

WEBINAR REPORT

IMPORTANCE OF MULTI-SECTORAL COLLABORATION IN TIMES OF COVID-19

THIS WEBINAR IS A SIDE EVENT OF
THE 13 NATIONAL HEALTH ASSEMBLY OF THAILAND

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A WEBINAR ON
IMPORTANCE OF
Multi-sectoral collaboration
IN TIMES OF COVID-19

December
14
4-6 PM (Thailand's time)

Join us at <https://bit.ly/3kYMaeM>

Live

Opening remark by
H.E. Mr. Anutin Charnvirakul
Deputy Prime Minister
Minister of Public Health of Thailand

Setting the scene
Assoc. Prof. Dr. Kanang Kantamaturapoj
Faculty of Social Sciences and Humanities, Mahidol University

Moderate by
Ms. Narisa Limpapaswat
International Federation of Medical Student Association
of Thailand (IFMSA-Thailand)

Discussion by

Representative of civil society
Dr. Justin Koonin
President of ACON, Representative of Civil Society
Engagement Mechanism (CSEM) for UHC2030

Representative of government
Dr. Walaiporn Patcharanarumol
Director of Global Health Division,
Ministry of Public Health, Thailand (MoPH)
Director of International Health Policy Program (IHPP)

Representative of WHO
Dr. Gerard Schmets
WHO Health Systems Governance Policy
and Aid Effectiveness

Representative of academia
Dr. Anna Stevens
Representative of Global Network for Health in All Policies

Representative of private sector
Dr. Sampan Silapanad
Chairman of the Commission of International Trade
and Health study, Vice President of Western Digital (Thailand) Co., Ltd.

Closing remark by
Dr. Weerasak Putthasri
Deputy-Secretary General of National Health
Commission, Thailand (NHCO)

Organized by the National Health Commission Office, Thailand (NHCO),
Ministry of Public Health, Thailand (MoPH), International Health Policy Program, Thailand (IHPP),
World Health Organization (WHO), International Federation Medical Students Association of Thailand (IFMSA-Thailand)
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MINISTRY OF PUBLIC HEALTH, THAILAND
INTERNATIONAL HEALTH POLICY PROGRAM, THAILAND
INTERNATIONAL FEDERATION MEDICAL STUDENTS
ASSOCIATION OF THAILAND
WORLD HEALTH ORGANIZATION

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OVERVIEW

COVID-19 has impacted almost all dimensions of society, including for example, health, economy, and food security. We have learnt that this unprecedented pandemic - COVID-19 - cannot be handled by a government alone, rather it requires a range of stakeholders coming together with a common purpose - fighting against COVID-19 and its negative impacts. COVID-19 has highlighted that a multi-sectoral collaborative approach is essential in times of crisis.

However, implementing and maintaining this multi-sectoral approach during and post-COVID-19 remains a challenge. Once the crisis subsides will the lessons learnt on the multi-sectoral collaboration fade away? The ultimate objective of this webinar series is to seek answers on how to make multisectoral collaboration sustainable, what are the enabling factors for multi-sectoral collaboration, how can these factors be maintained when the COVID-19 situation improves, and how can we apply the lessons from multi-sectoral collaboration regarding the COVID-19 response to future health crisis.

This webinar is the final webinar of five webinars on multisectoral collaboration in response to COVID-19, organized by the National Health Commission Office (NHCO) of Thailand. For this final webinar, the NHCO is partnering with the Ministry of Public Health, Thailand, International Health Policy Program (IHPP) Thailand, the International Federation Medical Students Association of Thailand, and the World Health Organization. The first webinar was organized in June to discuss the role of civil society in multisectoral collaboration against COVID-19, followed by the second webinar in August focusing on the role of young generation, the third webinar in September discussing the role of government, and the fourth webinar in October examining the role of health sector. For each webinar, a report is produced and can be viewed at <https://en.nationalhealth.or.th/all-publication/>.

The synthesis of these webinar reports is presented in the final webinar at the side meeting of the 13th National Health Assembly of Thailand on 14 December 2020. The National Health Assembly (NHA) is a participatory process for developing public policies and moving the policies into action. The government sector, academia/professional sector, and people sector participate in the policy process on an equal basis starting from agenda setting to resolution drafting, consultation, implementation, monitoring, and evaluation. The NHA adheres to a participatory democracy aiming at opening a space for dialogue and understanding of different views in the society.

