Thailand
Ministry of Public Health
National Health Security Office

Thailand

The Partnership Project for Global Health and Universal Health Coverage (GLO+UHC)

Project Completion Report

June 2020

Japan International Cooperation Agency (JICA)

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ABBREVIATION INDEX

Abbreviation	Explanation
AAAH	Asia Pacific Action Alliance on Human Resources for Health
AIDS	Acquired Immune Deficiency Syndrome
ANHER	Asia-Pacific Network Health Professional Education Reform
ANHPERF	Annual National Health Professional Education Reform Forum
ASEAN	Association of Southeast Asian Nations
BIH	Bureau of International Health, Ministry of Public Health
CapUHC	Capacity Building Program on Universal Health Coverage
CHEM	Centre for Health Equity Monitoring
CLMV	Cambodia, Laos, Myanmar, and Vietnam
CPIRD	The Collaborative Project to Increase Production of Rural Doctors
CSMBS	Civil Servant Medical Benefit Scheme
DRG	Diagnosis Related Group
GH	Global Health
GHD	Global Health Diplomacy
GLO+UHC	The Partnership Project for Global Health and Universal Health Coverage
GOJ	Government of Japan
GRIPS	National Graduate Institute for Policy Studies
HAI	The Healthcare Accreditation Institute
HITAP	Health Intervention and Technology Assessment Program
HRD	Human Resource Development
HRH	Human Resources for Health
HSRI (HISRO)	Health Systems Research Institute (Health Insurance System Research Office)
HTA	Health Technology Assessment
iGHP	Institute for Global Health Policy Research
IHEP	Institute for Health Economics and Policy
IHPP	International Health Policy Program

ILO	International Labour Organization
IPD	Inpatient Department
IPE	Inter-Professional Education
ISSA	International Social Security Association
ITH	International Trade and Health
JCC	Joint Coordination Committee
JICA	Japan International Cooperation Agency
JPMT	Joint Project Management Team
KCCP	Knowledge Co-Creation Program
M&E	Monitoring and Evaluation
MCH	Maternal and Child Health
MHLW	Ministry of Health, Labour and Welfare of Japan
MOPH	Ministry of Public Health
MPH	Master of Public Health
MUGH	Mahidol University Global Health
NCCHD	National Center for Child Health and Development
NCDs	Non-Communicable Diseases
NCGM	National Center for Global Health and Medicine
NHCO	National Health Commission Office
NHSO	National Health Security Office
NIPH	National Institute of Public Health
OPD	Outpatient Department
PDM	Project Design Matrix
PHC	Primary Health Care
PMAC	Prince Mahidol Award Conference
PMU	Project Management Unit
PS, MOPH	Permanent Secretary, Ministry of Public Health
SEA	South East Asia
SDGs	Sustainable Development Goals
SG, NHSO	Secretary General, National Health Security Office
SPRI	Strategic Policy Research and Innovation Program

SSS	Social Security Scheme
S-TOP	Project on Seamless Health and Social Services Provision for Elderly Persons
TB	Tuberculosis
TICA	Thailand International Cooperation Agency
U4C	Universal Health Coverage for Children and Mothers
UCEF	Universal Coverage for Emergency Patients
UCS	Universal Coverage Scheme
UHC	Universal Health Coverage
UNFPA	United Nations Population Fund (formerly the United Nations Fund for Population Activities)
UNGA	United Nation General Assembly
UNICEF/EAPRO	The United Nations Children's Fund East Asia and Pacific Regional Office
WB	World Bank
WHA	World Health Assembly
WHO	World Health Organization
WHO/EMRO	World Health Organization Regional Office for the Eastern Mediterranean
WHO/SEARO	World Health Organization, South-East Asia Regional Office
WHO/WPRO	World Health Organization Western Pacific Regional Office
WS	Workshop
WTs	Working Teams

Project Completion Report

I. Basic Information of the Project

1. Country

Thailand

2. Title of the Project

The Partnership Project for Global Health and Universal Health Coverage

(hereinafter referred to as "Project")

3. Duration of the Project (Planned and Actual)

The actual duration of Project is four (4) years, starting from 14th July 2016 to 13th July 2020 as originally planned

4. Background

In 2001, Thailand initially launched the Universal Coverage Scheme (UCS), targeting the population that had not been insured by the Civil Servant Medical Benefit Scheme (CSMBS) and the Social Security Scheme (SSS). This significant health reform enabled 99.5 percent of the population of Thailand to be covered by one of these three main public health schemes which made Thailand achieved Universal Health Coverage (UHC) since 2001.

Evidence demonstrates Thai UHC was pro-poor policy with significant performance of increased access to health services and protecting households' catastrophic and impoverishment from health expenditures.[1] Although with significant achievement, many challenges still remains for better improvement such as 1) financial sustainability of Thai UHC in the context of increasing healthcare costs, 2) different service coverages and purchasing mechanisms among the 3 main public health schemes, and 3) the impact of the rapidly aging population on the health systems.

Under these circumstances, the Project was officially requested to the Government of Japan from the Government of Thailand whereby groups of Thai officials and personnel participated in trainings, organized by JICA, in Japan in 2013 and 2014. Japan's experiences on how to manage social

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[1] Tangcharoensathien V, Witthayapipopsakul W, Panichkriangkrai W, Patcharanarumol W, Mills A. Health systems development in Thailand: a solid platform for successful implementation of universal health coverage. Lancet. 2018;391(10126):1205-1223.

health insurance and health systems through the medical fee schedule and the roles of both central and local governments in the financial management of the health insurance were shared to Thai participants.

In addition, Japan and Thailand have worked extensively on global health issues, both at regional and international levels. Thailand has been known worldwide for achieving Universal Health Coverage (UHC) ahead of other low-middle income countries. Through its rich experiences, in recent years, Thailand has actively assisted other developing countries in working towards UHC. Thailand also played a key role as chairperson and secretariat for ASEAN Plus Three UHC network, which was established in 2014 to promote UHC in the region.

With the good collaboration between Japan and Thailand in many other issues such as long term care and Prince Mahidol Award Conference (PMAC), Japan and Thailand agreed together to expand their collaboration to the field of UHC and Global Health. Thus, the Government of Japan and Thailand jointly agreed to work together on a technical cooperation project based on the concept of partnership.

5. Overall Goal and Project Purpose (from Record of Discussions(R/D))

5.1 Overall Goal

Access to health services and financial risk protection are improved in Thailand and participating countries.

5.2 Project Purpose

Implementation of UHC* in Thailand and participating countries is improved.

* Implementation of UHC refers to activities to strengthen health system components to support UHC.

6. Implementing Agency

Japan side: Japan International Cooperation Agency (JICA)

Thai side: Ministry of Public Health (MOPH) and National Health Security Office (NHSO)

II. Results of the Project

1. Results of the Project

1-1 Input by the Japanese side

　　1)　Amount of input by the Japanese side

At the end of the Project, a total of 247 million JPY was spent by Japan side.

2) Dispatch of the JICA experts

Long-term experts: 6 long-term experts were dispatched as shown in Annex 1-1-1

Short-term experts: 31 short-term experts were dispatched as shown in Annex 1-1-2

3) Training course in Japan

20 training courses were conducted in Japan. The summary of Training Courses is attached in Annex 1-1-3

4) In-country/ Third country training

72 workshops were conducted. Summaries of Workshops are attached in Annex 1-1-4 and Annex 1-1-5

5) Overseas activities cost

Estimated grand total at the end of the Project is 7,192,000 THB.

1-2 Input by the Thai side

1) Allocation of personnel

The list of the counterpart is attached in Annex 1-2.

2) Provision of project office facilities, equipment and materials
Project office space including desks and cabinets, electricity and internet connection has been provided at three offices at;

    a. NHSO

    b. the Global Health Division, MOPH, and

    c. the International Health Policy Program (IHPP), MOPH

3) Local Costs

At the end of the Project, a total of 3,056,924 THB* was supported by Thai side. (2,401,309 THB from NHSO, and 655,615 THB from Thailand International Cooperation Agency (TICA).) MOPH also contributed to meeting cost of JCC and JPMT

  *This amount does not include i) personnel cost of Thai counterparts from NHSO and MOPH to work with the Project, ii) office spaces in three different offices, iii) domestic traveling cost of Thai counterparts and iii) domestic cost of workshops organized by Thai counterparts.

1-3 Activities (Planned and Actual)

The Project established 17 sub-groups (restructured to 12 sub-groups in December 2018). Under each sub-group, wide variety of activities for Output 1, 2, and/or 3 were conducted. Please see Table 9. Summary of activities and achievements by sub-group for detailed activities.

Table 1. Planned and actual activities-structure

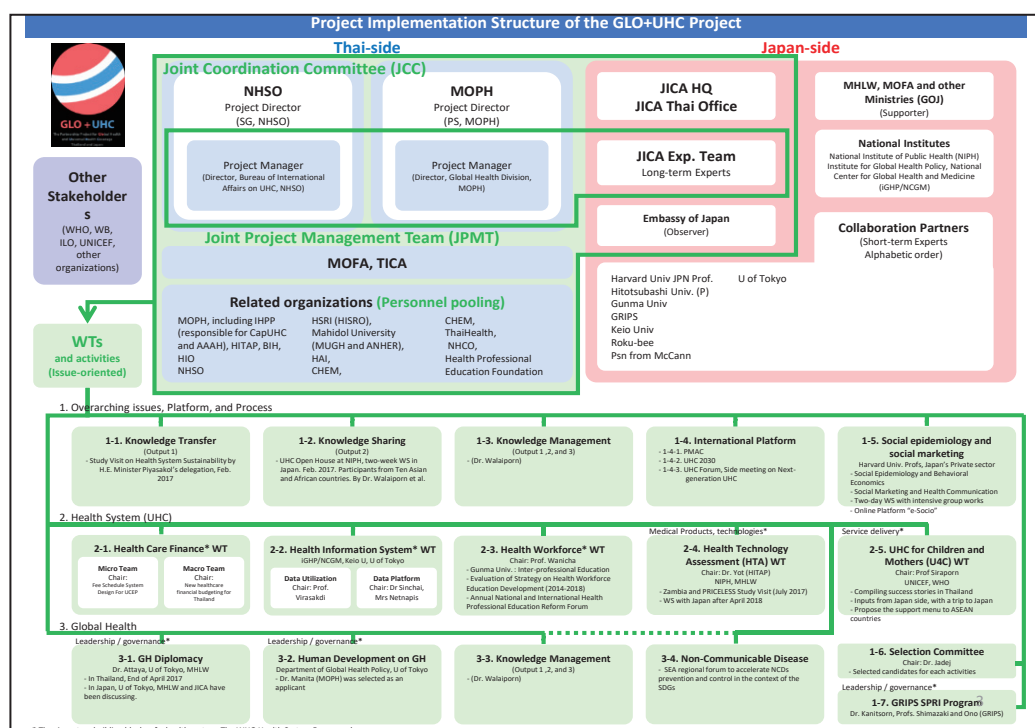| PDM 2016	PDM2018	Actual activities
0-1. Establish Project Management Unit (PMU) and Working Team (WT).	0-1. Establish Joint Project Management Team (JPMT) and Working Teams (WT).	- JPMT was established - Sub-groups 17 sub-groups were established (16 sub-groups as shown in Figure 1 and added 1) - In Dec 2018, the implementation structure was restructured into 3 chunks (overarching items, UHC and Global health), and 2 cross-cutting areas (International Platforms and GLO+UHC Resource Center), remained with 12 sub-groups (Figure 2) - WTs 7 sub-groups established each WT (Health Care Finance Macro/Micro, Health Information System-Data Platform, Health Workforce, Health Technology Assessment, UHC for Children and Mothers (U4C), and Selection Committee)
0-2. Conduct regular meetings of PMU and WT.	0-2. Conduct regular meetings of JPMT and WTs.	- JPMT was conducted every 1-3 months - WTs conducted meetings to prepare and monitor their activities.

Figure 1. Project implementation structure -1st version (Jul 2016- Dec 2018)
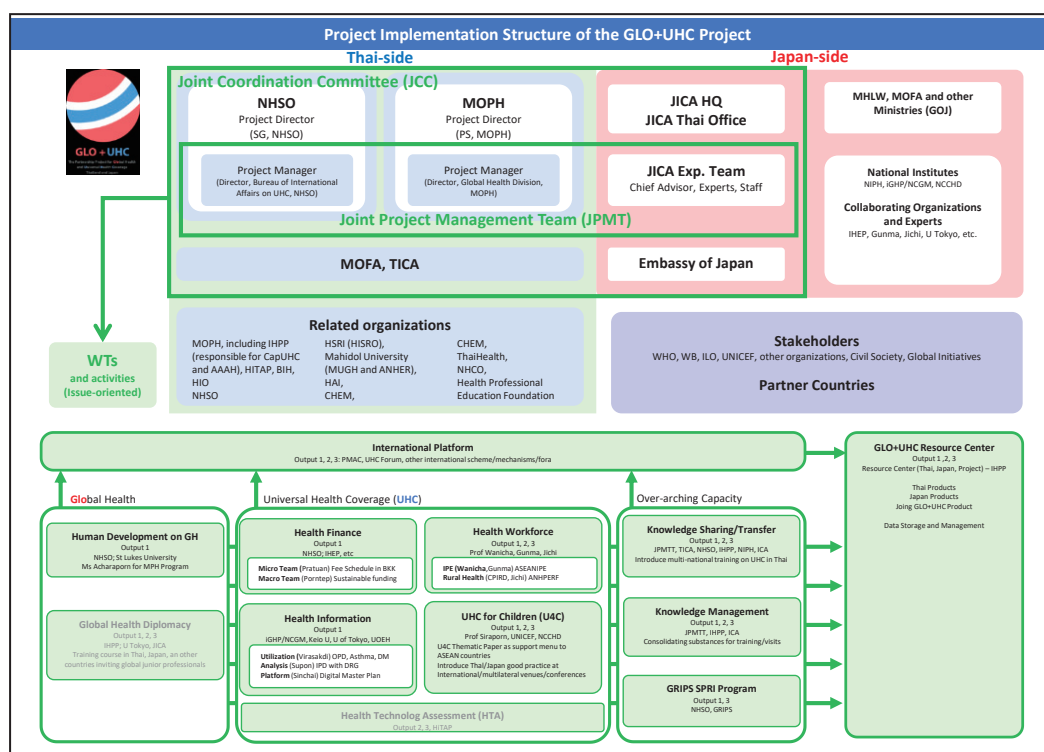

Figure 2. Restructuring of the Project implementation structure in December 2018

* The diagram is to be revised to link 3 pillars directory with GLO + UHC Resource Center

Output 1: Capacity on improving implementation of UHC is strengthened in Thailand

Table 2. Planned and actual activities-Output 1

PDM	Actual activities

1-1. Analyze the situation and identify priority issues for strengthening UHC implementation in Thailand (e.g. elderly care, fee schedule, local governance).	• Situation analysis was done by the Project and NHSO in August 2017. The report included;
	  (i) analysis of the overarching Thai UHC issues and possible communication platforms
	  (ii) examination of the Thai health system
	advocacy plan for global health diplomacy
	• 13 priority issues on over-arching capacity, UHC, and Global health were identified for Output1 (See Table 7)

1-2. Identify educational activities for capacity development for Thailand's UHC and plan an educational program.	• The Project identified the needs and area for capacity development based on the situation analysis. • The target groups of the activities were selected and WTs were established. • WTs submitted the proposal to JPMT and related members to discuss validity of the proposal, clarify the purpose of activities. The Project office planed the site and schedule. • The Project established the selection committee to select 1) persons to study in graduate schools in Japan and 2) research projects (researchers and topics) using NHSO data.
1-3. Organize preparatory training or workshop for participants before traveling to Japan.	• Project office organized preparatory meetings for all participants who were going to study in Japan.

1-4. Conduct capacity development program in Japan.	• Conducted the following educational activities. Some were planned according to the situation analysis and Selection Committee, while other were requested during the Project period if needed.
	  o 14 trainings in Japan (Annex 1-1-3. Summary of Training Courses in Japan)
	  o 19 workshops in Thailand and other countries (Annex 1-1-4. Summary of workshops/events in Thailand or other countries, except Japan)
	  o 2 long-term trainings in Japan

	▪ 1 NHSO Officer at Graduate School of Public Health, St. Luke International Univ. (Master program) • 1 NHSO officer (Director of the Bureau of International Affairs on UHC) at the ASEAN-Japan Strategic Policy Research and Innovation Program (SPRI), National Graduate Institute for Policy Studies (GRIPS) (Short term visit x 5 times) (Annex 1-3-3)
1-5. Participants summarize outcomes after capacity development program and share it with concerned parties of Thailand.	• Participants submitted final reports or presentation slides after each capacity development program in Japan to concerned parties (See Annex 2. List of products)
1-6. Write comprehensive report of each thematic training.	
1-7. Submit recommendations to policy makers.	• Recommendations at a national level were submitted on; o Health Care Finance -Fee schedule (Annex 1-3-4) o Health Information System -Data platform (Annex 1-3-5) o U4C -Daycare centers (Annex 1-3-7) o Quality control & local governance　(Annex 1-3-1) o Customer services (Annex 1-3-2) Please refer to Table 5 in the section 2. Achievements of the Project

Output 2: Capacity development for UHC implementation in other countries is promoted, based on, but not limited to, good practice collected from Output 1

Table 3. Planned and actual activities-Output 2

PDM	Actual activities
2-1. Select countries for training.	• JPMT agreed to select countries with broad criteria, that countries had strong intention to achieve UHC.

