Country Cooperation Strategy

HEALTH SITUATION

Over the past years, Thailand has seen a steady decrease in its mortality trends and an increase in per capita GDP. It has impressive achievements in economic and social development, with successful introduction of universal health care for Thai citizens in 2002. It has vibrant primary health care, innovative health system development and a progressive health promotion programme, leveraging alcohol and tobacco tax to finance health promotion. Quality and universal security for all Thais is a main goal of the 20-year National Public Health Policy. Health development planning has been aligned with the United Nations Sustainable Development Goals. Thailand was one of the first countries to ratify the Framework Convention on Tobacco Control (FCTC) and is also compliant with IHR 2005.

An estimated 2.4 million migrants live in Thailand. They have higher disease burden and remain more vulnerable to public health hazards. Many migrants work in the informal sector and most are not covered by UHC or social security schemes and new initiatives including the Migrant Insurance Scheme will improve the situation.

The major burden of mortality and morbidity in Thailand is noncommunicable diseases while there are still challenges regarding communicable diseases especially Artemisinin resistant malaria as well as TB and road traffic accidents.

HEALTH POLICIES AND SYSTEMS

The National Economic and Social Development Plan and the 20-year National Public Health Policy guide health planning and implementation and are compatible with the United Nations Sustainable Development Goals.

There are still challenges in efforts to strengthen disease prevention and health promotion, ensure adequate and high quality primary care, address some allocative inefficiency, and extend health care to migrants. Antimicrobial resistance, migrant health, noncommunicable diseases, and road safety will receive priority attention in the Country Cooperation Strategy 2016-2021. Other health challenges being addressed are health impact of climate change, environmental health (air quality, chemical safety including asbestos, lead, mercury and pesticide exposure), TB control, malaria control (including containment of artemisinin resistant malaria), HIV prevention and care (including harm reduction), teenage pregnancy and preventing unsafe abortions.

COOPERATION FOR HEALTH

The 2017-2021 Country Cooperation Strategy will be implemented by the Ministry of Public Health of the Royal Thai Government, national collaborating bodies and the World Health Organization.

A multi-layered participatory Country Cooperation Strategy governance structure, together with a focus on priority areas, will ensure coherence and cost effectiveness. Over seventy organizations, governmental and non-governmental, 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.

The CCS is aligned with national health policies, strategies and plans, the Sustainable Development Goals, the UN Partnership Assistance Framework (UNPAF), the WHO Programme of Work, and the SEARO Regional Director’s Flagship Areas.
### WHO COUNTRY COOPERATION STRATEGIC AGENDA (2017–2021)

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<th>Strategic Priorities</th>
<th>Main Focus Areas for Cooperation</th>
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| **STRATEGIC PRIORITY 1:** Antimicrobial resistance (AMR) | • Strengthen individual and institutional capacities to generate evidence for effective National Strategic Plan implementation.  
• Disseminate evidence to relevant AMR implementing agencies.  
• Strengthen existing monitoring and evaluation platforms |
| **STRATEGIC PRIORITY 2:** Global Health Diplomacy (including International Trade and Health) | • Promote policy coherence and integration of global health initiatives across sectors.  
• Develop evidence-based policy and trade negotiation processes towards coherent trade and health policies for positive health outcomes. |
| **STRATEGIC PRIORITY 3:** Migrant Health | • Generate strategic information on migrant health for evidence-based policy changes.  
• Strengthen individual and institutional capacities, as well as domestic and international partnerships.  
• Improve access to health services for vulnerable border and migrant populations. |
| **STRATEGIC PRIORITY 4:** Noncommunicable Diseases | • Strengthen tobacco control.  
• Improve early detection, prevention and control of hypertension and diabetes  
• Reduce childhood obesity |
| **STRATEGIC PRIORITY 5:** Road Safety | • Strengthen road safety management and coordination.  
• Improve national traffic data systems.  
• Improve road safety legislation and enforcement. |