MEETING OBJECTIVES

- To improve a synthesis report from 4 webinars on the multi-sectoral collaboration in response to COVID-19
- To seek answers on how to maintain the multi-sectoral collaboration in post-COVID-19 and in future crises.
- To raise awareness on the multi-sectoral collaboration within a country and between countries in order to handle future crises.

WEBINAR PROGRAM

The webinar program is presented in **Appendix 1**.

SPEAKERS

- H.E. Mr. Anutin Charnvirakul
 - Minister of Public Health of Thailand
- Assoc.Prof.Dr. Kanang Kantamaturapoj
 - Faculty of Social Sciences and Humanities, Mahidol University, Thailand
- Dr. Gerard Schmets
 - WHO Health Systems Governance Policy and Aid Effectiveness
- Dr. Walaiporn Patcharanarumol
 - Director of the Global Health Division, Ministry of Public Health, Thailand
 - Director of the International Health Policy Program (IHPP)
- Dr. Justin Koonin
 - President of ACON
 - Representative of the Civil Society Engagement Mechanise (CSEM) for UHC2030
- Dr. Anna Stevensen
 - Canterbury District Health Board, New Zealand
 - Representative of the Global Network for Health in All Policies
- Dr. Sampan Silapanad
 - Chairperson of the Commission of International Trade and Health Studies
 - Vice President of Western Digital (Thailand) Co., Ltd
- Dr. Weerasak Putthasri
 - Deputy Secretary-General, the National Health Commission Office (NHCO), Thailand

The PowerPoint presentations of the speakers are provided in **Appendix 2**.

MODERATOR

- Ms. Narisa Limpapaswat
 - Representative of the International Federation of Medical Student Associations (IFMSA) - Thailand

RAPPORTEURS

- Assoc.Prof. Dr. Kanang Kantamaturapoj
 - Faculty of Social Sciences and Humanities, Mahidol University, Thailand
- Dr. Natapol Thongplew

- Faculty of Science, Ubon Ratchathani University, Thailand
- Ms. Watinee Kunpeuk
 - International Health Policy Program (IHPP), Thailand

WEBINAR PARTICIPANTS

There were 82 webinar participants from 23 countries: Australia, Bangladesh, Belgium, Burkina Faso, Cambodia, Canada, India, Iraq, Japan, Kenya, Lao PDR, Myanmar, Nepal, New Zealand, Philippines, Poland, Sri Lanka, Switzerland, Thailand, Uganda, United Kingdom, USA, Venezuela (Bolivarian Republic). The participants included NGOs, CSOs, academia, government agencies, young generation or youth group, private sector, international agency and others. The list of participants is presented in **Appendix 3**. The participants had the opportunity to ask questions and to provide opinions in the Zoom's chat box. The webinar was also broadcasted via NHCO Facebook live.

WEBINAR EVALUATION

After the webinar, the participants were requested to fill in evaluation form. The National Health Commission Office (NHCO) Thailand received feedbacks from 9 participants. The evaluation result is presented in **Appendix 4**.

OPENING REMARKS

H.E. Mr. Anutin Charnvirakul

Minister of Public Health of Thailand

"Distinguished participants,

Year 2020 is the year that all of us have experienced the unprecedented situation of COVID-19 pandemic. However, this virus cannot affect our spirit of solidarity and empathy.

Thailand is the first country conducting the Joint Intra Action Review of the Public Health Response to COVID-19. The results show that the success factor is a strong whole-of society approach.

I am delighted that this side meeting is about Importance of Multi-Sectoral Collaboration in Times of COVID-19 Pandemic. This confirms that it is not only government's role to tackle COVID-19. It is everyone's role.

Distinguished guests,

Building a multi-sectoral collaboration is not easy. This cannot happen just overnight. It requires long-term trust across society.

The National Health Assembly is a platform to promote participatory policy making process for almost two decades. People are empowered to raise their voice for best benefit of the society. The National Health Assembly also shows the commitment of whole society to improve quality of life.