	• ASEAN countries were prioritized while other countries were also included upon request
	  ○ ASEAN: Cambodia, Laos, Myanmar, and Vietnam (CLMV) and Philippines
	  ○ Other countries: e.g. Kenya and Zambia
	• The Project successfully achieved network building with relevant parties in the countries above
	• The network became a basis to build strategic cooperation framework with other countries with getting political commitment from a third country and building consensus among the 3 countries in the next phase.

2-2. Conduct situational and needs analyses of the countries.	• At the beginning of the Project, the Project had started to find out the counterparts to select countries to work on the comprehensive situation and the needs analysis together.
	• Country situation analysis on specific topics was conducted as follows;
	  ○ Human resources for health in Laos
	  ○ National capacities on Health Policy and Systems Research in the Philippines

2-3. Develop and support national or regional group educational activities/capacity development program.	• The interventions to other countries were done mainly upon the request from other country to Thai counterparts, or on the issue that Thailand is ready to share with other countries. The Project office reviewed the request whether it matched the Project purpose.
2-4. Develop a monitoring and evaluation (M&E) framework for national or regional group educational activities/capacity development program.	• A formal M&E framework was hardly established because it was a difficult to issue situation analysis itself.

2-5. Conduct and support national or regional group educational activities/capacity development program.	• Conducted to join following activities
	• Multi-lateral activities such as;
	  ○ UHC Forum Side Event (2017)
	  ○ Knowledge Co-Creation Program (KCCP) Group and Region focus: UHC Open House (2017, 2018, 2019, and 2020)

	○ A parallel session at International Conference on Maternal and Child Health Handbook (2018) ○ Interprofessional Education (IPE) Training Course in Japan (2017, 2018) ○ Global Health Diplomacy (GHD) Workshops (2017-2019) ○ Thai UHC in Action (2019) - Developed /supported tri-lateral activities, such as; ○ Philippines ▪ Capacity building program at health policy and systems research (2017) ▪ Global Health Diplomacy Workshop (2018) ○ Cambodia ▪ Study visit on payment certification for social protection scheme (2018) ○ Myanmar ▪ Study visit on health systems development (2017) ▪ Study visit on the role of civil society in supporting UHC (2018) ▪ Technical Mission to help revising Myanmar Maternal and Child Hand Book as a trial for technical support on U4C (2019) ○ Vietnam ▪ Study visit on DRG (2019) ○ Other countries ▪ Study visits on Health Technology Assessment by Zambia (2017) and Kenya (2018) ▪ Study visit on UHC by Uganda (2018) - Some activities scheduled in 2020 were postponed to Phase 2 due to the COVID-19 situation.
2-6. Write joint UHC country-specific situation analysis report.	Project developed reports including the situation of the countries on specific issues and Thailand's contribution after educational activities or consultations as mentioned in 2-7.
2-7. Write comprehensive reports of each thematic	- Reports were issued after technical supports ○ Report: The First Consultation Meeting—

PDM	Actual activities
training or group educational activities.	Strengthening and sustaining national capacities on Health Policy and Systems Research in the Philippines (Sep 2017) ○ Report: Technical Mission to help revise Myanmar Maternal and Child Hand Book (Feb 2019) • The international participants of activities (=beneficiaries) made reports; ○ Thai UHC in Action (2019) ○ HRH-Annual National Health Professional Education Reform Forum (ANHPERF) (2019)
2-8. WT, with the cooperation of the countries, monitors and evaluates how national or regional group educational activities/capacity development program have benefited the countries.	• Although M&E framework was hardly developed, the Project monitored the UHC progress of the countries intermittently by using existing framework, i.e., international forum such as Thai UHC in Action and PMAC
2-9. Revise national or regional group educational activities/capacity development program and M&E framework based on M&E results.	

Output 3: Lessons from, and good practices of, UHC implementation collected through Outputs 1&2, are shared and/or promoted at the global level

(Jointly move the agreed priority health issues, especially UHC, to the global agenda and build capacity on global health, particularly global health diplomacy)

Table 4. Planned and actual activities-Output 3

PDM	Actual activities
3-1. Through regional communications, collect lessons from, and good	• Experiences on UHC implementation were shared through various platforms, such as; ○ Prince Mahidol Award Conference (PMAC) Side

practices of, UHC implementation identified in activities under Outputs 1 and 2, and make preparations for international occasions.	Meeting (2017, 2018, 2019, and 2020) ○ UHC Forum 2017 Side Event (2017) ○ 50th ADB annual meeting (2017) ○ 3rd TICA Connect (2017) ○ UHC Side Event at United Nation General Assembly (UNGA) (2017) ○ International Social Security Association Technical Seminar (2017) ○ Special Talk on "Achieving the Universal Health Coverage: From the past to the future" (2018) ○ Workshop "Stagnation in UHC implementation" at Bellagio Center (2018) ○ Asia-Pacific Regional Meeting on AIDS, TB, and UHC (2018) ○ International Trade and Health (ITH) Conference 2018 (2018) ○ "UHC: Investment in Health" on UHC Day (2018) ○ U4C Thematic papers (2019)

2. Achievements of the Project

2-1 Outputs and indicators

(Target values and actual values achieved at completion)

The achievement of each output was assessed. The interpretation is as follows;

  5-stars: Fully achieved

  4-stars: Mostly achieved

  3-stars: Generally achieved

  2-stars: Partially achieved

  1-star: Poorly achieved

Output 1: Capacity on improving implementation of UHC is strengthened in Thailand

Through a wide range of activities for Output 1 under 15 sub-groups, capacity of Thai relevant parties on improving implementation of UHC for the prioritized issues, especially, health care finance

(fee schedule), health information system (data platform and data utilization), health workforce, health technology assessment, and U4C was strengthened. Notably, some mechanisms or infrastructure were established and strengthened during the Project period. For example, a fee schedule committee in Bangkok modeled on Japan's Central Social Insurance Medical Council called "Chuikyo" and hardware and software for Big Data architecture.

Please see P25 Table 9. Summary of activities and achievements by sub-group for detailed achievements.

Table 5. Achievement of the Project – Output 1

Objectively Verifiable Indicators	Achievements
1-1. Outcomes (including recommendations) of the capacity development program are documented	< Fully achieved ★★★★★> • Situation analysis report had been documented and identified priority issues for strengthening UHC implementation in Thailand such as health care finance, big data utilization • After each thematic training and long-term training in Japan for the priority issues, a comprehensive report including recommendations was developed by participants. (Annex 2. List of Products)

1-2. Recommendations on UHC implementation of Thailand are submitted to policy- makers	<Fully achieved ★★★★★>
	• Recommendations from internal management level to a national level were submitted to relevant authorities by each WT after educational activities.
	• The recommendations including the following critical recommendations at a national level have been accepted and implemented/are planning to be implemented.
	  o Fee schedule committee in Bangkok modeled on Japan's Chuikyo was established (Annex 1-3-4)
	  o Policy proposal to improve healthcare access and healthcare services was accepted to Standard and Quality Control Board (Annex 1-3-1)
	  o Several action plans to improve NHSO customer services were established (Annex 1-3-2)
	  o NHSO has developed the Big Data architecture and

| | Digital UHC Master Plan (Annex 1-3-5) |
| | o Idea of daycare centers was deepened and national criteria, a curriculum, and model centers were established (Annex 1-3-7) |

Output 2: Capacity development for UHC implementation in other countries is promoted, based on, but not limited to, good practice collected from Output 1

The Project received requests from other countries to organize study visits especially on UHC in Thailand. In addition, Thailand itself got requested by many international organizations and developing countries for learning and understanding how Thai UHC or UCS has been put into the policy agenda and how to implement it successfully. These demonstrates real demand from other organizations and countries to learn on actual experiences of Thailand and Japan. Thus, this becomes actual "demand-driven activities", not supply-driven demand. The Project has built a network with other countries through each activity. The network served as a basis for further collaboration. For instance, the capacity building program for Philippines at health policy and systems research (2017) conducted by IHPP led to the Global Health Diplomacy Workshop in Philippines (2018).

With utilizing the network, the second half of the Project gave the priority to Output 2, as its progress had been pointed out slow at the mid-term review.   By a variety of knowledge sharing activities and capacity development activities under 8 sub-groups, long experience in the design and implementation of UHC of Thailand and Japan in various fields were shared with others developing countries who are striving UHC. Knowledge sharing through Output 1 will be utilized more in the activities in Output 2 in the next phase.

Table 6. Achievement of the Project – Output 2

Objectively Verifiable Indicators	Achievements

2-1. Joint UHC situation analysis report including country-specific situation is completed	<Generally achieved ★★★☆☆>
	 • The Project developed reports on
	    o Survey on human resources for health in Laos
	    o Consultation Meeting: Strengthening and sustaining national capacities on Health Policy and Systems Research in the Philippines

	• The UHC situation of other countries were shared with the Project by presentations of international participants to workshops, study visits or international conferences. This could be improved by systematic approach in the next phase.
2-2. Cases of lessons learnt and good practices of UHC implementation in the countries are documented	< Mostly achieved ★★★★☆> • Experience and lessons learned of Thailand and Japan were shared with other countries through more than 20 educational activities. • Cases of lessons learnt and good practices of UHC implementation in the participating countries were summarized in various forms; 　o Reports by international participants (Thai UHC in Action 2019, Annual National Health Professional Education Reform Forum 2019) 　o Presentations (Thai UHC in Action, PMAC side meeting 2017, 2018, 2020, Asia-Pacific Regional Meeting 2018, PMAC side meeting by UNAIDS 2019, etc) 　o Conference proceedings (PMAC side meeting 2017, 2020, UHC Day 2018, Asia-Pacific Regional Meeting 2018, Thai UHC in Action 2019, PMAC side meeting by UNAIDS 2019, etc).

Output 3:　Lessons from, and good practices of, UHC implementation collected through Outputs 1&2, are shared and/or promoted at the global level
(Jointly move the agreed priority health issues, especially UHC, to the global agenda and build capacity on global health, especially global health diplomacy

　　　　Utilizing PMAC and other international platforms, lessons learned and good practices of UHC implementation and global health movement of Thailand and Japan were shared with others developing countries at the global level.　The Project symbolized a new level of partnership in which the two countries had been cooperated to tackle global health challenges, aiming at moving the world towards UHC.

　　　　By not only direct contribution by the Project activities, but also indirect or spill-over effects

(e.g. Thailand-Japan collaboration at high level meeting on UHC and on drafting political declaration, and South-south technical collaboration in essential areas of UHC), the presence of Thailand and Japan in the global health arena was enhanced.

Global health capacities of Thailand, Japan, and other countries were strengthened through Global Health Diplomacy Workshops. The Project has played an important role by coordinating and inputting Japanese resource persons.

Table 7. Achievement of the Project – Output 3

Objectively Verifiable Indicators	Achievements
3-1. Lessons from, and good practices of, UHC implementation are presented at the international level (presentations, published papers, etc.)	<Mostly achieved ★★★★☆> • Lessons and good practice of Thailand and Japan as well as UHC progress, good practices, and challenges of low- and middle-income countries were shared at international conferences such as PMAC, UHC Forum and a workshop held by Rockefeller Foundation Bellagio Center. • Some were summarized as proceedings or reports (e.g. Bellagio Report 2018, PMAC 2020) and disseminated. • Bellagio Report was mentioned in a statement by the Thai Minister of Public Health at the WHA 71 Plenary Session in 2018.
3-2. Global health capacity building programs are conducted using several strategies based on the principal of INNE* (starting from the Individual (I) understanding of trade effects on health, through Nodes (N) that establish the mechanisms to enhance health interests, Networks (N) to advocate for health within these negotiations, and an Enabling environment (E) to retain health officials and further strengthen their capacities to deal with trade-related health issues)	<Mostly achieved ★★★★☆> • The Project contributed to the Global Health Diplomacy Workshops conducted in Thailand, Philippines, and Japan, respectively by coordinating and inputting Japanese staff as focal points to communicate with Thai side and Japan side. • Through the workshop, global health capacities of Thailand, Japan, and other countries were strengthened with a focus on developing essential skills that are required for global health leaders to prepare effectively for major meetings such as WHA and WHO governing bodies. • The individuals (I) from different organizations shared the same interest on GH (N) join workshop and knew each other better and built network of global health players(N). During WHA, good working environment such as novice working with coaches/mentors was created (E).
3-3. Japan and Thailand jointly move agreed priority issues	<Generally achieved ★★★☆☆> • Japan and Thailand jointly moved the agreed priority health issues, especially UHC, to the regional and global agenda, as seen in Joint Statement of ASEAN-Japan Health Ministers Meeting on UHC, and UHC side events at UNGA and WHA.

2-2 Project Purpose and indicators

(Target values and actual values achieved at completion)

Implementation of UHC in Thailand and participating countries is improved.

(Implementation of UHC refers to activities to strengthen health system components to support UHC)

Knowledge transfer to and capacity development of Thai officials and relevant personnel through the various educational activities generated policy recommendations from internal management level to a national level. The critical recommendations at a national level had been approved by policymakers. It is expected to bring the improvement in the implementation of UHC in Thailand.

It is also expected that a number of the Output 2 activities exerts a beneficent influence on the implementation of UHC in "participating countries" to a large extent.

Table 8. Achievement of the Project – Project purpose

Objectively Verifiable Indicators	Achievements
1. Recommendations on Thailand UHC improvement are approved by policymakers.	< Fully achieved ★★★★★> • Capacity on improving implementation of UHC was strengthened in Thailand through training (short-term, long-term), workshops, study visits, conferences, and other group educational activities in Thailand, Japan and other countries for personnel from the counterpart and relevant organizations • Some recommendations, for example, Fee schedule committee in Bangkok modeled on Japan's Chuikyo, were approved and become good input for consideration to apply / adapt to the Thai context.
2. Recommendations on UHC implementation are shared at country level in participating countries.	< Mostly achieved ★★★★☆> • Good practices and recommendations on activities to strengthen health system components to support UHC were collected through Output 1 activities and Output 2 activities. • Capacity development plan for UHC implementation in participating countries was implemented through various Project activities such as workshops, study visits, conferences, and other group educational activities in

	Thailand, Japan and other countries.
	• During the first few years, the capacity development was on the implementation of UHC in general for many other countries. Subsequently, there were follow up activities or study visits in subsequent years for the same countries with more specific technical issues, for example, Vietnam – in-depth understanding on DRGs and capitation calculation and implementation; Philippines – in-depth work together on HTA; Indonesia – in-depth work on DRG; Lao PDR – on hospital costing and capitation estimation; Malaysia – on information and technology to support UHC; Kenya – in-depth work on primary health care and HTA; Iran – on payment mechanisms, primary health care, health workforces, health professional education and HTA.
	• There are rooms for improvement for examples to stimulate the activities among the Project's alumni for better learning and sharing among the Project's staff and the Project's alumni, to regular follow-up country's progress on that specific technical issue after the activities

Table 9. Summary of activities and achievements by sub-group

	Sub-group	Main actors Output 1	2	3	Summary of activities	Remarkable achievements	Remarks
Over-arching Capacity	Knowledge Transfer	J			• Study visit to Japan were conducted/supported by the Project, such as; ○ Invitation program of Minister of Public Health and high-level officials: Japan on Health System Sustainability (Feb 2017) ○ Study visit: Multisectoral coordination and collaboration for community health project (Dec 2019) ○ Study visit: Consumer Satisfaction Management (Feb 2020) • The Project arranged study visits from Japan ○ Tokyo Woman's Medical Univ. (Apr 2019, Apr 2020-postponed)	• Japan's knowledge and experience of UHC in various area were shared with Thai officials • The invitation program led a series of activities on Health Care Finance • Policy proposal to improve healthcare access and healthcare services in Thailand were developed and accepted by the Standard and Quality Control Board • Several action plans to improve NHSO customer services were established	Combined in Dec 2018 Annex 1-3-1, 1-3-2
	Knowledge sharing	T / T J			• A variety of knowledge sharing activities were conducted/supported by the Project, such as; ○ KCCP Group and Region focus: Strengthening Social Health Protection Towards Universal Health Coverage (UHC Open House) (Feb 2017, Jan 2018, Dec 2018, and Jan 2020) ○ Technical and/or funding support for study visits by other countries (Myanmar: Dec 2017, June 2018, Cambodia: Sep 2018, Uganda: Dec 2018, Vietnam: Nov 2019) ○ Technical and/or funding support for meetings/conferences/workshops held by other	• Through various platforms, long experience in the design and implementation of UHC as well as health systems adjustment of Thailand and Japan were shared with others developing countries who are striving toward UHC at country, regional, and global levels.	

