observable in coordinating activities toward technical cooperation among countries.

THAILAND WHO COUNTRY COOPERATION STRATEGY – MATRIX

Identification of priority areas for WHO support					
Priority Health Areas	Issues	Challenges	Priority Areas for WHO Support	Partners additional to Ministry of Public Health 2004-2007	Anticipated Results from WHO Collaboration
1. Health Systems	<p>WHO can serve a crucial role in this process as neutral observer and rational advocate for sound policies, systematic debates and encouraging adjustments in health system performance and responsiveness.</p> <p>Globalization issues, such as trade in health services, food and drugs, need to be explored.</p> <p>Research in selected areas of health systems, with subsequent drive to move positive research results into practical policy and implementation</p>	<p>Evidence-based knowledge needs to be strengthened to impact on all areas of health systems reform.</p> <p>Recommendations to be made for cross-cutting implications of selected policies.</p> <p>Critical gaps in essential health systems research to be identified and addressed.</p>	<ul style="list-style-type: none"> Being the rational advocate and neutral observer for sound policies, promoting systematic debates for adjustments of health system performance and responsiveness. Linking global WHO initiatives and expertise with local movements. Monitoring and evaluation of rapid changes in health systems development; external monitoring; capacity building for national core stakeholders. Establishing national profiles, providing forum for discussion of policy 	<p>Health Systems Research Institute (HSRI)</p> <p>EU</p> <p>ILO</p>	<p>Health reform monitored and evaluated at national and sub-national level.</p> <p>Lessons learned shared with other countries.</p> <p>Public information and debates on health reform maintained.</p>

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Identification of priority areas for WHO support					
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	<p>considerations, is an area of strategic need.</p> <p>WHO as a whole can facilitate the application of lessons learned from Thailand with other countries in their health systems development initiatives.</p>		<p>implications of monitoring and assessments; encouraging evidence-based approaches; sharing most recent developments from global initiatives/other country success stories; providing forum for presenting Thailand's experience to neighboring countries.</p> <ul style="list-style-type: none"> Contributions to globalization issues: impact and opportunities for Thailand. Promoting intersectoral collaboration to explore cross-cutting potential implications of globalization policies. Follow up on the work of the CMH. Health systems research will continue to be funded in 		

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2. Emerging and Re-emerging Diseases	<p>Communicable diseases (CD) continue to pose a threat to the public health especially along international border areas, for diseases such as HIV/AIDS, TB and Malaria, due to influxes of cross-border migration.</p> <p>Health systems reform process changes the existing surveillance system especially due to decentralization.</p>	<p>A coordinated disease surveillance system and network to be strengthened, including capability for early detection, investigation and timely response to emerging diseases.</p> <p>National needs to be identified for disease surveillance and control under decentralization, including national and sub-national skill base and requirements for capacity building.</p>	<p>a highly selective manner such as developing Health System Reform capacity.</p> <ul style="list-style-type: none"> • Advocacy for integrated policies and strategies for the national CD plan. • Contextual analysis of national needs under decentralization, including existing skills base and requirements for capacity building. • Assistance with a coordinated CD surveillance system. • Exploring intersectoral networking; supporting twinning arrangements among key units at various levels of the national system. • Serving as broker with neighboring countries for 	Provincial health authorities.	Coordinated national surveillance system fully functional at central and provincial levels.

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3. Health Promotion (HP) and Non-communicable disease (NCD)	Non-communicable disease (NCD) morbidity and mortality is increasing in Thailand due to widespread changing lifestyles, which also impact on mental health and substance abuse	WHO must advocate for integrated national communicable disease intervention policies/strategies, using updated burden of disease data, and facilitate intersectoral networking nationally as well as networking with neighboring countries.	<p>bilateral and multi-country surveillance programmes.</p> <ul style="list-style-type: none"> Developing capacity for monitoring and early response to emerging diseases. Assistance with developing national disease profiles, evidence-based systems, burden of disease assessments in context of effective monitoring of CD, and sharing of such development experience in sub-regional cooperation. 	Thai Health Promotion Foundation (ThaiHealth), Consumer groups, Anti-tobacco NGOs.	Linkages to global and regional events maintained. National NCD