COVID-19 will be with us for a while despite availability of the vaccine. We must use this opportunity to build back better and call for collaboration from various sectors to build the healthy society. The theme of the National Health Assembly this year is under theme Active Citizens' Power Against Health Crises. The outcome of the Assembly will help us fight with COVID-19 together.

Distinguished guests,

I wish you have successful and fruitful deliberations during this important meeting. This will make a solid contribution for the multi-sectoral collaboration.

Thank you."

MULTI-SECTORAL COLLABORATION IN TIMES OF COVID-19: THE SYNTHESIS RESULT

Assoc.Prof.Dr.Kanang Kantamaturapoj

Faculty of Social Sciences and Humanities, Mahidol University, Thailand

In December last year, China reported a cluster of cases of pneumonia in Wuhan. A novel coronavirus was identified. It has been a year that our global community has been encountering COVID-19. The outbreak hinted more than 200 countries and killed more than 1.5 million people around the world so far. This pandemic has impacted almost all dimensions of society; including health, economics, and food security. We don't have enough health facilities. The health workers are burnt out. The world economy is in crisis. Many people do not have access to enough food.

In response to the emergency like COVID-19, everybody here knows that only the management from the government is not enough. The key of success is "Multi-Sectoral Collaboration" which mean we need a range of stakeholders (e.g., civil society, researcher, private sector and young generation) to work together. We need to work across sectors (e.g., health, commerce, social development, and foreign affairs). And all has been collaborated with a common purpose - fighting against COVID-19 and its negative impacts. Although the multi-sectoral collaboration is a well-accepted approach in times of crisis, the important question is that how can we maintain this collaboration during and after COVID-19? Thus, the National Health Commission Thailand and partners organized a webinar series entitled "multi-sectoral collaboration in response to COVID-19". The main objective of these webinars is to seek answers on how to make multi-sectoral collaboration sustainable.

These are four webinar series in 2020. We conducted the first webinar with the civil society organizations (CSOs) in June, followed by the young generation in August and the governmental sector in September. Then, we organized a webinar with the health sector in October. After that, the results of four webinars were synthesized. The multi-sectoral collaboration in this study demonstrated that organizations and citizens formed a partnership to response to COVID-19. From the webinars, five enabling factors and four challenging factors of the multi-sectoral collaboration in response to COVID-19 were identified as followings.

The first enabling factor is recognizing the importance of the multi sectoral collaboration. The speakers in all webinars showed their good attitudes to the multi-sectoral collaboration. All of them mentioned that the multi-sectoral collaboration is essential for times of crisis. Also, hearing voices from all stakeholders leads to responsive policy decision making. Since the COVID-19 outbreak has affected everybody, the top-down measures from the government would not be effective without the holistic cooperation from all stakeholders. Developing the inclusive plan and policy is important

so that marginalized people like persons with disabilities, ethnic groups, women and third gender can get proper supports and services based on the equity principle.

The second enabling factor is the availability of resources, such as personnel and finance. The devoted personnel are the key success in overcoming the outbreak. For example, Thailand has more than one million village health volunteers who actively work on COVID-19 prevention. Similar to Bangladesh, self-help groups of the well-trained disabled work to reach out to people with disabilities to prevent COVID-19. In additions, the financial support is important factor for prompt responses to the pandemic. Support from donors and guidance from the government enabled implementing organizations to perform well. Myanmar case illustrated that CPI, as the NGO, could not implement COVID-19 related activities without the supports from different donors and the guidance from relevant ministries.

The third enabling factor is the strong commitment from the government. In the webinar with the government sector, the speakers from Thailand and Myanmar mentioned that COVID-19 is an emergency of the state, which needed official regulations and budget and resource allocations. However, decentralization to local authorities is still needed for implementing governmental policies. In the webinar with the health sector, the speaker also mentioned the example of the strong commitment from the government of New Zealand.

The fourth enabling factor is the decision-making mechanism. This is important to avoid the bureaucratic manner. Myanmar set up three national committees on COVID-19 prevention, control and treatment, COVID-19 containment and emergency response, and COVID-19 economic remedy. Thailand established the Center for COVID-19 Situation Administration (CCSA) followed by the Center for COVID-19 Economic Recovery. This structure facilitates working across sectors and stakeholders.