Category	Lang	Activities	Achievements	Remarks
		countries or organizations (Philippines: Sep 2017, WHO/EMRO: Sep 2017, Rockefeller Foundation Bellagio Center: Mar 2018, MOFA: Sep 2018, WHO/SEARO: Feb 2019, WHO/WPRO: Nov 2018, Feb 2019, Mar 2019, Mar 2019, WHO Kobe: Jan 2019, MOPH: Mar 2019, National Hospital Insurance Fund: June 2019, TICA: July 2019)	• South-south technical collaboration in essential areas of UHC were enhanced	
Knowledge Management	T T / T	• Establishment of a resource center for UHC was considered • See GLO+UHC Resource Center below	• See GLO+UHC Resource Center below	
GRIPS SPRI Program	T J / T J	• Director of the Bureau of International Affairs on UHC, NHSO studied at GRIPS SPRI during Apr 2017-Mar 2019 (Short-term visit x 5 times) • Presentation in Thailand (Feb 2019) and in Japan (Mar 2019)	• A paper "Universal health coverage and primary care, Thailand" was published on WHO Bulletin	Annex 1-3-3
Human Resource Development on UHC	T J	• 1 NHSO officer participated to an MPH course at St. Luke's International University during Apr 2018-Mar 2020	• Master thesis "Budget Impacts: Thailand's long-term care policy and benefits for dependent elderly under the Universal Coverage Scheme"	Changed from HRD on GHD in May 2020
Social Epidemiology and Social Marketing	J	• A workshop on Social Epidemiology and Behavioral Economics, and Social Marketing and Health Communication was conducted in Thailand (Jun 2017)	• A closed online interactive capacity development platform called "e-SOCIO" was developed • "Practical Handbook on Social Epidemiology and Social Marketing" was developed (but not publicly available)	Closed as completed the task
Selection Committee	T	• Selected persons to join long-term trainings in Japan (GRIPS SPRI Program, and HRD on GH) • Selected 3 research projects (researchers and topics) using NHSO data (Health Information System (Data Utilization))	• Long-term trainings in Japan and research projects smoothly started	Closed as completed the task

		Activities	Outcomes	Ref.
Health Care Finance <Macro Financing>	J	• Invitation program of Minister of Public Health and high-level (Feb 2017) and a workshops (May 2018) were conducted.	• The invitation program led to a series of activities of the micro financing team • Expertise on Japan's budgeting and payment system were shared with Thai officials	
Health Care Finance <Micro Financing>	T J	• Workshops (May 2018, Jan 2019, Aug 2019) and study visits to Japan (Jun 2018, Oct-Nov 2019) were conducted. • Presentation in PMAC 2020	• A pilot project to expand fee schedule is implementing in Bangkok Region. • Fee schedule committee in Bangkok Region modeled on Japan's Central Social Insurance Medical Council (Chuikyo) was established in January 2019.	Annex 1-3-4

Health Information System <Data Utilization>	T
	J
		• A big-data workshop and training was conducted (May 2017, Sep 2017)
		• 3 research projects using NHSO's data were conducted in cooperation with The Institute for Global Health Policy Research (iGHP) and Univ. of Tokyo.
		  ○ Research visits (Nov 2017, Jun 2018), technical consultations (Mar 2019, Jul 20019), and meeting (Jan 2019) were conducted. Remote guidance from Japanese experts were also given for these activities.
		    ■ Hospital admission in people with Type 2 diabetes mellitus in Thailand
		    ■ Effects of Asthma Care Program under the Universal Coverage Scheme on the trend of hospital admission, re-admission and case-fatality rate in Thailand
		    ■ Predictive models for Out-Patient service capitation budget allocation under the Universal Coverage Scheme in Bangkok.
			• The research was summarized as manuscripts
			  ○ Submitted 2 papers to an international journal (Yet published)
			  ○ One paper to be submitted
			• The research on DRG is on going	

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			• Meetings for data analysis on medical reimbursement using Diagnosis Related Group (DRG) was conducted (Dec 2018, Aug 2019, Feb 2020, Jun 2020)		Annex 1-3-5
Health Information System <Data Platform>	T J	T J	• Workshops (May 2017, Nov 2018) and a training in Japan (Mar 2018) were conducted. • 2 events were conducted ○ UHC Forum Side Event (Dec 2017) "The Future of Health Systems: The Role of Data Health in the Era of the Next-generation UHC" ○ PMAC 2018 Side Meeting (Jan 2018) "How Can Health Data and Technological Innovations Contribute to the Next-generation UHC for Ensuring Global Human Security?"	• NHSO has developed the Big Data architecture and Digital UHC Master Plan. • Some data services have started • Data privacy law is going to enforce in 2020 • Improvement of the health information system was compiled in the thematic papers under the U4C	Annex 1-3-5
Health Workforce	T J	T T	• Activities on Inter-Professional Education (IPE) and Rural Health Professionals have been conducted with the support of the Project. ○ IPE Training in Japan (Aug 2017, Aug 2018) ○ 1st ASEAN Inter Professional Education (IPE) Workshop (Dec 2018) • Support in survey on HRH in Laos (2016) • Technical support was provided to some conferences and meetings ○ Annual National Health Professional Education Reform Forum (ANHPERF) (Nov 2017, Nov 2018, Nov 2019) ○ The Committee on the Strategic Plan on the Development of Health Workforce Education in the 21century (Jul 2016, Aug 2017, Feb 2018, June 2018, Mar 2020) ○ Annual Assembly of AAAH (Oct 2016) ○ Seminar on "Institutions and District Health System Academy Collaboration in 21st Century" (Jul 2017)	• IPE toolkits obtained from Gunma Univ. was utilized in a workshop for training IPE champions/leaders • The toolkits were also incorporated into a revised IPE guideline for all the professions • Thailand takes a leading role in IPE in the ASEAN region	Annex 1-3-6

		Activities	Results	Remarks
		o Workshop on "Synergizing Health Professional Education Networks and Community Hospital Reform Network to Produce Quality Health Workforce Constantly and Sustainably" (Aug 2019) o PMAC 2020 Side Meeting • Site visits by a Japanese expert (Nov 2018) • Financial support for international participants to ANHPERF (Nov 2019)		Annex 1-3-7
UHC for Children and Mothers (U4C)	T J T J T J	• Study visit (Feb 2019) and workshops (Pre-study visit: Jan 2019, Primary Daycare Improvement: Nov 2019) were conducted. • Thematic papers were developed by both Japanese and Thai sides (2019) • Countries for knowledge sharing with the use of the thematic papers were explored • Database development on maternal and child health (MCH) was sought, and lecture by UNICEF EAPRO (Jul 2019) was conducted • Knowledge sharing activities were conducted/ supported o International Conference on Maternal and Child Health Handbook: A Parallel Session on UHC for Children (Dec 2018) o Technical consultation meeting on MCH Handbook with Basic Health Staff Current MCH related challenges in Myanmar (Feb 2019) o International Conference on Breastfeeding for Sick Babies (Jan 2019)	• The Project encouraged U4C as an important movement in Thailand in a way which was not disease oriented, but in a systematic approach • Idea of daycare centers was deepened. A curriculum and model centers were established • Lessons learnt from Thailand and Japan on MCH has shared and disseminated to other countries through the thematic papers • The Project motivated Thai relevant authorities to rebuild database on MCH	
Health Technology Assessment (HTA)	T T	• Project partially supported the activities of Health Intervention and Technology Assessment Program (HITAP) o Accepting study visits of other countries (Zambia: July 2017, Kenya: Nov 2018)	• Participating countries gained knowledge on the uses of HTA evidence and systematic analysis for the development of UHC	To be autonomousl y driven by Thai Group

Category				Activities	Achievements	Remarks
Global Health	Global Diplomacy (Health)	T	T	○ The 7th HTAsialink Annual Conference (May 2018) • Project technically and financially supported the Global Health Diplomacy Workshops conducted in Thailand (Apr 2017, Apr-May 2018, May 2019), Japan (Nov 2017), and Philippines (Aug 2018)	• Global health capacities of the participating countries were strengthened • Global health network with other countries was expanded and strengthened • Good image of Thailand as a global health leader was generated	To be autonomously driven by Thai Group Annex 1-3-8
	Human Resource Development on Global Health	T J		• Planned to send an MOPH official to take a master course at University of Tokyo but failed		To be HRD on UHC above
	Knowledge Management		T	• Mapping of key actors on UHC policy movement at a global level and at a national level of either Japan and/or Thailand was considered	• To be achieved in Phase 2 as GLO+UHC Resource Center	Restructured as a part of "GLO+UHC Resource Center"
	Non-Communicable Disease		T	• Participation to a regional forum was supported by the Project ○ SEA Regional Forum to accelerate NCDs Prevention and Control in the Context of the SDGs (Oct 2017) ○	• Knowledge and experience of Thailand and Japan were shared at an international forum	Completed the tasks. Restructured as a part of "International Platform"
	Road Safety		T	• Participations to regional forums were supported by the Project ○ WHO SEA Ministerial Meeting on Accelerating actions for implementation of Decade of Action for Road Safety (Nov 2017) • Writing a manuscript on road safety as co-author	• An editorial "Motorcycle helmet use to reduce road traffic deaths in Thailand" was published on WHO Bulletin	
	International Platform	T J	T J	• Participations to international events, such as ○ PMAC Side Meetings (2017, 2018, 2019, 2020) ○ G7 Kobe Health Ministers' Meeting (Sep 2017)	• The presence of Thailand and Japan in the Global Health arena was enhanced	

					○ The International Social Security Association (ISSA) Technical meeting (Oct 2017) ○ UHC Forum 2017 (Dec 2017) ○ 3rd TICA Connect (Sep 2017) ○ UHC Side Event at UNGA (Sep 2017) ○ Special Talk on "Achieving the Universal Health Coverage: From the past to the future" (Feb 2018) ○ Workshop "Stagnation in UHC implementation" at Bellagio Center (Mar 2018) ○ Asia-Pacific Regional Meeting on AIDS, TB, and UHC (Sep 2018) ○ International Trade and Health (ITH) Conference 2018 (Nov 2018) ○ "UHC: Investment in Health" on UHC Day (Dec 2018)	• Thailand and Japan jointly moved the agreed priority health issues, especially UHC, to the global agenda
GLO+UHC Center	Resource	T	T	T	• Structure of the Resource Center and detailed work plan for the establishment was considered • Materials including project products related to UCS, UHC, and global health were collected	• NHSO opened a resource center for UCS and GLO+UHC on their website • IHPP prepared resource center for UHC and global health on their website • To be elevated in Phase 2

3. History of PDM Modification

PDM was modified once in April 2018. Output 2 and Output 3 were revised to specify and expand the scope of activities. In accordance with the modification, Objectively Verifiable Indicators, Means of Verifications, Important Assumptions were added. Implementation structures were also modified to clarify roles and responsibilities of agencies/personnel for project management.

4. Others

4-1 Results of Environmental and Social Considerations (if applicable)

   Not applicable

4-2 Results of Considerations on Gender/Peace Building/Poverty Reduction (if applicable)

The Project is applied as "Gender Informed (Significant)" in terms of Gender and Development. In this viewpoint, the Project organized a sub-group for UHC for Children and Mothers (U4C) and conducted activities for sharing and utilizing the experience in Thailand and Japan, which was contributed to Maternal Health.

III. Results of Joint Review

1. **Results of Review based on DAC Evaluation Criteria**

   Overall results

      Members of the Project widely recognized the structure of the Project, including the 3 outputs, to contribute to the improvement of UHC implementation in Thailand and participating countries. It is understood that activities on the Output 1 (Capacity development for improving the implementation of UHC in Thailand) and Output 3 (Sharing of lessons learned and good practices of UHC implementation at the global level) are running well with tangible outcomes based on the cooperation of Japanese and Thai sides. For the Output 2 (Capacity development for UHC implementation in other countries), formulation of a framework and preparation for the cooperation to other countries remains challenges due to several demand. It could be improved e.g. making it available with new approach like on-line course and systematic compilation of UHC materials from Japan and Thailand as a resource center, as mid-term review in 2019 pointed out.

As a result, several Output 2 plans had appeared in the fourth year. Unfortunately, some of the plans could not be implemented because of the COVID-19 situation. The next phase of GLO+UHC will be expected to focus more on Output 2, especially UHC on-line course and UHC Resource Center in order to fit with COVID-19 context. The focal person in Thailand to liaise with participating countries should be surely assigned in each Output 2 activities. Existing framework of international collaboration should have been utilized.

The outputs of the Project were expected to contribute to the implementation of UHC in Thailand and participating countries in the long run. Nonetheless, as the target achievements of the project, as well as a framework of the cooperation to other countries, were set extensively broad, assessment on the overall achievement of the Project, particularly by quantitative measures, was still a challenge in the last minutes of the Project. Both Japanese and Thai sides have maintained their policies to support the capacity development of other countries for the implementation of UHC with the partnership of the two countries and with full respect of the third countries. The third countries can learn and get knowledge and experiences of Japan and Thailand but they need to consider and adapt to suit with their own context. Japan and Thailand also fully understand that there are many other factors contribute to the decision of the third countries on how they would implement UHC.

(1) Relevance

 The relevance of the Project in the national policy of Thailand has been high.

<u>\<Relevance of the Project in the National Policy of Thailand\></u>

UHC is sustained as a core policy of the health service in Thailand. Importance of enhancing the efficiency of public health service system management and on improving the health financing system is also highlighted in the '12th National Economic and Social Development Plan (2017-2022)'. The 12th plan aims Thailand to play a more influential part on the international stage by promoting its constructive role under various cooperation initiative under the Sustainable Development Goals.

Since its launching in 2002 with the strong and sustained policy commitments, UHC in Thailand has been well established and developed, though there are still challenges. Many of foreign countries, including ASEAN member countries and African countries, have expressed

interests to learn from the experience of UHC in Thailand. The Government of Thailand has maintained its policy to utilize the experience of Thailand for international cooperation programs in partnership with international development partners.

<Relevance of the Cooperation by Japan and Thailand>

The Project was formulated as a partnership program of Japan and Thailand for the cooperation to other countries in the field of UHC, and the policy is sustained. In partnership with Thailand, the establishment of a dynamic cooperation mechanism in other countries is expected. In addition, the Project is consistent with Japan's policy to support the achievement of the Social Development Goals, particularly on the Goal 17 'Sustainable development knowledge platform'.

<Relevance of the Cooperation by Japan and Thailand>

Cooperation of Japan for the capacity development of UHC implementation in Thailand has remained relevant. Interviewed Thai personnel widely praised the effectiveness of learning from Japan. These learning include not only technical aspects for UHC but also approaches to project design and management in Thailand. There have been cases for the application of learnings to improve the UHC practice in Thailand.

Partnership of Japan and Thailand for the capacity development of UHC implementation in other countries also remains relevant with the policy and technical aspects of Japanese and Thai sides as well as interests by other countries. The partnership between Japan and Thailand is expected to be a good model of countries, which can share their experience together, in different levels of socio-economic development and natures. Utilization of Japan's assets for international cooperation, i.e., accumulated experience and human resources as well as operation bases and network for international cooperation, will be expected.

<Relevance of the Project Framework >

The framework of the Project to support the implementation of UHC in other countries by the partnership of Japan and Thailand has been considered appropriately. As this is an innovative partnership project between Japan and Thailand, detail of the project framework was discussed and jointly set at the beginning of the project. Accordingly, the concept of the Project has been shared well among the project members. Target achievements of the Project were discussed in late 4th project year. So, JPMT should continuously discuss and clarify the target achievements in line with PDM.

For output 2, the project aimed to implement capacity development for UHC implementation in other countries. Most of the countries are in the list of priority countries such as those in ASEAN and countries that has strong commitment to UHC. However, the next phase, with the context of COVID-19, should focus on new approaches of delivering the output with clearer criteria and objective of the activities.

(2) Effectiveness

At the time of the final evaluation, the effectiveness of the Project is considered high in general.

<u>**<Achievement of the Project Purpose >**</u>

> <Project Purpose>
>
> Implementation of UHC in Thailand and participating countries is improved.
>
> (Implementation of UHC refers to activities to strengthen health system components to support UHC)
>
> <Objectively Verifiable Indicators>
>
> -Recommendations on Thailand UHC improvement are approved by policymakers.
>
> -Recommendations on UHC implementation are shared at country level in participating Countries

Capacity development of human resources, through the Project activities, has been expected to give a result in the improvement of the implementation of UHC in Thailand. There have been cases for the contribution of the project to the improvement. However, priority of the project activities should have been given to the generation of the Outputs 2 (Capacity development for the implementation of UHC in other countries), in particular with the new norm of COVID-19 context, to maintain achievement of the project purpose.

After discussions for efficient project implementation at JPMT in later 2018, prioritized needs/issues to be tackled by the Project were classified into; 1) Process-oriented issues which are consistent with WHO Six Building Blocks of a health system*, and 2) Subject-oriented issues. The issues were identified by the project at the beginning of the project. Due to discontinuation or completion of some working team activities, the project was restructured in December 2018 as shown above, "II Result of the Project". After the restructuring, there is only one issue for the specifically subject-oriented issue (UHC for Children and Mothers). Streamlining of the prioritized issues was justified to put more focus on the selected issues.