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Surveillance	<p>problems of the population.</p> <p>Contextual analyses of existing skill base and requirements for capacity building for NCD workers in decentralized settings need to be carried out.</p> <p>Strategies for prevention and control of NCDs necessitate appropriate health promotion initiatives.</p>	<p>prevention strategies.</p> <p>Knowledge generation of NCD best practices can be strengthened by research studies and linking research results to practical policy development.</p> <p>Assessments of the effectiveness and impact of health promotion activities in Thailand would lead to the development of more effective strategies.</p> <p>There is a need to link national health promotion activities such as in the areas</p>	<p>promotion of their use as tool for policy formulation.</p> <ul style="list-style-type: none"> Assessment of effectiveness of health promotion activities in Thailand; evaluating impact of key HP initiatives and promoting positive results; exploring extent of and effectiveness of ThaiHealth initiatives as part of overall national HP agenda. Global HP initiatives in Thailand to be supported and reinforced – technical collaboration with other countries for the exchange of lessons learned in the promotion/reinforcement of healthy lifestyles. Linking Thai activities to the global HP agenda. 		<p>surveillance established and fully functional.</p> <p>Regular assessments of HP impact.</p>

Identification of priority areas for WHO support					
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4. Technical Cooperation among Countries (TCC)	Technical cooperation will serve as the vehicle for focussing and aligning all levels of WHO activities in Thailand, as well as with other countries, specifically those in the Greater Mekong Subregion.	of diet, physical activity and tobacco control to the global health promotion agenda to maximize the benefit to Thailand and other countries.	<ul style="list-style-type: none"> Technical support for such activities as capacity building, especially for mid-level staff and local administration organizations, based on changing needs due to decentralisation and building on existing skill base and requirements for capacity building, and for knowledge generation through research and linking research results to policy development. 	Ministry of Foreign Affairs Various teaching institutions in Thailand Designated WHO CC's	Institutional development of WHO CC's and national centers of expertise. Utilization of Thai

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	In order to benefit best from operational linkages among WHO, government, NGOs, intergovernmental and international health partners, coordination and exchange of information needs to be further improved and reoriented in light of changing priorities.	Integrated collaboration, with activities and inputs from WHO global, regional and country levels, will be synchronized in terms of fellowship placement, institutional development, research focus and collaborating center involvement. The WHO programme management will be further developed and strengthened as a major input to both national and international health coordination.	<p>expertise including WHO Collaborating Centers (WHO CC's).</p> <ul style="list-style-type: none"> • WHO will act as broker to establish partnerships and focus technical support with other countries. • There will be cross-cutting linkages to all other Areas of Work (AOW). • Forums for networking and information sharing will be supported. • Collaboration with neighboring countries will be emphasized. If feasible long-term programmes for Human Resources Development may be developed with Laos which shares culture and language with Thailand. 		expertise beyond Thailand.

Identification of priority areas for WHO support					
Priority Health Areas	Issues	Challenges	Priority Areas for WHO Support	Partners additional to Ministry of Public Health 2004-2007	Anticipated Results from WHO Collaboration
5. Border Health	<p>Thailand hosts an estimated 1-2 million migrants due to internal conflict within neighboring countries and economic opportunities in Thailand.</p> <p>The mobility of the population, combined with access barriers, contributes to increased transmission of disease and increased morbidity and mortality.</p>	<p>The large number of unregistered migrants experience financial, security, cultural, language and geographic barriers in obtaining health services.</p> <p>Coordination with multiple players is necessary to develop an improved data collection system, as well as to</p>	<ul style="list-style-type: none"> Activities and inputs from WHO global, regional and country levels will be synchronized especially in terms of fellowship placement, institutional development, research focus, and collaborating center involvement. More activities in formulating technical cooperation components. WHO is needed to help countries come together to tackle technical issues. For outbreak alert and response, more can be done on a bilateral basis. Greater coordination role in bringing partners (UN agencies, etc.) together. WHO could facilitate the role of INGOs and NGOs in 	<p>IOM</p> <p>Government of Japan</p> <p>DFID (UK)</p> <p>Various INGO and NGO's</p>	<p>Coordination of all partners involved in border health.</p>