The last enabling factor is the legislative provision. In the government sector webinar, the panellist from Thailand, Myanmar, and Bangladesh mutually agree that available legislations facilitated the implementation of COVID-19 policies. Laws and regulations are effective tool to strengthen the multi-sectoral collaboration in response to the emergency situation.

From four webinars, we found four factors constraining the multi-sectoral collaboration. The first one is the lack of participation from citizens, marginal and vulnerable groups. The panellists in the webinar with CSOs clearly indicated that disabled people have limited understanding of safe practices relating to their impairment. The panellists in the webinar with the youth also stated that youth voices are not recognized even though the youth is the largest group of population in some countries.

The second challenging factor is the bureaucratic culture. Each government ministry has its laws and regulations and sometimes these regulations conflict with one another. The speaker from Myanmar revealed that the financial regulations are too rigid.

The third challenging factor is the communication barriers. Communication is a key to build a shared goal for the multi-sectoral collaboration. Some countries like Myanmar use different language and dialects and it is difficult to translate from one language and dialect to another, especially when it comes to technical terms. A clear example is the translation of medical terms to lay and sign languages. The panellist from the youth and health sectors mentioned about the limitation of some people to access to communication technologies as they do not have mobile phones, computers or access to Internet, in particular those in rural areas.

The last challenging factor is the imbalance between health and other sectors. For COVID-19, health security was chosen as the top priority. But the measures to control COVID-19 affected other aspects of people, such as economy and social life. For the recovery phase, it is important to be more balance by giving priority to other issues, such as economy.

At least, three lessons learnt were drawn from these four webinars. Firstly, the multi-sectoral collaboration is vital to fight against COVID-19. Multi-sectoral collaboration offers many benefits, such as increasing access to resources, sharing responsibilities, and strengthening ownership of activities by stakeholders. Secondly, keeping the balance between health and economic (and environment) is necessary. The crisis on COVID-19 proved that this health crisis also affected the economy and the environment. Therefore, the recovery should not be focused solely on health, but also on economics and the environment. Hearing voices from all stakeholders leads to responsive policy decision makings. Burden of the pandemic did not fall equally across the society. Thus, there is a need to conduct researches on health in all policies (HiAP), health equity, and environmental factors in order to increase political accountability and to generate more workable policies. Lastly, health system reforms are vital to make the country ready for future unpredicted situations. Some rich countries could not manage COVID-19 due to weak health systems while some developing countries successfully manage COVID-19 because of strong health systems. So, the national health care system of every country should be strengthened to be able to handle future unexpected crisis.

For conclusion of our report, experiences from case studies to tackle the COVID-19 challenges are documented for feasible arrangement. The case studies across different settings, cultures and development levels demonstrated the importance that, beyond the health sector, the multi-sectoral collaboration and action could be achieved. Evidences from this report confirmed the collaboration framework has helped to provide some clues to guide responses and actions against COVID-19 to accomplish the health goal.

RECOMMENDATIONS TO THE SYNTHESIS REPORT

Dr. Gerard Schmets, WHO Health Systems Governance Policy and Aid Effectiveness, stated that the synthesis report calls for the whole of government and whole of society approach to better address pandemics and leave no one behind, particularly the most vulnerable. It insists on the critical role of leaders' charisma, dedicated staff, legal environment and resources. Above all, it explains that to be effective, pre-established mechanisms like the National Health Assembly are essentials. Multi-Sectoral dialogue is vital; Balance Health and Economy is vital; Health Service Support is vital. The Covid-19 crisis has shown the need to build trust in government institutions. Meaningful engagement with the public is at the core of a responsive and people-centered health system. Dialogue with CSOs, NGOs, Youth, government, and private sector is key. The report also mentions challenges in a very fair way; for example, the youth or civil society are not always represented, and not always recognized. This needs to be addressed. In additions, the bureaucracy may impede implementation. This also needs to be addressed because building trust and confidence is not only about dialogue but also, and very importantly about concrete actions, operations and results. However, a missing part that should be addressed is the inclusion of the private sector in the dialogue, as part of the solution. Thailand is working on that. It should be done everywhere. The inclusive dialogue developed under COVID-19 is a great investment and should be sustained, in particular, for example, for discussions on climate change, aging or other demographic challenges. The WHO Handbook on Social Participation for UHC that will be launched on 15 December 2020 in Geneva is a great resource that provides step-by-step guidance on the complexity of engaging with population, communities, and civil society during national health policy processes.