Note: WHO Six Building Blocks of a health system is analytical framework used by WHO to

<Project Output 1>

    Capacity on improving implementation of UHC is strengthened in Thailand

<Objectively Verifiable Indicators>

    - Outcomes (including recommendations) of the capacity development program are documented

    - Recommendations on UHC implementation of Thailand are submitted to policy- makers

describe health systems, disaggregating them into 6 core components, 1) Leadership and governance, 2) Service delivery, 3) Health system financing, 4) Health workforce, 5) Medical products, vaccines and technologies, 6) Health information systems.
https://extranet.who.int/nhptool/BuildingBlock.aspx

<u>**<Achievement of the Project Output 1>**</u>

Various capacity development activities have been conducted for the prioritized issues of the Project.

- Several recommendations were submitted to relevant authorities by each WT after educational activities

- Some policy recommendations have been already accepted and implemented /are planning to be implemented. For example,

  o Fee schedule committee in Bangkok modeled on Japan's Chuikyo was established (Annex 1-3-4)

  o Policy proposal to improve healthcare access and healthcare services was accepted to Standard and Quality Control Board (Annex 1-3-1)

  o Several action plans to improve NHSO customer services were established (Annex 1-3-2)

  o NHSO has developed the Big Data architecture and Digital UHC Master Plan (Annex 1-3-5)

  o Idea of daycare centers was deepened and national criteria, a curriculum, and model centers were established (Annex 1-3-7)

The outcomes of the activities will be expected to contribute to improve the implementation of UHC in Thailand in a long run.

The outcomes of capacity development activities filled the gap between idealistic and realistic situation. Compilation and analysis of the outcomes are considered necessary to understand the effectiveness of the inputs as well as to utilize the outcomes for policy

implementation and practice of UHC. The Project acknowledge that outcome of the activities for capacity building have been linked with policy revision, updating regulation, internal management update, etc.

<u>\<Achievement of the Project Output 2\></u>

\<Project Output 2\>
   Capacity development for UHC implementation in other countries is promoted, based on, but not limited to, good practice collected from Output 1
\<Objectively Verifiable Indicators\>
   - Joint UHC situation analysis report including country-specific situation is completed
   - Cases of lessons learnt and good practices of UHC implementation in the countries are documented

Generation of the Output 2 has been conducted and completed in the conventional approach such as workshop and study visits. Although there were also external factors for the achievement of the implementation in the participating countries in particularly the response and commitment of participating countries, it was necessary for the Project to pay more attention to stimulate and follow-up the progress of the participating countries of the Output 2. Also new approaches should be considered and applied for more active movement of the Output 2.

Several activities, for example, Thai UHC in Action, UHC open house at JICA Tokyo, health workforce workshop, were financially or substantially supported by the project for participants from other countries. However, these activities were conducted basically on case-by-case basis upon the request of the countries, and systematic operation of activities based on the overall cooperation framework should be the focus of the Output 2 in the next phase.

Capacity development activities under the Output 1 was hardly synchronized well for the activities to generate the Output 2 within phase 1, and should focus in next phase. Some activities in Output 1, for example, study tours on maternal and child health in February 2019, and customer service in February 2020, have a possibility to share the experiences with participating countries, as stated in Output 2, in the near future.

<u>**<Achievement of the Project Output 3>**</u>

> <u><Project Output 3></u>
>
> Lessons from, and good practices of, UHC implementation collected through Outputs 1&2, are shared and/or promoted at the global level
>
> (Jointly move the agreed priority health issues, especially UHC, to the global agenda and build capacity on global health, especially global health diplomacy)
>
> <Objectively Verifiable Indicators>
>
> - Lessons from, and good practices of, UHC implementation are presented at the international
>
>   level (presentations and published papers, etc.).
>
> - Global health capacity building programs are conducted using several strategies based on the principal of INNE*
>
> - Japan and Thailand jointly move agreed priority issues

* Starting from the Individual (I) understanding of trade effects on health, through Nodes (N) that establish the mechanisms to enhance health interests, Networks (N) to advocate for health within these negotiations, and an Enabling environment (E) to retain health officials and further strengthen their capacities to deal with trade-related health issues)

The partnership of Japan and Thailand for sharing lessons learned and good practices of UHC implementation at the global level has been going well with tangible outcomes. Opportunities to share experiences and lessons learned are also recognized by the Project as below. It is suggested to summarize and monitor the outcomes of the activities based on the specified indicators.

(3) Efficiency

Regarding efficiency, the project progressed moderately in cost and timing based on the following points.

<u>**<Management of the Project>**</u>

[Cost]

The project spent less amount of the planned budget in general within planned project period. As Chief Advisors were sent by Ministry of Health, Labor and Welfare, Japan, the project coordinated the opportunities of knowledge sharing to find appropriate resource persons (short-term expert, lecturer, etc.) and organizations timely, for example, workshop, seminar, study tour,

etc. The activities approved by JCC and JPMT were implemented within the project period. As this is partnership type project, Thai side was willing to share the cost for the activities. There were some discussions regarding the flexibility of the cost allocation especially in case of implement ad-hoc or irregular-style activities. As for regular activity, there should be discussion among project members in advance in case of implementing the cost allocated from JICA's budget as the rules and regulation is strictly applied due to the consideration of the accountability for Japanese citizen.

[Internal management of the progress]

The Project utilized formats in the middle of the project period to share the Project information, namely activity matrix which visualized the implementation of activities for each prioritized issue based on the output levels, and progress management sheet which shared the information of project activities in a weekly or biweekly basis among the concerned project members. The matrix was formulated jointly and utilized effectively for the purpose of monitoring and sharing prioritized action item, but, as main communication to share the matrix was email basis, communication among core project members should have been maintained well to have face-to-face communication and on-line meeting more often.

[Organization/Personnel]

As so many organizations/personnel were involved in the Project, coordination/communication, as well as clarifications of job descriptions, among key project members have been challenging issues to run the project activities effectively. Because of the large number of involved personnel, wide range of project components, and nature of the Project's outcomes which were not physical products but were mainly intellectual achievements, picture of expected outputs/outcomes of the Project should have been clearly set and shared among the concerned project personnel. JPMT regular meetings followed up and oversee the progress of all projects. Then the program manager and JICA expert communicated with each working team.

(4) Impact

The impacts were considered to be high and will be expected for further implementation in the next phase.

<u>**<Perspective for the Achievement of the Overall Goal >**</u>

<Overall Goal>

Access to health services and financial risk protection are improved in Thailand and participating countries

<Objectively Verifiable Indicators>

- At least one parameter in health service and financial risk protection is fulfilled in Thailand and   participating countries

With the experience of UHC implementation in Japan and Thailand along with interests expressed by other countries, contribution of the Project to the improvement in the access to health services and financial risk protection in Thailand and other countries was expected to be high.

Sustained policy commitments by both Japanese and Thai sides on the partnership for the cooperation to other countries, institutional development for the cooperation, and commitments by concerned agencies/personnel were considered as prime conditions for the realization of the overall goal. Initiatives and supports from the diplomatic levels were expected to be key factors to generate the dynamic impacts of the partnership cooperation by Japan and Thailand to other countries. For instance, global affairs division or technical division in the health ministry may liaise between Thailand and participating countries to establish the continuous activity.

<Synergy Effects with Other Initiatives >

Cooperation with other development partners could be sought to enlarge the synergy effects of the Japan-Thailand partnership. To run the cooperation to other countries more dynamically, the establishment of a cooperation platform, which included concerned organizations in Thailand, development partners, and private sector, was indicated to utilize various resources flexibly and effectively. In this phase, GLO+UHC has tried to collaborate with UNICEF and UNFPA through U4C. This could be good practice for collaborating with concerned organization in the next phase.

Continuous communication channel between this project and relevant partner is necessary not to rely on personal basis communication. Synergy effects with the assets of past and on-going JICA technical cooperation, such as the on-going 'Project on Seamless Health and Social Services Provision for Elderly Persons (S-TOP)' will be expected in the next phase. For example, the payment for the long-term care service will be the common topic of "fee-schedule" team under this project.

In March 2020, UHC workshop in Lao PDR was supposed to be organized by JICA Lao office, Swiss Red Cross, and World Bank by the guidance of JICA Japanese long expert in Lao. This plan was initially proposed by JICA Lao project expert. Unfortunately, the workshop was postponed to the next phase because of the COVID-19 situation. Yet, the collaboration between JICA offices could be also available.

Thai side has ideas to expand/sustain the outcomes of the Project through the development of an international platform for the cooperation to other countries in the field of UHC, contribution to the human resource development of other countries, and others.

(5) Sustainability

The overall sustainability is high for the following reasons;

<Policy/Institution>

Thailand has developed a nationwide UHC program in the country with the strong and sustained policy commitments. Policy and institutional supports for the UHC program are highly expected to sustain. Thailand government organized UHC forum, co-hosted by World Bank, WHO, UNICEF, Thailand government, etc., during PMAC (Prince Mahidol Award Conference) period. This shows that UHC is a prioritized policy and sustainable in Thailand. As the participants of GLO+UHC activities were key persons to strengthen UHC in Thailand, their continuous commitment would be highly expected.

<Outcomes of the Project >

Outcomes of capacity development activities continue to contribute to the improvement of UHC in Thailand and cooperation program to other countries. Establishment of a platform for resources and materials on UHC ensures the systematic utilization of project outcomes in the long run. The capacity of Thailand to support the implementation of UHC in other countries should be maintained and further strengthened with the partnership of Japan and Thailand. Thailand succeeded to conduct "Thai UHC in Action" workshop in August 2019. The network derived from this event will have a great possibility to initiate new Output 2 activities.

2. Key Factors Affecting Implementation and Outcomes

(1) Diverse subgroups

In the initial stage of this project, approximately 15 subgroups were launched to fill the gap between the ideal system and the current status. With extensive number of working teams,

not all can deliver outcome as expected due to the human resources issue. In December 2018, the structure was revised; those working team that achieved their goal and those that cannot deliver outputs were concluded. Thus, a number of sub-groups/working team was reduced. Nevertheless, more coordination between outputs should be focused in the next phase.

(2) Communications among project member organizations

As there are 3 main member organizations, the decision required internal consultation of each organization. Thus, this process may prolong the progress of the Project.

(3) Main responsible persons

Main responsible persons from both Thailand (Project Manager) and Japan (Chief Advisors) side had changed for several times. This affected the continuity of the Project. This was due to the end of their working period, and the changes of a responsible person. In terms of vacancy of Project Manager's position, Acting Project Manager had to shoulder heavy workload to manage the Project. In the next phase, the position of Project Manager and cChief Advisor will be stabilized and they will closely work for achieving the 3 Outputs.

(4) Appropriate input to project activities

The Project has tried to provide appropriate resource persons from Japan based on the wide spectrum of the request from Thailand. Chief Advisors, who experienced as a government official at Ministry of Health, Labour and Welfare, Japan, could manage to identify appropriate human resources in a timely manner.

3. **Evaluation on the results of the Project Risk Management**

(1) Result of risk management

N/A

(2) Learning from the experience in other projects

Project on Assistance of Public Health Insurance Information System Development in the Kingdom of Thailand (2003-2006) showed the importance of communication with related organizations. This project decided to hold Joint Project Management Team (JPMT) regularly to share the updated plan of project implementation. Email list among JPMT members was utilized for smooth communication.

4. Lessons Learnt for the next phase

(1) Sharing experience at the global level

The collaboration between Thai and Japan at global-level conference will generate synergetic effects. For example, co-hosting PMAC side meeting is a good practice. Thai has a broad network in collaboration with implementing UHC globally, and Japan has high social credit worldwide with some technical assistance projects of social security in low-income countries. So, both can invite most appropriate resource persons for the topic of the meeting among diverse networks, and can create atmosphere for influential audience in their countries to enhance UHC policy and implementation.

(2) Filling the position of main responsible persons

Both positions of the Project Manager and Chief Advisor would be highly expected to be filled for smooth communication between Thailand and Japan side, and for continuous implementation of project activities in each side.

(3) Identification of focal person in each working group

The focal person of each working group should be identified to follow up the activities. The name and email list of focal persons should be created initially and updated regularly.

(4) Well preparatory with participating countries

In the next phase, both Thailand and Japan should use their social capital to expand the network to other countries that meet selection criteria especially for Output 2. Then a discussion between GLO+UHC and participating countries should be conducted to identify objectives, appropriate approaches (e.g. online course / UHC Resource Center) and required actions together.

(5) Attentiveness to balance among the 3 Outputs routinely

All activities should follow PDM. Regular monitoring should be done by JPMT with feedback process to working group. Summary of the meeting can be shared with concerned organization such as JICA headquarter, MOPH, and NHSO.

IV. For the Achievement of Overall Goals after the Project Completion

1. Prospects to achieve Overall Goal

Overall Goal

> Access to health services and financial risk protection are improved in Thailand and participating countries.

This overall goal, which was set before the beginning of the Project, was so general that it was hard to evaluate the achievement. But some policies were successfully launched and implemented after the activities of projects, for instance, decentralization policy, fee schedule policy, IT digital master plan, etc. These movements will contribute to the strengthening of UHC in Thailand. The experiences will be shared with participating countries in the near future.

Objective Verifiable Indicators to Overall Goal

> At least one parameter in health service and financial risk protection is fulfilled in Thailand and participating countries.

Though GLO+UHC project members have implemented the broad range of activities, it might be impossible to claim the change of parameter in health services and financial risk protection as an impact of GLO+UHC. However, outputs and outcomes of this project contributed to the development of policies as follows;

- The study tour report was submitted to the Health Quality Control Board for promoting decentralization.
- NHSO established IT digital master plan.
- NHSO Region 13, metro Bangkok area, decided to embark on establishing a single fee schedule for outpatient.

2. **Plan of Operation and Implementation Structure of the Thai side to achieve Overall Goal**

As GLO+UHC will remodeled into the second phase, starting within 2020, in the initial stage of the next phase, the second phase members will be expected to know about the previous works from the first phase.

3. **Recommendations for the next phase**

The discussion of the objective verifiable indicator should be prioritized. Easily countable parameter based on daily project activities are desirable.

The framework of the Project, particularly for the cooperation to other countries, has not

been clearly set. As the project moved to the termination process, it is highly recommended for the second phase members to intensively discuss to clarify a framework and necessary process for the cooperation to other countries for further implementation of Output 2 (Capacity development for UHC implementation in other countries is promoted, based on, but not limited to, good practice collected from Output 1 applying new approaches e.g. on-line/UHC Resource Center). Above all, NHSO, MOPH, and JICA will be expected to positively create the connection with participating countries (Cambodia, Myanmar, Lao PDR, Vietnam, etc.). The activity of "UHC for Children (U4C)" is touchstone as U4C plans to invite CMVL countries to daycare center workshop in the early stage of the second phase.

4. Monitoring Plan from the end of the Project to Ex-post Evaluation

The Ex-Post evaluation will be conducted 3 years after terminating this project (Phase 1). Phase 2 will address what Phase 1 cannot achieve before the Ex-post Evaluation. The Phase 2 team (NHSO, MOPH, and JICA GLO+UHC) will work together for evaluation.

(If the project will be continuously monitored by JICA after the completion of the project, mention the plan of post-monitoring here.)

ANNEX 1: Results of the Project
(List of Dispatched Experts, List of Counterparts, List of Trainings, Summary of remarkable activities etc.)
ANNEX 2: List of Products (Report, Manuals, Handbooks, etc.) Produced by the Project
ANNEX 3: PDM (All versions of PDM)
ANNEX 4: R/D, M/M, Minutes of JCC (copy) (*)
ANNEX 5: Monitoring Sheet (copy) (*)
  (Remarks: ANNEX 4 and 5 are internal reference only.)

Separate Volume: Copy of Products Produced by the Project

ANNEX 1: Results of the Project
          (List of Dispatched Experts, List of Counterparts,
           List of Trainings, Summary of remarkable activities
           etc.)

ANNEX 2: List of Products (Report, Manuals, Handbooks, etc.)