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		address identified health needs.	<p>addressing needs of migrants.</p> <ul style="list-style-type: none"> Through education, facilitation of coordination activities, support for new or improved services targeted at vulnerable populations, assistance in fund raising, identification of issues, and technical assistance, advocacy for both the government and the population. Limit "border health" to the Thai/Myanmar border. This border is unique, given the conflict issues. It is preferable to place Laos and Cambodia within other programs, such as Technical Cooperation among Countries (TCC) rather than within a border programme. 		

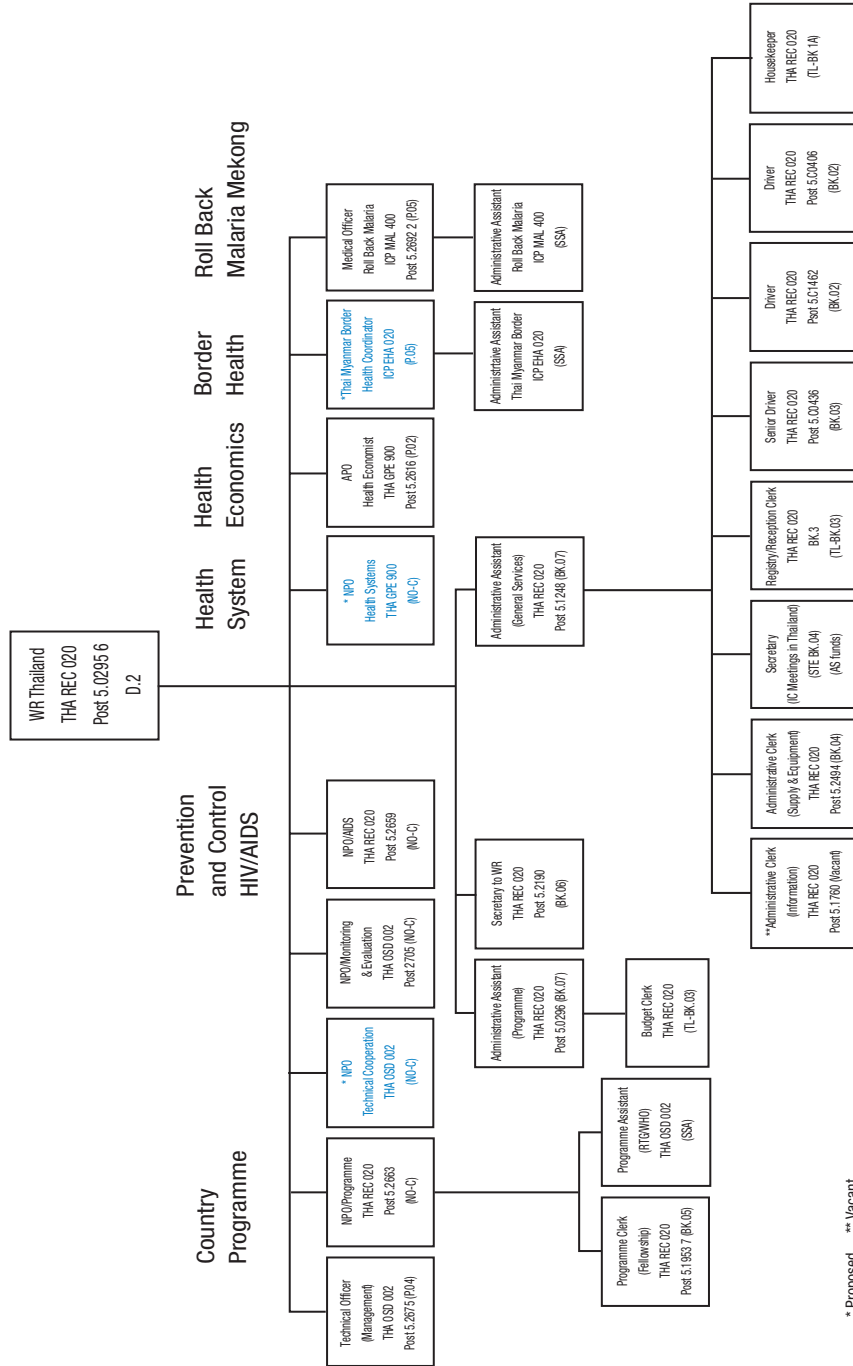
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Priority Health Areas	Issues	Challenges	Priority Areas for WHO Support	Partners additional to Ministry of Public Health 2004-2007	Anticipated Results from WHO Collaboration
6. Roll Back Malaria (RBM)	Unique features of malaria in the Mekong subregion are that transmission occurs in forested and foothill areas, complicated by population mobility, diversity of population ethnicity, environmental and political problems, deteriorating <i>P. falciparum</i> drug resistance and high epidemic potential.	Success in malaria control in the Mekong subregion has been constrained by lack of funding and human resources, and further limited by fragmentation of effort, control strategies not based on evidence, and insufficient focus on community-level action.	<ul style="list-style-type: none"> Improving access of population at risk to specific malaria diagnosis and appropriate treatment; assistance in establishment of national antimalarial drug policy, drug resistance monitoring, and drug quality assurance. Improving coverage of malaria prevention by Impregnated Mosquito Net (IMN) and development of communication strategy Improving surveillance, epidemic preparedness and response to malaria. Strengthening human resources for malaria control and prevention by using effective IEC approaches to reduce morbidity and mortality due 	MOPH in Myanmar, Cambodia, Laos, Vietnam, Thailand and China. ACT Malaria (Asian Collaboration on Training of Malaria).	Improved inter-country coordination of malaria control in Mekong subregion.