Dr. Walaiporn Patcharanarumol, Director of Global Health Division, the Ministry of Public Health, Thailand (MoPH) and Director of the International Health Policy Program (IHPP) mentioned about the Intra Action Review (IAR) by WHO as an example of multisectoral collaboration. Thailand has assessed how the health system responded to COVID-19, using a WHO Intra-action Review (IAR) tool. Ninety-six policy makers, technical experts and healthcare workers provided their inputs and sixteen external experts made recommendations to this assessment. Six key success factors were of Thailand in overcoming COVID-19 include 1) strong leadership, informed by the best available scientific evidences, 2) well-resourced and inclusive medical and public health systems, 3) consistent and transparent communication leading to compliance of the public with protective measures, 4) administrative systems that adapt to changing demands, 5) previous experiences with major infectious disease outbreaks including SARS, Avian Influenza, H1NA, and 6) 'whole of society' approach, including engagement with academic and the private sector. Regarding to the synthesis report, additional 3 points are required to be clearer. First, the identification of the level of collaborations, in particular at the decision-making level, operational level, and

coordination level by all people in Thailand. Second, the role and collaboration with the private sector, especially provision of medical supply should be clarified like PPE and vaccines. Third, the collaboration of ordinary people in preventing and controlling the COVID-19 in Thailand.

Dr. Justin Koonin, President of ACON from Australia, Representative of the Civil Society Engagement Mechanism (CSEM) for UHC2030 informed that the findings from the synthesis report showed the uniqueness of multi-sectoral collaboration platforms in Thailand which did not happen around the world during the COVID-19 crisis. This highlighted a leadership in the public-private partnership in the Thailand context. The CSEM conducted a rapid survey during the early stage of COVID-19 in April. Findings showed that the majority of the civil society was not much included in the government responsiveness. The lessons showed that countries with engagement of civil society and non-civic citizens performed better in addressing this pandemic. And this success also leads to more inclusiveness of the vulnerable people which tend to be left behind. With the leadership of Dr. Tedros and WHO team, the WHO has conducted many webinars to highlight the importance of the social accountability and the role of civil society in the public health pandemic. However, it was found that it is difficult to create a link between the civil society and other sectors in the middle of the pandemic. This is why we need to explore institutionalized processes in coping with this crisis.

Dr. Anna Stevensen, Canterbury District Health Board from New Zealand and representative of the Global Network for Health in All Policies mentioned that COVID-19 has been a link for action, and the New Zealand also works on the determinants of health. The impact of COVID-19 on vulnerable groups was in the focus of actions, including homeless people, students, and young people especially during the lockdown period. The role of digital technology in the crisis e.g., digital learning platform was also emphasized. A lot of money were spent on devices for vulnerable groups. Additional comments were given to have more rationale in this report on wider social determinants of health in respond to the COVID-19., and the emphasis on the wellbeing of the people to stay healthy during the crisis. This includes the impact of NCDs including obesity, alcohol consumption, and high blood pressure. A lack of representatives from the US and the UK is critical in the reflection. Their reflections show the differential impacts of the COVID-19 on groups that have been affected by colonization or signatories, including institutionalized racism.

Dr. Sampan Silapanad, chairperson of the Commission of International Trade and Health Studies, Vice President of Western Digital (Thailand) Co., Ltd from Thailand stated that the synthesis report is comprehensive and he agreed with enabling and challenging factors in the report. COVID-19 makes people in the society see a common goal which all sectors undeniably accept it and admit helping one another. In his perspective, as a private sector, any development should put people at the center. During the first wave of COVID-19, the private sector took care of staffs in compliance with government guidance. In additions, the private sector issued special health measures in factories and workplaces, for example, wearing mask, social distancing, and



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work from home. When these people know how to prevent themselves from COVID-19, they can protect their families, their communities, their companies, their countries and the world. People must come first. His additional suggestions to the synthesis report include the lessons learnt. In the past, the private sector also suffered from crises including natural and manmade disasters. They also established the crisis management team to cope with crises. However, the context of COVID-19 is different from the previous situations. The approach that they used was to identify the guiding principles for the private sector during this crisis.