          Produced by the Project

ANNEX 3: PDM (All versions of PDM)

Annex 1-1-1. List of long term experts

Name	Title	Period
Dr. Yosuke TAKASAKI	Chief Advisor	Jul. 14, 2016 - Jul. 13, 2018
Ms. Kae RUSSEL	Project coordinator	Jul. 14, 2016 - Jul. 13, 2019
Ms. Kaori NAKATANI	Project formulation	Oct. 30, 2017 - Jul. 13, 2019
Dr. Tomohiko MAKINO	Chief Advisor	Jul. 8, 2018 - Feb. 18, 2019
Dr. Munehito MACHIDA	Chief Advisor	Apr. 7, 2019 - Jul. 13, 2020
Mr. Hiroshi IWADATE	Project coordinator	Jun. 13, 2019 - Jul. 13, 2020

Annex 1-1-2. List of short term experts

Name	TOR	Title	Period
Dr. Hiroaki MIYATA	Big Data Utilization for Health	Prof. at Keio Univ.	May 5, 2017 - May 10, 2017
Prof. Ichiro KAWACHI	Social marketing/Health communication and Social epidemiology/Behavioral economics	Prof. at Harvard University	Jun. 28, 2017 - Jun. 30, 2017
Dr. Hanae HAYASHI		McCann Health Communications	
Mr. Toshiya MIZOGUCHI		Roku B (6B) Co., Ltd.	
Prof. Kasisomayajula Viswanath		Prof. at Harvard University	
Dr. Hiroaki MIYATA	Big Data Training	Prof. at Keio Univ. & iGHP	Sep 6, 2017 - Sep. 9, 2017
Ms. Sangnim LEE		iGHP	
Prof. Toshihiko HASEGAWA	Attended SEA regional forum to accelerate NCDs prevention and control in the context of the SDGs	Prof. at Nippon Medical School	Oct. 8, 2017 - Oct. 11, 2017
Mr. Hideomi WATANABE	Attended The 4th Annual National Health professional Education Reform Forum: ANHPERF	Prof. at Gunma Univ.	Nov. 5, 2017 - Nov. 8, 2017
Mr. Takatoshi MAKINO		Assoc. Prof. at Gunma Univ.	
Dr. Masao ICHIKAWA	Attended WHO SEA Ministerial Meeting on Accelerating actions for implementation of Decade of Action for Road Safety	Prof. at TSUKUBA Univ.	Nov. 29, 2017 - Dec. 1, 2017
Dr. Kenji SHIBUYA	Attended The Rockefeller Foundation on Bellagio Center Meeting "Building resilient health systems and Towards the sustainability of universal health coverage".	iGHP	Mar. 20, 2018 - Mar. 22, 2018
Dr. Naoko YAMAMOTO	Attended The Rockefeller Foundation on Bellagio Center Meeting "Building resilient health systems and Towards the sustainability of universal health coverage".	WHO	Mar. 20, 2018 - Mar. 22, 2018
Dr. Yusuke TSUGAWA	Attended Health Care Finance workshop	Asst. Prof. , UCLA	May 13, 2018 - May 15, 2018
Dr. Shuzo NISHIMURA		Director General, Institute for Health Economics and Policy (IHEP)	

Name	TOR	Title	Period
Dr. Nobuo SAKATA	Attended Health Care Finance workshop	Senior researcher, Institute for Health Economics and Policy (IHEP)	May 13, 2018 - May 15, 2018
Dr. Haruko NOGUCHI		Prof. at Waseda University	
Dr. Makoto Tobe		Senior Advisor (health financing / health systems), JICA	
Mr. Shintaro NAKAMURA		Senior Advisor on Social Security, JICA	
Prof. Dr. Soichi KOIKE	Attended The 5th Annual National Health Professional Education Reform Forum	Prof., Jichi Medical University	Nov. 13, 2018 - Nov. 15, 2018
Dr. Nobuo SAKATA	Attend the Workshop of the Health Finance	Senior researcher, Institute for Health Economics and Policy (IHEP)	Jan. 8, 2019 - Jan. 10, 2019
Dr. Yoko TSURUGI	Pre-study visit workshop "Japan's experiences in Universal Health Coverage for Children (U4C) towards improving U4C in neighboring countries"	Director of Mifune Health Center, Kumamoto Prefecture	Jan. 10, 2019 - Jan. 12, 2019
Dr. Hayato YAMANA	Supervision of Mr. Khachon's research	Project Research Associate, Graduate School of Medicine, University of Tokyo	Jul. 18, 2019 - Jul. 20, 2019
Dr. Shinya MATSUDA	Meeting on DRG	Prof. at University of Occupational and Environmental Health	Aug. 6, 2019 - Aug. 9, 2019
Mr. Kenji FUJIMOTO		Asst. Prof. at University of Occupational and Environmental Health	
Dr. Nobuo SAKATA	Attend the Workshop on fee schedule	Senior researcher, Institute for Health Economics and Policy (IHEP)	Aug. 19, 2019 - Aug. 21, 2019
Prof. Akemi MIYASATO	Primary day care improvement workshop	Prof. at Ochanomizu University	Nov. 10, 2019 - Nov. 12, 2019
Dr. Hiroe YAMAZAKI		Research Support Member at Ochanomizu University	
Dr. Shinya MATSUDA	Research meeting on DRG	Prof. at University of Occupational and Environmental Health	Feb. 12, 2020 - Feb. 13, 2020
Mr. Kenji FUJIMOTO		Asst. Prof. at University of Occupational and Environmental Health	
Ms. Yumiko MIYASHITA	Support GLO + UHC project activities	Coordination Specialist	Feb. 12, 2020 - July. 13, 2020

Annex 1-1-3. Summary of Training Courses and meeting/workshop in Japan

Training Courses in Japan

Course title	Number of participants	Period	Venue	Output	Sub-group
JICA Training course "Strengthening Social Health Protection Towards Universal Health Coverage"	4	Feb. 5, 2017 - Feb. 18, 2017	Tokyo	1, 2	Knowledge Sharing
JICA Training course "Shohei Kenshu, Japan on Health System Sustainability by Minister of Public Health and delegation"	21	Feb. 21, 2017 - Feb. 28, 2017	Tokyo	1	Knowledge Transfer
IPE Training in Gunma University	1	Aug. 22, 2017 - Aug. 24, 2017	Gunma Univ.	2	Health Workforce
Strategic Policy Research and Innovation (SPRI) Program	1	Oct. 14, 2017 - Oct. 28, 2017	GRIPS, Tokyo	1	GRIPS SPRI Program
Workshop for Health Information System, Big data utilization	4	Nov. 12, 2017 - Nov. 25, 2017	University of Tokyo and iGHP, Tokyo	1	Health Information System
The start up workshop for Health Information System, Big data utilization	3	Nov. 12, 2017 - Nov. 14, 2017	University of Tokyo, Tokyo	1	Health Information System
JICA Training course "Strengthening Social Health Protection Towards Universal Health Coverage (UHC Open House)"	2	Jan. 18, 2018 - Jan. 18, 2018	Tokyo	1, 2	Knowledge Sharing
Strategic Policy Research and Innovation (SPRI) Program	1	Feb. 18, 2018 - Mar. 4, 2018	GRIPS, Tokyo	1	GRIPS SPRI Program
JICA Training course "Policy planning for People's centered health information system"	15	Mar. 3, 2018 - Mar. 18, 2018	Tokyo	1	Health Information System <Data Platform>
Long-term Training, MPH course at Japanese university	1	Mar. 31, 2018 - Mar. 13, 2020	St. Luke's International Univ., Tokyo	1	Human Resource Development on UHC
Strategic Policy Research and Innovation (SPRI) Program	1	Jun. 3, 2018 - Jun. 16, 2018	GRIPS, Tokyo	1	GRIPS SPRI Program
Big data Utilization Research visit	1	Jun. 10, 2018 - Jun. 23, 2018	University of Tokyo	1	Health Information system <Data Utilization>
JICA Training course "Health Care Finance"	21	Jun. 17, 2018 - Jun. 23, 2018	Tokyo	1	Health Finance <Micro Financing>
Big data Utilization Research visit	2	Jun. 24, 2018 - Jun. 28, 2018	Tokyo	1	Health Information system <Data Utilization>
IPE Training in Gunma University	2	Aug. 22, 2018 - Aug. 24, 2018	Gunma Univ.	2	Health Workforce
JICA Training course "Strengthening Social Health Protection Towards Universal Health Coverage"	2	Dec. 2, 2018 - Dec. 8, 2018	Tokyo	1, 2	Knowledge Sharing
Strategic Policy Research and Innovation (SPRI) Program	1	Dec. 17, 2018 - Dec. 27, 2018	GRIPS, Tokyo	1	GRIPS SPRI Program
WHO Price setting and price regulation in health care	2	Jan. 23, 2019 - Jan. 25, 2019	Yokohama	1	Knowledge Sharing
JICA Training course "Japan's experiences in Universal Health Coverage for Children (U4C) towards improving U4C in neighboring countries"	17	Feb. 17, 2019 - Feb. 23, 2019	Kyusyu	1	UHC for Children and Mothers (U4C)
Strategic Policy Research and Innovation (SPRI) Program	1	Mar. 9, 2019 - Mar. 23, 2019	GRIPS, Tokyo	1	GRIPS SPRI Program
Study Visit on Fee Schedule	8	Oct. 27, 2019 - Nov. 2, 2019	Tokyo and Ibaraki	1	Health Finance <Micro Financing>
JICA Training course "Multisectoral coordination and collaboration for community health's project"	13	Dec. 1, 2019- Dec. 7, 2019	Saku city, Nagano	1	Knowledge Sharing
JICA Training course "Strengthening Social Health Protection Towards Universal Health Coverage (UHC Open House)"	1	Jan. 21, 2020 - Jan. 24, 2020	Tokyo	1, 2	Knowledge Sharing
JICA Training course "Consumer Satisfaction Management"	14	Feb. 16, 2020 - Feb. 22, 2020	Kobe, Osaka and Kyoto	1	Knowledge Sharing

Meeting/workshop in Japan

Meeting/workshop	Number of participants	Period	Venue	Output	Sub-group
G7 Kobe Health Ministers' Meeting	1	Sep. 11, 2016 - Sep. 12, 2016	Kobe	2	International Platforms
The 50th Asian Development Bank Annual Meeting	2	May 3, 2017 - May 5, 2017	Yokohama	3	International Platforms
UHC Forum 2017	4	Dec. 12, 2017 - Dec. 15, 2017	Tokyo	3	International Platforms Health Information Systems <Data Platform>
Price setting and price regulation in health care, arranged by WHO Kobe Centre	2	Jan. 23, 2019 - Jan. 25, 2019	Yokohama	1	Knowledge Sharing
Sixth Regional Workshop on Leadership and Advocacy for the Prevention and Control of Noncommunicable Diseases (LEAD-NCD)	1	Mar. 12, 2019 - Mar. 15, 2019	Saitama	1	Knowledge Sharing
Study Visit to Japan "Challenge of Health Care System in Asian Countries"	19	Mar. 25, 2019 - Mar. 28, 2019	Japan	1	Knowledge Sharing
Accelerating Health-Care Quality and Safety Improvement in Transitional Economy Member States - Collaborative Workshop 3	1	Mar. 26, 2019 - Mar. 28, 2019	Saitama	1	Knowledge Sharing

Annex 1-1-4. Summary of workshops/events in Thailand and other countries, except Japan

Activities that the project organized/set

Activities	Number of participants	Period	Venue	Output	Sub-group
PMAC Side Meeting "Advancement and Challenges of UHC"	80	Jan. 30, 2017	Bangkok, Thailand	3	International Platforms
Health Information System Lecture and Field Visit (Prof. Miyata)	30	May. 7, 2017- May 9, 2017	Chiang Mai, Thailand	1	Health Information System <Data Platform> <Data Utilization>
Workshop on Social Epidemiology and Behavioral Economics, and Social Marketing and Health Communication	70	Jun. 28, 2017 - Jun. 30, 2017	Bangkok, Thailand	1	Social epidemiology and social marketing
Big data training (by Prof. Miyata and team)	25	Sep. 6, 2017 - Sep. 9, 2017	Chiang Mai and Bangkok, Thailand	1	Health Information System <Data Platform>
PMAC side meeting "How Can Health Data and Technological Innovations Contribute to the Next-generation UHC for Ensuring Global Human Security?	85	Jan. 30, 2018	Bangkok, Thailand	3	International Platforms
Health Care Finance Workshop	120	May 13, 2018 - May 15, 2018	Bangsaen, Thailand	1	Health Finance <Macro Financing>
Meeting : Data platform with iGHP	20	Nov. 15, 2018	Bangkok, Thailand	1	Health Information System <Data Platform>
Meeting on Analysis with Dr. Supon Limwatananon and Dr. Chulaporn Limwattananon	20	Dec. 24, 2018 - Dec. 25, 2018	Bangkok, Thailand	1	Health Information system <Data Utilization>
Workshop on Health Finance (Dr. Sakata)	30	Jan. 8, 2019 - Jan. 10, 2019	Bangkok, Thailand	1	Health Finance <Micro Financing>
Pre-study visit workshop "Japan's experiences in Universal Health Coverage for Children (U4C) towards improving U4C in neighboring countries	25	Jan. 11, 2019	Bangkok, Thailand	1, 2	UHC for Children and Mothers
PMAC side meeting "Partnership of Thailand and Japan toward Global UHC :Stocking achievements and way forward"	80	Jan. 29, 2019	Bangkok, Thailand	1, 3	International Platforms
iGHP Bigdata utilization meeting (Mr. Tanapat's manuscript)	5	Mar. 18, 2019 - Mar. 22, 2019	Bangkok, Thailand	1	Health Information system <Data Utilization>
Dr. Yamana' supervision of Mr. Khanchon's research to be published as a journal paper	4	Jul. 18, 2019 - Jul. 20, 2019	Bangkok, Thailand	1	Health Information system <Data Utilization>
Meeting on DRG	30	Aug. 6, 2019 - Aug. 9, 2019	Bangkok, Thailand	1	Health Information system <Data Utilization>
Workshop on Health Finance (Fee Schedule)	31	Aug. 19, 2019 - Aug. 21, 2019	Bangkok, Thailand	1	Health Finance <Micro Financing>
PMAC side meeting " Strong Collaboration with private sector for better UHC"	85	Jan. 29, 2020	Bangkok, Thailand	3	International Platforms
Research Meeting on DRG	35	Feb. 12, 2020 - Feb. 13, 2020	Bangkok, Thailand	1	Health Information system <Data Utilization>
Meeting between iGHP and NHSO	17	May 18, 2020	Teleconference	1	Health Information system <Data Utilization>
Research Meeting on DRG		(June. 16, 2020)	Teleconference	1	Health Information system <Data Utilization>

Annex 1-1-5. Summary of workshops/events in Thailand and other countries, except Japan

Other activities organized by other organizations

Course title	Number of participants	Period	Venue	Output	Sub-group
The Committee on the Strategic Plan on the Development of Health Workforce Education in the 21 Century		Jul.27, 2016	Thailand	1	Health workforce
The 9th Annual Assembly of Asia-Pacific Action Alliance on Human Resources for Health (AAAH)		Oct. 24, 2016 - Oct. 28, 2016	Colombo, Sri Lanka	2	Health workforce
The 9th National Health Assembly	80	Dec. 21, 2016 - Dec. 23, 2016	Nonthaburi, Thailand		
Global Health Diplomacy Workshop	25	Apr. 24, 2017 - Apr. 26, 2017	Nakhon Prathom, Thailand	1, 2, 3	Global Health Diplomacy
Zambia Study Visit on Health Technology Assessment and Priority Setting for Universal Health Coverage in Thailand	20	Jul. 3, 2017 - Jul.7, 2017	Bangkok, Thailand	2	Health Technology Assessment
The seminar on "Institutions and District Health System Academy Collaboration in 21st Century	50	Jul. 17, 2017 - Jul. 18, 2017	Nakorn Ratchasima, Thailand	1	Health Workforce
The Committee on the Strategic Plan on the Development of Health Workforce Education in the 21 Century	55	Aug. 1, 2017	Bangkok, Thailand	1	Health workforce
Capacity building program at health policy and systems research (HPSR) "The First Consultation Meeting Strengthening and sustaining national capacities on Health Policy and Systems Research in the Philippines: challenges and policy choice"		Sep. 18, 2017 - Sep. 20, 2017	Manila, Philippines	2	Knowledge Sharing
Consultative Meeting on What to Purchase/Provide for UHC-Designing, Financing and Delivering Health Service Packages in the Eastern Mediterranean		Sep. 26, 2017 - Sep. 28, 2017	Cairo, Egypt	1	Knowledge Sharing
SEA Regional forum to accelerate NCDs prevention and control in the context of SDGs	40	Oct. 9, 2017 - Oct. 11, 2017	Bangkok, Thailand	2, 3	Non-Communicable Disease
The International Social Security Association (ISSA) Technical meeting		Oct. 18, 2017 - Oct. 19, 2017	Seoul, Korea	2	International Platforms
The 4th Annual National Health Professional Education Reform Forum	50	Nov. 6, 2017 - Nov. 8, 2017	Bangkok, Thailand	2	Health workforce
WHO SEA Ministerial Meeting on Accelerating actions for Implementation of Decade of Action for Road Safety	70	Nov. 29, 2017 - Dec. 1, 2017	Phuket, Thailand	2, 3	Road Safety
Study Visit on Health systems development: a cornerstone for implementing UHC: learning and sharing experience between Myanmar and Thailand: Myanmar MOH NIMU	75	Dec. 4, 2017 - Dec. 8, 2017	Bangkok, Thailand	2	Knowledge Sharing
The 10th National Health Assembly		Dec. 20, 2017 - Dec. 22, 2017	Nonthaburi Thailand		
UHC "Achieving the Universal Health Coverage : From the past to the future?"	70	Feb. 2, 2018	Bangkok, Thailand	3	International Platforms
The Committee on the Strategic Plan on the Development of Health Workforce Education in the 21 Century	50	Feb. 27, 2018	Bangkok, Thailand	1	Health workforce
Stagnation in UHC Implementation: what effective strategies to remove bottlenecks?		Mar. 20, 2018 - Mar. 22, 2018	Bellagio, Italy	3	International Platforms
Global Health Diplomacy Workshop	40	Apr. 30, 2018 - May. 2, 2018	Nakhon Prathom, Thailand	1, 2, 3	Global Health Diplomacy
The 7th HTAsialink Annual Conference	20	May 8, 2018 - May 10, 2018	Chiang Mai, Thailand	3	Health Technology Assessment
The Committee on the Strategic Plan on the Development of Health Workforce Education in the 21 Century	55	Jun. 12, 2018	Bangkok, Thailand	1	Health workforce
Study Visit on The role of civil society in supporting UHC: learning and sharing experience between Myanmar and Thailand: Myanmar Parliamentarians	20	Jun. 25, 2018 - Jun. 29, 2018	Bangkok, Thailand	2	Knowledge Sharing
Global Health Diplomacy Workshop		Aug. 28, 2018 - Aug. 30, 2018	Manila, Philippines	3	Global Health Diplomacy
Asia -Pacific Regional Meeting on AIDS, TB and UHC	30	Sep. 5, 2018	Bangkok, Thailand	3	International Platforms
Study visit on Payment certification for social protection scheme in Thailand: Cambodia PCA, WB Cambodia	30	Sep. 24 - Sep. 28, 2018	Bangkok, Thailand	2	Knowledge Sharing
The 4th PMAC 2019 Preparatory Meeting		Oct. 9, 2018 - Oct. 12, 2018	New York, USA	3	International Platforms
Study visit on Health Technology Assessment (HTA) and Development and HTA Framework for Kenya	25	Nov. 12, 2018 - Nov. 15, 2018	Bangkok, Thailand	2	Health Technology Assessment
The 5th Annual National Health Professional Education Reform Forum	30	Nov. 12, 2018 - Nov. 13, 2018	Bangkok, Thailand	2	Health workforce