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			<p>to malaria in population at risk and Human Resource Development for Malaria Control.</p> <ul style="list-style-type: none"> • Strengthening coordination, monitoring and evaluation of RBM, especially in Mekong subregion by joint M&E and forming inter-country information system through networking. • Linkages with health system development in countries of the subregion. 		

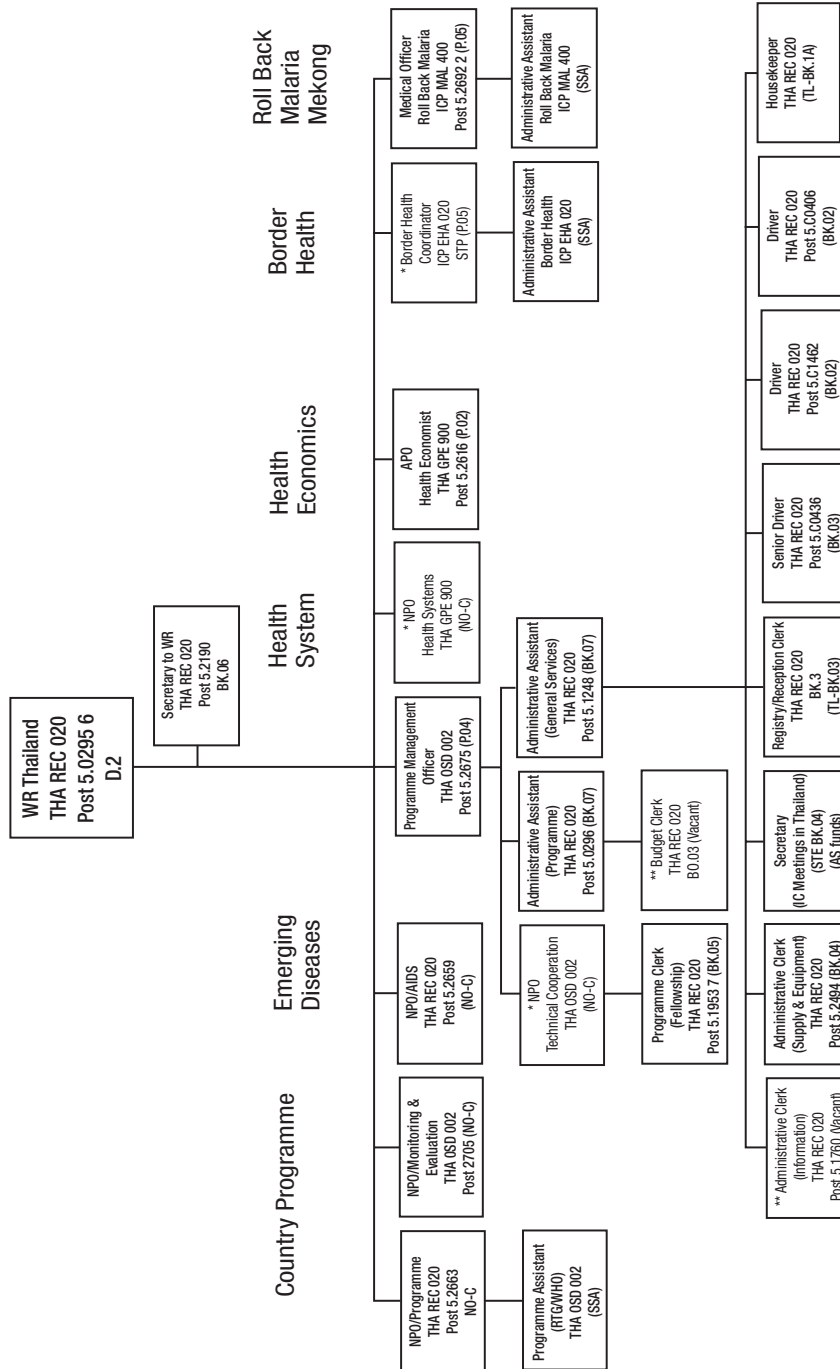
ANNEX II

**OFFICE OF THE WHO REPRESENTATIVE TO THAILAND
Current as of February 2003**



* Proposed
** Vacant

OFFICE OF THE WHO REPRESENTATIVE TO THAILAND
Proposed as of February 2003



* Proposed ** Vacant *** Vacant

ABBREVIATIONS

AOW	Area of Work
CC	(WHO) Collaborating Centre
CCS	Country Cooperation Strategy
CD	Communicable Disease
CFI	WHO Country Focus Initiative
DOTS	Directly Observed Treatment Short course (for Tuberculosis)
ESCAP	The Economic and Social Commission for Asia and the Pacific
GMS	Greater Mekong Subregion
HP	Health Promotion
HQ	WHO Headquarters
HRP	The Special Programme of Research, Development and Research Training in Human Reproduction
HSRI	Health Systems Research Institute, Thailand
ICT	Information and Communication Technology
IEC	Information, Education and Communication
INGOs	International NGOs
MOPH	Ministry of Public Health
NCD	Non-Communicable Disease
NGO	Non-Governmental Organization
NPO	National Professional Officer
RBM	Roll Back Malaria
RO	WHO Regional Office
RTG	Royal Thai Government
SEAPICT	UNAIDS South East Asia and Pacific Inter-Country Team
SEARO	WHO South-East Asia Regional Office
TCC	Technical Cooperation among Countries
TDR	The Special Programme for Research and Training in Tropical Diseases
ThaiHealth	Thai Health Promotion Foundation
TRIPS	The WTO's Agreement on Trade-Related Aspects of Intellectual Property Rights
WPRO	WHO Western Pacific Regional Office