MULTI-SECTORAL COLLABORATION ADVOCACY: MOVING INTO CONCRETE ACTION

Institutionalizing a multi-sectoral platform was highlighted as a leverage point for collaboration. And the platform will turn to be useful in times of crises. All speakers shared their views on how to maintain and make the platforms active.

- **Put in place at a global and national level**

The multi-sectoral platforms are needed at a global level to ensure that voices of all stakeholders are heard and at a national level as a part of the national planning process. In case a national government is not ready, or not willing to engage other stakeholders, especially marginalized groups, local dialogues among various sectors and assistances from many organizations become critically important. For example, dialogues at the local level, such as village, city, or province may incite the government to institutionalize such platforms at the national or federal level.

- **Be inclusive**

The attendants in these platforms should be inclusive and should represent service providers, civil societies, youths, and marginalized and vulnerable groups. These platforms enable people to understand the others' standpoints and the way the others concern.

- **Choose the right partners**

To create effective multi-sectoral collaboration, it is important to choose the right partners and to build trust with partners. This partnership is possible without the involvement of the government at first. With the good and diversified partners, the multi-sectoral collaboration can create impacts in the society without the need for funding from the government. As soon as the momentum of this multi-sectoral collaboration starts to get going, it will incite the government to mobilize the collaboration and the issue.

- **Select common challenges to dialogue**

The multi-sectoral collaboration platforms should open for various agendas which need wide collaboration from multi sectors to tackle such as climate change crisis, the aging society and social determinants of health. The balance of health and economy is also interesting to be discussed. After the pandemic, the world economy has been devastated. The COVID-19 crisis is an affirmation that we need to think in terms of health and economy together for the well-being of the society. Ensuring Universal Health Coverage and health security are good for the economy and economy is good for health and security. Active and inclusive multi-sectoral platforms are an engine to boost the health and economy dialogues.

- **Youth as a key partner**

It is also very important to advocate youth in the multi-sectoral collaboration. Youth is one of the groups that is often left out, or only sporadically listened to. Youth's voices matter and policy-makers should find dialogue platforms to better understand the



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needs and expectations of youth. Youth is the future and great initiatives such as digital solutions demonstrate the importance of youth in innovation. For example, WHO for example has recently launched the WHO Youth Council that brings together young people from health and non-health backgrounds from all over the world to provide advice to the Director-General on global health and other health issues.

KEY MESSAGES

“People’ voices need to be brought to the policy decision making. It has to make use that all under-represented groups are in the process. To be effective, inclusive dialogue needs to be institutionalized as part of the permanent health sector planning cycle process. In other words, civil society, youth, and private sector need to meet regularly with the government and health authorities, not only for the design of policies, but also for the monitoring of the implementation and the evaluation for what works well and less well. This is a key. This is also important to develop a long-standing trust relationship among stakeholders. By doing so, they are ready when an emergency, such as COVID-19 occurs. To conclude, let’s be ready. Let’s have our inclusive dialogue platform ready.”

Dr. Gerard Schmets

WHO Health Systems Governance Policy and Aid Effectiveness

“Triangle that moves the mountain is a key concept. Three angles include knowledge, social movement, and political support. With these three angles the mountain can be moved. Also, both quantity (platform) and quality of collaboration should be maintained”

Dr. Walaiporn Patcharanarumol

Director of Global Health Division, the Ministry of Public Health, Thailand (MoPH) and

Director of the International Health Policy Program (IHPP)

“Despite all of the challenges we described, the core principle is to work together. The partnerships and multi-sectoral collaborations that we form during the COVID-19 demonstrate what possible. We have to keep the momentum of working together after COVID-19. Bureaucratic red tape has to be removed and communities has to be institutionalized”

Dr. Justin Koonin

President of ACON, Australia

Representative of the Civil Society Engagement Mechanis (CSEM) for UHC2030

“In reality, it is difficult to have multi-sectoral collaboration as we face challenges about the bureaucracy and a lack of government involvement. Staying positive makes it easier for us to willing to engage and work”

Dr. Anna Stevensen

Canterbury District Health Board, New Zealand

Representative of the Global Network for Health in All Policies

“Multi-sectoral collaboration that we are doing is a passive mode. When we face a big and common problem, then we join hands. I think we should change a collaborative mode from passive to proactive. We should have both agenda and non-agenda meetings with different sectors regularly to strengthen collaborative platforms. All these things can build trust and credibility among sectors.”