Course title	Number of participants	Period	Venue	Output	Sub-group
Community Health Visit (Expert visit)	10	Nov. 13, 2018 - Nov. 14, 2018	Phuket Thailand	1, 2	Health workforce

Course title	Number of participants	Period	Venue	Output	Sub-group
The 3rd meeting of Technical Advisory Group on UHC for the Western Pacific Region		Nov. 13, 2018 - Nov. 15, 2018	Manila Philippines	1	Knowledge Sharing
Visiting CPIRD (expert visit)	10	Nov. 15, 2018	Bangkok, Thailand	1, 2	Health workforce
International Trade and Health (ITH) Conference 2018 "Belt and Road Initiative: Opportunities and Challenges for Health	50	Nov. 15, 2018- Nov. 16, 2018	Bangkok, Thailand	3	International Platforms
UHC : Investment in Health (UHC day event)	50	Dec. 12, 2018	Bangkok, Thailand	3	International Platforms
The 11th International Conference on Maternal and Child Health Handbook : A Parallel Session on UHC for Children)	100	Dec. 12, 2018 - Dec. 14, 2018	Bangkok, Thailand	2	UHC for Children and Mothers
The 1st ASEAN Interprofessional Education (IPE) Workshop 2018	80	Dec. 13, 2018 - Dec. 14, 2018	Bangkok, Thailand	2	Health workforce
Study visit on Universal Health Coverage (UHC) learning and sharing experience between Uganda and Thailand	30	Dec. 17, 2018 - Dec. 21, 2018	Bangkok, Thailand	2	Knowledge Sharing
The 5th International Conference on breasting feeding for sick babies	100	Jan. 16, 2019 - Jan. 18, 2019	Bangkok, Thailand	3	UHC for Children and Mothers
PMAC side meeting "In Memory of Dr. Sanguan Nittayaramphong: Health initiative on Prevention and Promotion by Patient Network/Local Government"	80	Jan. 30, 2019	Bangkok, Thailand	3	International Platforms
PMAC side meeting "NCD and UHC-Learning from AIDS-Planning for Success and avoiding mistakes"	85	Jan. 30, 2019	Bangkok, Thailand	3	International Platforms
NHSO GRIPS Meeting	15	Jan.31, 2019	Bangkok, Thailand	1	GRIPS SPRI Program
Consultation with SEARO on UHC Training		Feb. 7, 2019 - Feb. 10, 2019	Delhi, India	2	Knowledge Sharing
Technical consultation meeting on MCH Handbook with Basic Health Staff Current MCH related challenges in Myanmar	7	Feb. 18, 2019 - Feb. 22, 2019	Naypyidaw, Myanmar	2	Knowledge Sharing
GRIPS Presentation in Thailand	25	Feb. 20, 2019	Bangkok, Thailand	1	GRIPS SPRI Program
Multi stakeholders consultation on Universal Health Coverage for High Level Meeting on Universal Health Coverage and the Celebration of World Health Day 2019		Apr. 9, 2019	Bangkok, Thailand		
Global Health Diplomacy Workshop		May 7 - May 9, 2019	Nakhon Prathom, Thailand	1, 2	Global Health Diplomacy
National Hospital Insurance Fund (NHIF) Health Financing Reforms Experts' Panel (HEFREP) Visit Thailand on "Universal Health Coverage (UHC) and Health Technology Assessment (HTA) sharing experience"	2	Jun. 5 - Jun. 7, 2019	Bangkok, Thailand	2	Knowledge Sharing
Thai Universal Health Coverage in Action	35	Jul. 19, 2019 - Jul. 30, 2019	Bangkok, Thailand	2, 3	Knowledge Sharing
Workshop on "Synergizing health professional education networks and community hospital reform network to produce quality health workforce constantly and sustainably"		Aug. 25, 2019 - Aug. 26, 2019	Khon Kean, Thailand	1	Health workforce
Primary Daycare Improvement Workshop	100	Nov. 10, 2019 - Nov. 12, 2019	Bangkok, Thailand	1	UHC for Children and Mothers
The 6 Annual National Health Professional Education Reform Forum: ANHPERF 20189	478	Nov. 25, 2019 - Nov. 26, 2019	Bangkok, Thailand	2	Health workforce
PMAC side meeting " Investing in the Health Workforce towards UHC and SDGs: A Community based Approach"	85	Jan. 29, 2020	Bangkok, Thailand	1	International Platforms
PMAC side meeting "In Memory of Dr. Sanguan Nittayaramphong: No one left behind in practices: Acceleration Process of Universal Health Coverage (UHC)"	85	Jan. 29, 2020	Bangkok, Thailand	1	International Platforms

Annex 1-2 Input by Thai side

Counterpart Assignment

Name	Title	Organization	Duration
Dr. Supakit Sirilak	Deputy Minister	MOPH	July 2018-present
Dr. Suwit Wibulpolprasert	Vice Chair	International Health Policy Program, MOPH	Jul. 2016- present
Dr. Attaya Limwattanayingyong	Director	Global Health Division, MOPH	Jul. 2016- Apr. 2018
Dr. Pisut Chunchongkolkul	Acting Director	Global Health Division, MOPH	Apr.2019 - Jun. 2019
Dr. Walaipron Patcharanarumol	Director	International Health Policy Program, MOPH	Jul. 2016 - present
Dr. Warisa Panichkriangkrai	Researcher	International Health Policy Program, MOPH	Jul. 2016 - present
Ms. Parinda Seneerattanaprayul	Research Coordinator	International Health Policy Program, MOPH	Jul. 2016 - present
Ms. Mayuree Winothai	International Affairs	Global Health Division, MOPH	Aug. 2018 - present
Dr. Jadej Thamatacharee	Deputy General Secretary	National Health Security Office	Jul. 2016 - present
Dr. Kanitsorn Sumriddetchkajorn	Director	Bureau of International Affairs on UHC, NHSO	Jul. 2016- Jul. 16, 2019
Ms. Vasinee Singsa	Section Head	Bureau of International Affairs on UHC, NHSO	Jul. 2016 - Oct. 2018
Ms. Wilailuk Wisasa	Manager	Bureau of International Affairs on UHC, NHSO	Jul. 2016 - present
Ms. Suwaporn Marsook	Section Head	Bureau of International Affairs on UHC, NHSO	Nov. 2018-present
Ms. Atcharaporn Thammachot	Senior Officer	Bureau of International Affairs on UHC, NHSO	Jul. 2016-present
Ms. Patichaya Wattanakrai	Staff	Bureau of International Affairs on UHC, NHSO	Jan. 2019-Sep. 2019
Mr. Sota Takemura	Staff	Bureau of International Affairs on UHC, NHSO	Oct. 2019 - present

Annex 1-3: Summary of remarkable activities

Knowledge sharing - Standard and Quality Control Board

Multisectoral coordination and collaboration for community health's project

Background / Rationale

Under National Health Security Act (2002), Standard and Quality Control Board (QCB) was established. The board members are consisted of various kind of stakeholders to encourage stakeholder's participation in health policy. The board have the power and duties to control the quality and standard of service units and networks of service units, to ensure the quality and standard of wide range of healthcare services nationwide.

Thailand currently promotes decentralization, and local governments have been working various challenges to provide better healthcare services with encouraging residents to participate.

In this circumstance, an important challenge is to improve and standardize the quality of healthcare services nationwide without regional difference through the activities of the board. To strengthen the role and capacity of the board is highly required.

Objectives

- To learn about multi-sector coordination and collaboration for community health system and services in Japan (Output 1)
- To collect the outcomes from this study visit in order to improve health care access and health care services in Thailand's national health security system, especially in parts that running by QCB and the Standard and Quality Control subcommittee (Output 1)

Main activity

Period	Event	Place
1-7 Dec 2019	Study visit "Multisectoral coordination and collaboration for community health's project"	Saku, Nagano, Japan

Remarkable outcomes

- Submitted a policy proposal regarding the following 6 areas to the QCB and approved by the committee in January 2020. All of the proposed items are in operational line to be implemented in 2020.

  <Policy proposal: To improve healthcare access and healthcare services in Thailand>
  - Primary care system
  - Long-term care for the elderly
  - Health promotion and prevention
  - Information management system

- o Public health decentralization
- o Other

Way forward

- Learn Japan's know-how of information management system
  - o How to provide healthcare data and information to local levels
  - o How to access data
  - o How to use healthcare data and information to improve healthcare quality
  - o Target: QCB, sub-committee of QCB of 13 regions
- Learn Japan's know-how for capacity building of local governments specifically through a study visit program
  - o Target: Local governments (Tambon, Tessaban, Sub-district Administrative Office (SAO), Provincial Administrative Office (PAO), sub-committee of QCB of 13 regions
  - o Topics: Health promotion and prevention, and long-term care for the elderly

Lesson learned

- Found difficulties in selecting participants from more than 30 board members and many regional committees. To set criteria is important.
- Keys of successful training course include;
  - o Preparation meetings (Related content, Administration)
  - o Strong leadership by a participant
  - o Everyday BAR (Before action review), AAR (after action review) to reflect Japanese system learned to Thai context
  - o Capable translators with specific knowledge on the learning area
  - o Clear timeline and output after training
  - o Brainstorming session and consecutive meeting among Thai participants

Knowledge sharing - Customer Service

Background / Rationale

The National Health Security Office (NHSO) has established a central call center at the NHSO headquarters to receive all inquiries related to medical facilities and services for all Thai citizens, regardless of the type of their subscribing medical insurance, for 24 hours every day. Since medical facility where people obtain medical service is subject to the type of their medical insurance and their health condition, call center inform the people about the health facility to consult. If the outpatient and inpatient needs to access inpatient service in hospitals under Universal Coverage Scheme (UCS), the call center can coordinate other hospital for admission. The call center also receives comments and complaints from general public about medical services they obtained.

These functions of the call center are essential to protect beneficiary's rights, monitor quality service and reduce conflicts between beneficiaries and providers and also ensure access to quality health services as defined by National Health Security Act. NHSO aims to improve the quality of response activities, including phone operator's communication skill, cause-finding skill, service improvement action at health facility level, etc.

Objectives

- To learn consumer protection policy in health service
- To observe and learn complaint management skill and system in public and private sector;
    o System for accepting and processing complaints
    o Management and training of phone operators
    o Participation of civil sector in use of health insurance

Main activity

Period	Event	Place
16-22 Feb 2020	Study tour "For better customer satisfaction management"	Kobe, Osaka, and Kyoto, Japan

Remarkable outcomes

- Summarized a report (in Thai / English) including several ideas of actions. Though some actions still need more discussion with other stakeholders, the below are already in operational line to be implemented.
    o Medical safety support centers at local level (2021-)

- Set up a center (not a call center but for face-to-face consultation) at each of 260 model sites (20 municipalities x 13 regions)
        - Based on the recognition of the importance of decentralization; easy and effective way to connect to people
        - Need capacity building of local government
    - Training of new operators in addition to the current On-the Job-Training
        - On deep listening, consumer right protection, etc
    - Work environment improvement project named "Happy work place"
        - First, intervention on health problems, specifically, the office syndrome

Way forward
- Deepen discussion with other stakeholders to realize some measures, such as;
    - Hospital bed reservation system applying Japanese 119 fire control room method
    - Capacity building of complain receiving centers on health services run by civil society
- Learn more from Japan how to set up the model of medical safety support center with more participation from local government and local healthcare facilities

Lesson learned
- Keys of successful training course include;
    - Having training at practical, operational level
    - Comprehensive program presented by many stakeholders (healthcare provider, patient, local, civil society, etc)
    - Short lecture on difference in culture and societies before hand
    - Having a capable interpreter

GRIPS SPRI Program

Background / Rationale

The Executive Development Center for Global Leadership and the National Graduate Institute for Policy Studies (GRIPS), in conjunction with the JICA, established the Strategic Policy Research and Innovation Program (SPRI Program). The SPRI Program seeks to engage public officials from ASEAN countries in policy research. It provides them with opportunities to collaborate with Japanese experts on pertinent issues in their countries.

Having achieved UHC in 2002, Thailand is striving to strengthen its UHC policy in the face of underperforming economy, differences in payment mechanisms among the major schemes, rapid population aging, and inconsistent service quality. In view of the global UHC movement, building the capacity of a public health official in policy research via the SPRI program was deemed essential.

Objectives

- To identify the main challenges to UHC strengthening
- To identify possible options for the identified challenges
- To develop a policy brief of policy recommendations

Main Activities

- An NHSO officer participated in the SPRI Program at GRIPS (two-week visits; five visits; 2017-2019)

Remarkable Outcomes

- A paper entitled "Universal health coverage and primary care, Thailand" was published in the Bulletin of the World Health Organization to demonstrate a crucial linkage between a robust primary care and UHC strengthening
- The paper was distributed to the fellow's networks of Thai and international colleagues

Lesson learned

- The issue should be selected based on its long-term relevance to the national and global health agenda. The product of the research could thus find an audience even when those who initially endorsed the project have left the decision-making field;

- In communicating results to key stakeholders, all appropriate formats (e.g. oral presentation, publication, video clips) should be considered to ensure that the message remains accessible long after the Project concluded, or when the window of opportunity for advocacy is not immediately open by the end of the study;

- The shuttle-type, brief-visit and two-year format of the Program is ideal for giving part-time fellows ample time and flexibility to explore the problem and, as in the fellow's case, be inspired by the solution; and

- Periodical onslaughts of work and/or unexpected changes in management can be distracting or utterly disruptive to part-time fellows. Commitment and self-reliance are two key attributes of a fellow as, even in a collaborative effort, completing a research is always a solitary ordeal.

Health Care Finance <Micro Financing>: Fee Schedule

Background / Rationale

Out of the three public health insurance schemes, Universal Coverage Scheme (UCS) is the biggest one covering around 75% of the Thai population. UCS adopts closed-end provider payment methods; capitation for out-patients and global budget with Diagnosis Related Groups (DRG) for inpatients but out-patient of referral cases for secondary and tertiary care adopts fee-for-service method.

The problem is that the system requires open-ended budget for fee schedule under close-ended UCS budget. In order to avoid under-provision of services and to improve the effectiveness of the payment system, Bangkok region was selected as a model to apply Japan's payment system based on fee schedule to Thai context.

Objectives

1. To obtain Japan's know-how on fee schedule and apply in Bangkok region (Output1)
2. To share the above experience and knowledge at global level (Output3)

Main activities

Period	Event	Place
21-25 Feb 2017	Invitation program of Minister of Public Health and high-level officials on the management of health insurance systems	Tokyo, Japan
13-15 May 2018	Health Care Finance Workshop	Chonburi, Thailand
17-23 Jun 2018	KCCP Country Focus: Health Care Finance	Tokyo, Japan
8-10 Jan 2019	Fee Schedule Field Visit and Workshop	Bangkok, Thailand
19-21 Aug 2019	Workshop on Fee Schedule	Bangkok, Thailand
27 Oct -2 Nov 2019	Study Visit for Fee Schedule: Chu-ikyo (Central Social Insurance Medical Council)	Tokyo and Ibaraki, Japan

Remarkable outcomes

- Fee schedule committee in Bangkok Region modeled on Japan's Central Social Insurance Medical Council (Chuikyo) was established in January 2019.
  - Consists of civil society, academics, insurers, health providers
  - Has regular meeting every 2 months
  - Aims to improve item list of fee schedule to reach 100% including high volume, high cost items (e.g. MRI, CT scan)

- Items covered by fee schedule was enlarged from 30% to 50% by virtue of technical advice of Japanese experts

Way forward

- Continue to learn know-how from Japan against the new challenges
- Consider scaling up the fee schedule system to the whole nation
- Disseminate Thailand's experience and knowledge including study findings on economical effectiveness on fee schedule to other countries

Lesson learned

- At the beginning, the project focused on fee schedule for Universal Coverage Emergency Patients, but found out to be difficult to continue because there were too many stakeholders, then changed the direction in 2018. Selection of topics should have done carefully based on situation analysis including the viewpoint of feasibility.

Health Information System: Data platform

Background / Rationale

National Health Security Office (NHSO), as the fund manager of Universal Coverage Scheme (UCS), routinely collects information of the users and providers of all kind of health services, namely, prevention and health promotion, outpatient, and inpatient services under UCS through the operation. The information also includes subscribers' demographic data and health status including underlying diseases.

   Information and Communication Technology (ICT) has played an important role in NHSO to manage those data sets. In the current digital era, there is a growing need for the use of state-of-the-art ICT such as "Big Data" in health arena to generate evidence to develop policies for achieving better UHC; particularly, in improving health system performance with more efficient and effective resource mobilization. To build a database platform is fundamental for the systematic analyses of the NHSO's big data.

Objectives

Through learning Japan's policy and experience on use of ICT for next generation health care system;

- To develop a plan of action for people-centered health information system
- To establish hardware & software architecture and its legislation
- To integrate all the health information of each person -starting from aggregation of all data sets in NHSO and then from other relevant entities- as Individual Health Profile (IHP)

Main activities

Period	Event	Place
7-9 May 2017	Lecture & Field visit Big Data utilization preparation meeting	Chiang Mai & Bangkok, Thailand
6-9 Sep 2017	Big Data training	Bangkok, Thailand
12 Dec 2017	UHC Forum Side Event "The Future of Health Systems: The Role of data health in the era of the next-generation UHC"	Tokyo, Japan
30 Jan 2018	PMAC Side Meeting "How Can Health Data and Technological Innovations Contribute to the Next-generation UHC for Ensuring Global Human Security?"	Bangkok, Thailand
3-18 Mar 2018	Study visit (KCCP): Policy planning for people's centered health information system	Tokyo, Japan
15 Nov 2018	Meeting: Data platform with iGHP	Bangkok, Tokyo

Remarkable outcomes

- IT Digital Master Plan 2017-2021 with 6 strategies including Big Data was established
- Hardware and software for setting Big Data architecture were established
- Some data services have started
    - A pilot data service for diabetes mellitus and hypertension (DM-HT) health data for health providers and researchers
    - Publicly available "Open data" provided in an aggregate form
    - A virtual lab which facilitates remote access to data (in preparation)
- Data privacy law is going to enter into force in 2020

Way forward

- Establish data protection measures in NHSO in compliance with the data privacy law
    - Data classification which distinguish the data to be protected and to go public among NHSO IT Bureau and branch offices by the end of 2020
    - Personal data protection regulation for data lake (=a pool of Big Data) use
- Achieve a value-based payment model for DM-HT reimbursement
- Utilize data lake by machine learning and mobile applications
- Further promote IHP with aggregating data from other public health entities

Lesson learned

- Necessary to increase more competency of ICT for public health researchers
- Sometimes, a request from Thai side and what Japan provided mismatched. Need to adjust to Thai context.
    - Mismatch in experts: For example, Thai side requested training on machine learning but Japanese counterpart was not expert of ICT but health data
    - Difference in the way to proceed things: "Japan gives systematic lecture like 1, 2, 3, …but Thailand has 3 before 1"
    - Mismatch in statistic tools mostly used in Japan and Thailand
- Thai side did not distinguish GLO+UHC and another Japanese counterpart (iGHP), then contacted the counterpart directly and failed to arrange some activities. The structure of aid and role of the project should be well recognized.

Human Resource for Health – Health Professional Education

Background / Rationale

Strengthening the health workforce is a common critical challenge around the world. The 66th World Health Assembly in 2013, in an ad hoc exercise led by Thailand, had adopted a resolution WHA66.23 on transforming health professional education (HPE) in support of UHC, which aims to increase not only quantity but also quality and relevance of health professionals. Subsequently, Thailand established Annual National Health Professional Education Reform Forum (ANHPERF) in 2014.

One of the key strategies in HPE is inter-professional education (IPE), which refers to collaborative learning involved with educators and students from two or more health professions to develop interprofessional team behaviors and competence for providing patient-centered care[1].

Objectives

- To further promote IPE in Thailand utilizing Japan's knonw-how (Output1)
- To share the experience and knowledge with ASEAN countries (Output 2)

Main activities

Period	Event	Place
17-18 Jul 2017	Seminar	Nakon Ratchasima, Thailand
22-24 Aug 2017	IPE Training	Gunma, Japan
6-8 Nov 2017	ANHPERF	Bangkok, Thailand
20-25 Aug 2018	IPE Training	Gunma, Japan
12-13 Nov 2018	ANHPERF	Bangkok, Thailand
13-14 Dec 2018	ASEAN IPE Workshop	Bangkok, Thailand
25-26 Nov 2019	ANHPERF	Bangkok, Thailand
29 Jan 2020	PMAC Side meeting "Investing in the Health Workforce towards UHC and SDGs: A Community-based Approach"	Bangkok, Thailand

Remarkable outcomes

- IPE toolkits obtained from Gunma Univ. was utilized in a workshop for training IPE champions/leaders

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[1] Buring SM, Bhushan A, Broeseker A, et al. Interprofessional education: definitions, student competencies, and guidelines for implementation. *Am J Pharm Educ*. 2009;73(4):59. doi:10.5688/aj730459

- The toolkits were also incorporated into a revised IPE guideline for all the professions named "Interprofessional Education", which is available in Thai and English
- Thailand takes a lead role in IPE in the ASEAN region. The experience and knowledge were shared with other ASEAN countries through a workshop in Japan, ANHPERFs, and ASEAN IPE workshops with financial backing from JICA.
- The Project invited two medical students from Myanmar and Vietnam who attended an IPE research forum in Brunei to actively participate at ANHPERF in 2019. This became an initiative to engage young generation to get involved for further momentum.

Way forward
- Foster more champions on IPE thorough capacity building in Thailand
- Build stronger IPE network with ASEAN countries
  - Using ANHPERF, ASEAN workshop as well as AAAH network
  - Hold a workshop in Lao PDR which was scheduled in Feb 2020 but postponed due to COVID-19

Lesson learned
- Project should have continuity/consistency. It was troublesome for the Thai counterpart to explain their activities to get full understanding and support from every new chief manager. The gap period between Pase1-Phase 2 should be well managed, too.
- The IPE team has been working with various partners including WHO and Gunma Univ. even before GLO+UHC project started. Thus, the project made just a partial contribution. Better working in close collaboration to have visible contributions.

UHC for Children and Mothers (U4C)

Background / Rationale

Maternal and child health (MCH) has been one of the most prioritized issue in Thai public health. The effort successfully improved MCH as seen in many indicators such as low child mortality rate, low maternal mortality ratio, high government health expenditure, low dependency on external financial resource. To further promote MCH, "Diagonal approach", which integrates vertical approach (e.g. maternal and child health handbook, vaccination, early childhood education and care (ECEC)), which is about 'WHAT' are to be provided, and

horizontal approach (e.g. UHC, health system strengthening, service delivery, financial protection, community empowerment etc.), which is about 'HOW' they are provided, is vital.

Notably, UHC in Thailand has contributed to a fairly equitable distribution of MCH services[2], which can be a successful role model among ASEAN countries to achieve SDGs Goal 3 "Ensure healthy lives and promote well-being for all at all ages".

Objectives

- To create "Thailand-Japan success model for MCH via achievement of UHC" which compiles a series of health policies for MCH
- To disseminate it in the ASEAN region to promote MCH and facilitate the attainment of SDGs.

Main activities

Period	Event	Place
12-14 Dec 2018	Parallel Session in International Conference on MCH Handbook	Bangkok,Thailand
11 Jan 2019	Pre-study visit workshop	Bangkok, Thailand
16 Jan 2019	Intl.Conf. on Breastfeeding for Sick Babies	Bangkok, Thailand
2018-2019	Developing thematic papers on MCH in Japan and Thailand	
17-23 Feb 2019	KCCP Country Focus "Japan's experiences in U4C towards improving U4C in neighboring countries"	Kumamoto, Japan
19-22 Feb 2019	Technical consultation meeting on MCH Handbook with Basic Health Staff Current MCH related challenges in Myanmar	Myanmar
30 Jul 2019	Lecture on database development "ONCE and DONE- Better Universal Health Coverage and Health Systems for Children and Women in Thailand"	Bangkok, Thailand
10-12 Nov 2019	Primary Daycare Improvement Workshop	Bangkok, Thailand

Remarkable outcomes

- The project encouraged U4C as an important movement in Thailand in a way not disease oriented, but in systematic approach, then gather all the stakeholders to discuss on it.
- Notable MCH topics of Thailand and Japan were collected and issued as thematic papers. Lessons learnt from Thailand and Japan on MCH has been shared and disseminated to other countries.

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[2] Limwattananon S, et al. Equity in maternal and child health in Thailand, Bulletin of WHO.88(6):420-7. 2010.

Thailand	Japan
Benefit package under Thai UHC	Water coverage and infant diarrhea
Elimination of mother-to-child transmission (EMCT) of HIV	Maternal and Child health checkup program and Maternal and Child Health Handbook
Thalassemia prevention and control	Newborn screening
Control and prevention of Iodine deficiency disorders	Social welfare system for persons with disabilities and children
Birth defect registry	Health financing system for children
Online birth registry	Reproductive health/rights and family planning in contemporary
National antidote project	Achieving excellent perinatal health with a moderate cesarean section rate
Save our children's sight from refractive error	How Japan achieved one of the lowest neonatal mortality rates in the world
	Maternal and child nutrition

- Idea of implementing daycare centers which integrate promotion of health (e.g. breast feeding, nutritious food, and uptrend health issues incl. NCDs) and safety according to the MCH book by the concept of early childhood education and care (ECEC) of children was deepened.
    - Proposed practical quality daycare for 3-month to 3-year old children that including guideline for raising mentioned above
    - Proposed to increase number of daycare centers for 3-month to 3-years old children
    - Improved quality of teacher by developing a curriculum for teachers
    - Established 4 model centers called "Daycare learning centers"
- The Project motivated Thai relevant authorities to rebuild database on MCH

Way forward

- Work on how to improve quality of health workforce for child caring, for example by;
    - developing online curriculum
    - developing curriculum for parents
    - getting more know-how and a model from Japan
- Issue second thematic papers with collecting more issues from CLMV as the project brought international view

Lesson learned

- Realized that M4C needed more systematic approach and good coordination among various stakeholders including MOPH and NHSO.

Global Health Diplomacy

Background / Rationale

Global health (GH), defined as issues that directly or indirectly affect health that can transcend national boundaries, is a global political engagement at the intersection of health, diplomacy and global collective action. Since GH needs a pooling of experience and knowledge and a two-way flow between developed and developing countries, Thailand launched a GHD workshop in 2010 for capacity building of Thai delegation to be well prepared to World Health Assembly (WHA) and other governing bodies meetings. The workshop then expanded for international participants for the past five years.

In recent years, GHD became a national strategy. The Ministry of Public Health and Ministry of Foreign Affairs issued a directive to have the national Global Health Strategic Framework (2016-2020) (GHS). The Framework was approved by the cabinet. It aims to ensure health security for Thai people as well as providing technical assistance, support for health development in other countries.

The GLO+UHC project has been expected to play an important role in capacity building on GH by coordinating and inputting Japanese resource persons.

Objectives

- To strengthen understanding and capacities on global health, especially of Thai delegation to be well prepared to WHA and other global health platforms (Output 3)
- To build up GH capacity in other countries and expand GH network (Output 3)

Main Activities

- Annual GHD Workshops in Thailand with technical support from Japan side (by Ministry of Health, Labour and Welfare (MHLW) and Univ. of Tokyo) and financial support from Japan for Japanese participants and participants from selected countries
    - o 2017: Participants from Thailand, Vietnam, Laos, Japan, and Philippines
    - o 2018: Participants from Thailand, Iran, Japan, and Philippines
    - o 2019: Thailand, Japan, and Nepal
- GHD Workshop abroad with collaboration with GLO+UHC
    - o 2017 in Japan
    - o 2018 in Philippines
- Accepting study visits from other countries

Remarkable outcomes

- Expanded and strengthened global health network with other countries, which is an essential element for successful implementation of the Thailand's GHS.
  - Especially, the project brought more countries outside of South East Asian Region
  - The project also strengthened a connection with MHLW, Japan
- GHD generated good image of Thailand as a global health leader

Lessoned learned

- At initial phase, GHD workshop was supported by domestic financial resource. GHD also has been supported by WHO both financially and technically under Country Cooperation Strategy (CCS) scheme, which is an innovative global model for the collaboration between WHO and middle-income countries. Thus, the contribution by the project is just a partial. Better working in close collaboration to have visible contributions and presence.

  The collaboration with Univ. of Tokyo had started before the GLO+UHC project launched, thus for the past couple years resource persons were from Univ of Tokyo and MHLW. It might be difficult from Thai side to identify Japan resource persons from various organizations. Thus, GLO+UHC can play role as focal point to communicate with Thai side and Japan side which includes Univ of Tokyo, MHLW and JICA.

Annex 2   List of Products

Year - No	English Name	Language
2016-1	Project leaflet [1st version 2016]	English
2017-1	PMAC 2017 Side Meeting : Advancement and Challenges of UHC [30 Jan. 2017 Bangkok Thailand]	English
2017-2	UHC Open House 2017 : Strengthening Social Health Protection Towards Universal Health Coverage [6-17 Feb. 2017 Tokyo Japan]	English
2017-3	Report of UHC Open House 2017 : Strengthening Social Health Protection Towards Universal Health Coverage [13 Feb. 2017]	English
2017-4	Report: Practical Handbook on Social Epidemiology and Social Marketing : How to plan and implement public health policies effectively to manage universal health coverage [28-30 Jun. 2017 Bangkok Thailand]	English
2017-5	Report : Situation Analysis in Thailand and Activities of GLO+UHC 2017 version 5.1 [15 Aug. 2017 Thailand]	English
2017-6	Report: The First Consultation Meeting Strengthening and sustaining national capacities on Health Policy and Systems Research in the Philippines: challenges and policy choice [18-20 Sep. 2017 Manila, Philippines]	English
2017-7	Report: The Development of Benefit package in Thailand from pragmatic to sophisticated process Presented at Consultative Meeting on What to Purchase/Provide for UHC-Designing, Finance and Delivering Health Service Packages in the Eastern Mediterranean Region [25-28 Sep. 2017 Cairo, Egypt]	English
2017-8	Report of first Visit : Improving of Thai UHC [under GRIPS SPRI Program : Dr. Kanitsorn Summriddetchkajorn : 16-26 Oct. 2017 Tokyo Japan]	English
2017-9	Report: Start-up workshop for health information system-data utilization team [113-14 Nov. 2017 at iGHP and NCGM, Tokyo, Japan]	English
2017-10	Report of first visit : Effect of Asthma Care Program Invested by National Health Security Office in Thailand on Reduction of Asthma Admission and Length of Stay [12-25 November 2017 at iGHP and NCGM, Tokyo, Japan] [Ms. Phatthanawilai Inmai]	English
2017-11	Report of first visit : Dynamic Differential Capitation and Reimbursement Model for Out-Patient service under the Universal Health Coverage Scheme in Bangkok [12-25 November 2017 University of Tokyo Japan] [Mr. Khachon Monchonchoo]	English
2017-12	Report of first visit: Hospital admission in patients with type 2 diabetes mellitus in Thailand under the Universal Coverage Scheme : a time - and geographical-trend analysis, 2009-2016 [12-25 Nov. 2017 Tokyo Japan] [Mr. Tanapat Laowahutanon]	English
2017-13	Project leaflet [2nd version Dec. 2017]	English
2017-14	Report: UHC FORUM [12-15 Dec., 2017 Tokyo Japan]	English
2017-15	Prezi presentation: The Partnership Project for Global Health and Universal Health Coverage	English
2018-1	Open House: Fund Management: Thailand's Experience by Ms. Kanjana Srichompoo [18 Jan. 2018 Tokyo, Japan]	English
2018-2	Open House: Overall of UHC System in Thailand: Achievement and Challenges by Dr. Lalitaya Kongkam [18 Jan. 2018]	English
2018-3	Report of Second visit : Improving of Thai UHC [under GRIPS SPRI Program : Dr. Kanitsorn Summriddetchkajorn : 19 Feb. - 2 Mar. 2018 Tokyo Japan]	English
2018-4	Report: Big Data Platform Study Visit [4-17 Mar. 2018]	English
2018-5	Summary Report: Stagnation in UHC Implementation "What Effective Strategies to Remove Bottlenecks?" [20-22 Mar. 2018 at Bellagio, Italy}	English
2018-6	Report: Global Health Diplomacy Workshop for ASEAN Health Professional [29 Apr. -2 May 2018 Nakhonprathom Province, Thailand]	English
2018-7	Report of Health Care Finance Workshop [13-15 May 2018 Banseang Chonburi Thailand]	English
2018-8	Report of the Third Visit : Improving of Thai UHC (under GRIPS SPRI Program : Dr. Kanitsorn Summriddetchkajorn : 4-15 Jun. 2018 Tokyo Japan]	English
2018-9	Report of second visit: Predictive models for Outpatient service capitation budget allocation under the Universal Coverage Scheme in Bangkok by Mr. Khachon Mongkonchoo [11-22 Jun. 2018]	English
2018-10	Report: Health Care Finance Study Visit for Global Health and Universal Coverage by NHSO staff (GLO+UHC) [17-23 June 2018 Tokyo Japan]	Thai English
2018-11	Report: Health Care Finance Study Visit for Global Health and Universal Coverage by MOPH staff (GLO+UHC) [17-23 Jun. 2018 Tokyo Japan]	English
2018-12	Report of second visit: Hospital admission in patients with type 2 diabetes mellitus in Thailand under the Universal Coverage Scheme : a time - and geographical-trend analysis, 2009-2016 [24-28 June 2018 Tokyo Japan] [Mr. Tanapat Laowahutanon]	English
2018-13	Report of second visit : Effect of Asthma Care Program Invested by National Health Security Office in Thailand on Reduction of Asthma Admission and Length of Stay [24-28 Jun. 2018 at iGHP and NCGM, Tokyo, Japan] [Ms. Phatthanawilai Inmai]	English
2018-14	Report: Report of Experience in IPE Training 2018 at Gunma University [21-24 August 2018 Gunma University, Showa Campus, Japan]	English
2018-15	Report : Developing Global Health Agenda : Japan [Global Health Diplomacy Workshop : 28 Aug. 2018 Makati, Philippines]	English
2018-16	Report : ASIAN Regional Meeting on AIDS, Tuberculosis and Universal Health Coverage Country Experience, Challenges & Solutions [5 Sep. 2018 Bangkok Thailand]	English
2018-17	Report: Third Meeting of the Technical Advisory Group on Universal Health Coverage for the Western Pacific Region [13-15 Nov. 2018 Manila, Philippines]	English
2018-18	Presentation : UHC Open House: Strengthening Social Health Protection Universal Health Coverage Program [2-7 Dec. 2018 at JICA TOKOY@TIC Japan]	English
2018-19	Thailand Country Presentation : UHC System in Thailand : Achievement and Challenges (UHC Open House 2018 : 2-15 Dec. 2018)	English