Dr. Sampan Silapanad

Vice President of Western Digital (Thailand) Co., Ltd, Thailand
Chairperson of the Commission of International Trade and Health Studies

CLOSING REMARKS

Dr. Weerasak Putthasri

Deputy Secretary-General of National Health Commission, Thailand

"First of all, thanks all speakers for sharing your experience and wisdom, very interesting with also challenging take home messages.

I would echo the opening remark from His Excellency Anutin, Kanang reported, the social participation WHO report that Gerard mentioned about, Walaiporn, Justin, Anna, and Sampan from the private sector, we do require the 'Multi-Sectoral Collaboration' with a range of stakeholders, across sectors. Since COVID-19 pandemic has negative impacts to all dimensions, not only health and health care services, but also other difficult issues of meals, losing jobs, and of course the interrupted local and global economy.

From evidences of the webinar series that we have organized since June 2020, and kind, wise suggestions from speakers and active participants, I am confident to emphasize that the multi-sectoral collaboration is vital to fight with COVID-19 since it has been proven as an effective management tool amidst the crisis. We have learned about increasing access to resources, foods, sharing responsibilities, and strengthening ownership of activities by stakeholders at both local and national levels.

I am aware of the balancing of health and wealth issues that Walaiporn mentioned is challenging. This is demanding for the government and policy makers before the decision of any social interventions against COVID-19. At least, that intervention would be considered to have less impact on the vulnerable groups i.e., the poor, ethnic groups, disable people. As the burden of the pandemic did not fall equally across the society.

I saw, the opportunity of COVID-19 situation that makes the performance of multi-sectoral collaboration is visible. This time, civil societies, private sector, academia, and power from younger generation occupied together the same as the public health sector and the government, especially on the issue of social determinants of health that Anna mentioned. It is important to develop platforms and dialogues to bring all together for collective actions, mobilizing society to demands, voice concerns, and wisdoms which are synergized working with formal and informal sectors. That Dr. Sampan suggest how to make it happen in a sustainable way.

We cannot shut our eyes on the investment for the health system that is strengthened by the good foundation, and adequate financial and social supports. This will make it a more resilient, more proactive, more engaged approach in term of inclusive participation.

In the next couple days, on 16th and 17th of December, we will have the thirteenth Thailand National Health Assembly, the social platform of sharing and learning together among sectors to discuss what we have done during the crisis of COVID-19. We are assumed to get two resolutions and commitment on food security and management in crisis and the

resolution on better organize and strengthen our health systems to be more prepared and resilient for further challenge circumstances.

I would conclude my remark with big thanks to all speakers in the webinar series, your contributions are outstanding, not limit to the revision of lessons learnt from the field synthesis report. I myself found that learning experiences from you all in respect to different sectors and contexts is very invaluable. Hopefully, we can move this agenda making for more collaborative and synergized and can work together in the future towards the genuine multi-sectoral collaboration and actions.

Thank you."



APPENDIX 1 WEBINAR PROGRAMME

10 mins	Opening Remark H.E. Mr. Anutin Charnvirakul. Minister of Public Health of Thailand
10 mins	Setting the scene Assoc. Prof. Dr. Kanang Kantamathurapoj Faculty of Social Sciences and Humanities, Mahidol University
60 mins	An open discussion with at 2 key questions. <ol style="list-style-type: none"> 1) What are recommendations to the report? 2) How to advocate multi-sectoral collaboration in response to COVID-19 and/or move this issue into concrete action? Panellists <ul style="list-style-type: none"> - Representative of WHO Dr. Gerard Schmets WHO Health Systems Governance Policy and Aid Effectiveness - Representative of Government Dr. Walaiporn Patcharanarumol Director of Global Health Division, Ministry of Public Health, Thailand (MoPH) Director of International Health Policy Program (IHPP) - Representative of civil society Dr. Justin Koonin President of ACON, Australia Representative of Civil Society Engagement Mechanism (CSEM) for UHC2030 - Representative from academia Dr. Anna Stevensen Canterbury District Health Board, New Zealand Representative of Global Network for Health in All Policies - Representative from private sector Dr. Sampan Silapanad Chairperson of the Commission of International Trade and Health, Vice President of Western Digital (Thailand) Co., Ltd Moderated by <ul style="list-style-type: none"> - Representative from young generation Ms. Narisa Limpapaswat Representative of International Federation of Medical Student Associations (IFMSA) - Thailand
10 mins	Closing remark Dr. Weerasak Putthasri