2018-20	Report of UHC open House by Dr. Wuthichai [13 Dec. 2018]	Thai
Year - No	English Name	Language
2018-21	U4C Thematic paper Thailand's experiences: [Dec. 2018]	English
2018-22	U4C Thematic paper : Japan's experiences [Dec 2018]	English
2019-1	Fee Schedule Workshop (9 Jan. 2019 Bangkok Thailand]	English
2019-2	Report and result of Fee Schedule Workshop on Jan 9 2019 [10 Jan 2019]	Thai
2019-3	Investigation Report: Medical fee payment method for referred outpatients in Thailand [Dr. Nobuo SAKATA: 9 Jan. 2019 Bangkok Thailand]	English
2019-4	Report: Advancing public-private collaboration: Improving sustainability and affordability of health services globally in order to achieve health system resilience, the SDGs and Universal Health Coverage (UHC) : [23-25 Jan. 2019 Yokohama, Japan]	English
2019-5	Report: Price setting and price regulation in health care meeting participation [23-25 January 2019 Yokohama, Japan]	English
2019-6	Report : PMAC 2019 Side Meeting : Noncommunicable diseases and universal health coverage -learning from AIDS: planning for success and avoiding mistake [30 Jan. 2019 Bangkok Thailand]	English
2019-7	Project leaflet : 3rd version [Feb. 2019]	English
2019-8	Report : U4C Study Visit [17-23 Feb. 2019 Kumamoto Japan]	Thai English
2019-9	Report : Technical Mission to help revise Myanmar Maternal and Child Hand Book [18-22 Feb. 2019 Myanmar]	Thai English
2019-10	Report: Sixth Regional Workshop on Leadership and Advocacy for the Prevention and Control of Communicable Diseases (LeAd-NCD) [12-15 Mar. 2019 National Institute of Public Health, Saitama, Japan]	English
2019-11	Report: Accelerating Health-Care Quality and Safety Improvement in Transitional Economy Member State Collaborative Workshop 3 [26-28 Mar. 2019, Saitama, Japan]	English
2019-12	Report: Challenge of Health Care System in Asian Countries [25-29 Mar. 2019]	Thai
2019-13	Summary Report: Thai Universal Health Coverage in Action Course [19-30 Aug. 2019]	English
2019-14	Country Presentation : Cambodia by Mr. Khean Tourk [Thai Universal Health Coverage in Action Course 19-30 Aug. 2019	English
2019-15	Country Presentation :Lao PDR : Health delivery and financing arrangement in Lao PDR by Dr. Bouaphat PHONVIXAY [Thai Universal Health Coverage in Action Course [19-30 Aug. 2019]	English
2019-16	Report : Second Healthcare Finance (Fee Schedule Study Visit) in Japan[27 Oct. -2 Nov. 2019 Tokyo Japan]	English
2019-17	Report: Primary Daycare improvement workshop (3months - 3 years) [11-12 Nov. 2019 Bangkok Thailand]	Thai
2019-18	Report: the 6th Annual National Health Professional Education Forum by Quach Thieu Minh [25-26 Nov. 2019]	English
2019-19	Report : on the 6th Annual National Health Professional Education Forum by Ms. Han Htet Zaw [25-26 Nov. 2019]	English
2019-20	Report : Multisectoral coordination and collaboration for community health's project Study Visit [1-7 Dec. 2019 Nagao Japan]	Linguish
2019-21	U4C Thematic paper 2 : [Dec. 2019]	English
2019-22	Journal article : Universal health coverage and primary care, Thailand. Kannitsorn Sumriddetchkajorn, Kenji Shimazaki, Taichi Ono, Kotaro Sato & Naoyuki Kobayashi. Bull World Health Organ 2019;97:415–422	English
2019-23	Research report : Effect of Asthma Care Program Invested under the Universal Scheme on Children Group in Thailand [Phathanawilai Inmai : 2019 Thailand]	English
2019-24	Research report : Hospital admission in patients with type 2 diabetes mellitus in Thailand under the Universal Coverage Scheme: a time - and geographical-trend analysis, 2009-2016 [Tanapat Loawahutanon : 2019]	English
2020-1	Thailand Country Report : Strengthening Social Health Protection Towards Universal Health Coverage [UHC Open House 2020 , 19 Jan. -1 Feb. 2020 Tokyo Japan]	English
2020-2	UHC Open House 2020 Report [by Ms. Bushakorn Surarungsun, 19 Jan. - 1 Feb. 2020 Tokyo Japan]	English
2020-3	UHC Open House : Overall of UHC System in Thailand Achievement and Challenges by Ms. Wilailuk Wisasa [23 Jan. 2020 Tokyo Japan]	English
2020-4	PMAC 2020 Side meeting leaflet [29 Jan. 2020]	English
2020-5	Report : Consumer Satisfaction Management Study Visit [16-22 February 2020 Japan]	English
2020-6	Report: Master Course of Public Health , Graduate School of Public Health [28 Aprils 2020 St. Luke's International University, Tokyo, Japan]	English
2020-7	Thesis paper: Budget Impacts : Thailand's long-term care policy and benefits for dependent elderly under the Universal Coverage Scheme by Atcharaporn Thammachot, Graduate School of Public Health [28 Aprils 2020 St. Luke's International University, Tokyo, Japan]	English
2020-8	Manuscript : Prediction of outpatient visits and expenditure under the Universal Coverage Scheme in Bangkok using subscriber's attributes: a random forest analysis.[Mr. Khachon Monchonchoo]	English
2020-9	Project leaflet: The Partnership Project for Global Health and Universal Health Coverage (GLO+UHC) July 2016 - July 2020 A new level of partnership between Thailand and Japan for moving the world towards Universal Health Coverage	English

Project Design Matrix

Project Title: The Partnership Project for Global Health and Universal Health Coverage				Version 0	
Implementing Agencies: Ministry of Public Health (MOPH) and National Health Security Office (NHSO)				Dated Jan 27, 2016	
Target Groups: Personnel from Counterpart Organizations and relevant organizations in Thailand, and other related organizations in Thailand and participating countries					
Period of Project: Four years					
Project Site: Bangkok, Thailand		Model Site: N/A			

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumptions	Achievements	Remarks
Overall Goal Access to health services and financial risk protection are improved in Thailand and participating countries.	At least one parameter in health service and financial risk protection is fulfilled in Thailand and participating countries.	UHC Monitoring Report	UHC is recognized as a priority national agenda in Thailand and participating countries.		
Project Purpose Implementation of UHC* in Thailand and participating countries is improved. * Implementation of UHC refers to activities to strengthen health system components to support UHC.	- Recommendations on Thailand UHC improvement are approved by policymakers. -Recommendations on UHC implementation are shared at country level in participating countries.	-Project documents (minutes of meetings, conference proceedings, research papers)	Concerned ministries are committed to improving UHC implementation.		
Outputs OUTPUT 1. Capacity on improving implementation of UHC is strengthened in Thailand.	1-1. Outcomes (including recommendations) of the capacity development program are documented. 1-2. Recommendations on UHC implementation of Thailand are submitted to policy-makers.	-Thailand UHC situation analysis report -Comprehensive report of each thematic training - Minutes of meetings of JCC	Knowledge gained through the Project is shared among Counterpart Organization, relevant organizations, and other related organizations in Thailand and participating countries. MOPH and NHSO maintain their roles in UHC implementation.		
OUTPUT 2. Capacity development for UHC implementation in participating countries is promoted.	2-1. Joint UHC situation analysis report including country-specific situation is completed. 2-2. Cases of lessons learnt and good practices of UHC implementation in participating countries are documented.	-Joint UHC situation analysis report - Comprehensive reports of the regional group educational activities	The Thai side properly allocates necessary budgets and distribute personnel for the project activities.		
OUTPUT 3. Lessons from, and good practices of, UHC implementation collected through Outputs 1&2, are shared and/or promoted at the international level.	3-1. Lessons from, and good practices of, UHC implementation are presented at the international level (presentations and published papers, etc.).	-Proceedings, published/broadcast contents	The Thailand's priority of south-south cooperation for health is maintained.		

Activities	Inputs		Important Assumptions
	The Japanese Side	**The Thai Side**	
0-1. Establish Project Management Unit (PMU) and Working Team (WT). 0-2. Conduct regular meetings of PMU and WT. 1-1. Analyze the situation and identify priority issues for strengthening UHC implementation in Thailand (e.g. elderly care, fee schedule, local governance). 1-2. Identify educational activities for capacity development for Thailand's UHC and plan an educational program. 1-3. Organize preparatory training or workshop for participants before traveling to Japan. 1-4. Conduct capacity development program in Japan. 1-5. Participants summarize outcomes after capacity development program and share it with concerned parties of Thailand. 1-6. Write comprehensive report of each thematic training. 1-7. Submit recommendations to policy makers. 2-1. Select participating countries for training. 2-2. Conduct situational and needs analyses of participating countries. 2-3. Develop and support national or regional group educational activities/capacity development program. 2-4. Develop a monitoring and evaluation (M&E) framework for national or regional group educational activities/capacity development program. 2-5. Conduct and support national or regional group educational activities/capacity development program. 2-6. Write joint UHC country-specific situation analysis report. 2-7. Write comprehensive reports of each thematic training or group educational activities. 2-8. WT (with the cooperation of participating countries) monitors and evaluates how national or regional group educational activities/capacity development program have benefited participating countries. 2-9. Revise national or regional group educational activities/capacity development program and M&E framework based on M&E results. 3-1. Through regional communications, collect lessons from, and good practices of, UHC implementation identified in activities under Outputs 1 and 2, and make preparations for international occasions.	1. Dispatch of Experts (1) Long-term experts (2) Short-term experts 2. Training (Short-term, Long-term) 3. Local expenses for the project activities 4. Equipment if necessary	1. Allocation of personnel 1) Project Directors 2) Project Managers 3) Personnel (administrative and technical) from Counterpart Organizations and relevant organizations 2. Project office facilities, equipment and materials: Office space with necessary equipment and facilities for JICA Experts and project staff members 3. Local Costs 4. Others	
		Pre-Conditions No major disaster or political change occurs. The concept of Japan-Thailand partnership in health is maintained.	
		<Issues and countermeasures>	

Project Design Matrix

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumptions	Achievements	Remarks
Overall Goal Access to health services and financial risk protection are improved in Thailand and participating countries.	At least one parameter in health service and financial risk protection is fulfilled in Thailand and participating countries.	UHC Monitoring Report	UHC is recognized as a priority national agenda in Thailand and participating countries.		
Project Purpose Implementation of UHC* in Thailand and participating countries is improved. * Implementation of UHC refers to activities to strengthen health system components to support UHC.	- Recommendations on Thailand UHC improvement are approved by policymakers. -Recommendations on UHC implementation are shared at country level in participating countries.	-Project documents (minutes of meetings, conference proceedings, research papers)	Concerned ministries are committed to improving UHC implementation.		
Outputs OUTPUT 1. Capacity on improving implementation of UHC is strengthened in Thailand.	1-1. Outcomes (including recommendations) of the capacity development program are documented. 1-2. Recommendations on UHC implementation of Thailand are submitted to policy-makers.	-Thailand UHC situation analysis report -Comprehensive report of each thematic training - Minutes of meetings of JCC	Knowledge gained through the Project is shared among Counterpart Organization, relevant organizations, and other related organizations in Thailand and the other countries. MOPH and NHSO and other partners maintain their roles in UHC implementation. The Thai side properly allocates necessary budgets and distribute personnel for the project activities. The Thailand's priority of south-south cooperation for health is maintained. Thai side and Japan side maintain their roles at international level. Project implementation shall be alligned to exiting national plans.		
OUTPUT 2. Capacity development for UHC implementation in other countries is promoted, based on, but not limited to, good practice collected from Output 1.	2-1. Joint UHC situation analysis report including country-specific situation is completed. 2-2. Cases of lessons learnt and good practices of UHC implementation in the countries are documented.	-Joint UHC situation analysis report - Comprehensive reports of the regional group educational activities			
OUTPUT 3. Lessons from, and good practices of, UHC implementation collected through Outputs 1&2, are shared and/or promoted at the global level. Jointly move the agreed priority health issues, especially UHC, to the global agenda and build capacity on global health, especially global health diplomacy.	3-1. Lessons from, and good practices of, UHC implementation are presented at the international level (presentations and published papers, etc.). 3-2. Global health capacity building programs are conducted using several strategies based on the principal of INNE* model (starting from the Individual (I) understanding of trade effects on health, through Nodes (N) that establish the mechanisms to enhance health interests, Networks (N) to advocate for health within these negotiations, and an Enabling environment (E) to retain health officials and further strengthen their capacities to deal with trade-related health issues) 3-3. Japan and Thailand jointly move agreed priority isuuses	3-1. Proceedings, published/broadcast contents 3-2. Reports of global health capacity building programs 3-3. Outcomes of internatioanl level movement- WHO, UNGA resolutions and global action plans, ASEAN Japan joint metting etc.			

Activities	Inputs		s		
	The Japanese Side	**The Thai Side**			
0-1. Establish Joint Project Management Team (JPMT) and Working Teams (WT). 0-2. Conduct regular meetings of JPMT and WTs. 1-1. Analyze the situation and identify priority issues for strengthening UHC implementation in Thailand (e.g. elderly care, fee schedule, local governance). 1-2. Identify educational activities for capacity development for Thailand's UHC and plan an educational program. 1-3. Organize preparatory training or workshop for participants before traveling to Japan. 1-4. Conduct capacity development program in Japan. 1-5. Participants summarize outcomes after capacity development program and share it with concerned parties of Thailand. 1-6. Write comprehensive report of each thematic training. 1-7. Submit recommendations to policy makers. 2-1. Select ~~participating~~ countries for training. 2-2. Conduct situational and needs analyses of the countries. 2-3. Develop and support national or regional group educational activities/capacity development program. 2-4. Develop a monitoring and evaluation (M&E) framework for national or regional group educational activities/capacity development program. 2-5. Conduct and support national or regional group educational activities/capacity development program. 2-6. Write joint UHC country-specific situation analysis report. 2-7. Write comprehensive reports of each thematic training or group educational activities. 2-8. WT (with the cooperation of the countries) monitors and evaluates how national or regional group educational activities/capacity development program have benefited the countries. 2-9. Revise national or regional group educational activities/capacity development program and M&E framework based on M&E results. 3-1. Through regional communications, collect lessons from, and good practices of, UHC implementation identified in activities under Outputs 1 and 2, and make preparations for international occasions.	1. Dispatch of Experts (1) Long-term experts (2) Short-term experts 2. Training (Short-term, Long-term) 3. Local expenses for the project activities 4. Equipment if necessary	1. Allocation of personnel 1) Project Directors 2) Project Managers 3) Personnel (administrative and technical) from Counterpart Organizations and relevant organizations 2. Project office facilities, equipment and materials: Office space with necessary equipment and facilities for JICA Experts and project staff members 3. Local Costs 4. Others **Pre-Conditions** No major disaster or political change occurs. The concept of Japan-Thailand partnership in health is maintained. <Issues and countermeasures>			