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National Health Commission Office, Thailand

Deputy-Secretary General of National Health Commission,
Thailand

APPENDIX 2 POWER POINT PRESENTATION

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A Synthesis Report Multi-Sectoral Collaboration in Response to COVID-19

WEBINAR
IMPORTANCE OF MULTI-SECTORAL COLLABORATION IN TIMES OF COVID-19
DECEMBER 14, 2020 16.00 – 18.00 HRS. [THAILAND'S TIME]

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Introduction

- China reported a cluster of cases of pneumonia in Wuhan in Dec 2019.
- impacted all dimensions: health, economy, food security
- Requires **“Multi-Sectoral Collaboration”** with a range of stakeholders, across sectors, for a common purpose; to fight against COVID-19 and its negative impacts

<https://www.westsum.org/beranda/2020/03/05/alert-covid-19-covid-19-thailand>

<https://www.nytimes.com/2020/03/31/us/health/covid-19-rat-rat-rat-ventilators.html>

<https://www.nherald.co.nz/health/hearbreaking-picture-highlights-in-buying-AZSHYCUWNTW7K6G6K>


Webinar on
The Role of Civil Society
in response to COVID-19

Webinar on
The Role of Young Generation
in multi-sectoral collaboration
against COVID-19

Webinar on
The Role of Government
in multi-sectoral collaboration
in response to COVID-19

Webinar Series: implementing/ maintaining MSC

No	Webinar title	Date
1	The Role of Civil Society in Multi-sectoral Collaboration in response to COVID-19	Jun 2020
2	The Role of Young Generation in Multi-sectoral Collaboration in response to COVID-19	Aug 2020
3	The Role of Government in Multi-sectoral Collaboration in response to COVID-19	Sep 2020
4	Health in All Policies in times of COVID-19: Role for the Health Sector Moving Forwards?	Oct 2020
5	Importance of Multi-Sectoral Collaboration in times of COVID-19	Dec 2020



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Synthesis of Webinar Results

- the organizations and citizens form a partnership to response COVID-19

Factors	Webinar			
	CSOs	Youth	Gov	Health Sector
Enabling factors				
1) Recognizing an importance of multi sectoral collaboration	X	X	X	X
2) Availability of resources	X	X	X	X
3) Strong commitment from government	X		X	X
4) Decision - making mechanism			X	X
5) Legislative provision			X	
Challenging factors				
1) Lack of participation from marginal/ vulnerable group	X	X		X
2) Bureaucratic culture	X	X	X	
3) Communication barriers	X	X	X	
4) Imbalance between health and other sectors	X		X	X



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Enabling Factors



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- **Recognizing the importance of multi sectoral collaboration**
 - multi-sectoral collaboration is essential for the time of crisis
 - Hearing voices from all stakeholders lead to responsive policy decision making
- **Availability of resources**
 - Personnel: teamwork, ingenuity, and persistence allowed the team to work effectively and overcome challenges.
 - finance: support from donors and guidance from government enabled the organization to perform well

- **Strong commitment from government**
 - setting the country's single direction and creates cooperative interventions
- **Decision-making mechanism**
 - facilitates working across sectors
- **Legislative provision**
 - strengthen multi-sectoral collaboration in response to the emergent situation
 - support government in working with various stakeholders









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Challenging Factors



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- **Lack of participation from citizens, marginal and vulnerable groups**
 - disabled people/ youth voices are not recognized
- **Bureaucratic culture**
 - each ministry has its laws and regulations and sometime conflicting with one another
 - the financial regulation was very rigid
- **Communication barriers**
 - technical terms and dialects
 - limitation of some people in access to communication technology
 - disclosure of information i.e. quarantine area
- **Imbalance between health and other sectors**
 - health security was chosen as the top priority
 - a balance by considering economy and reopening the country is important

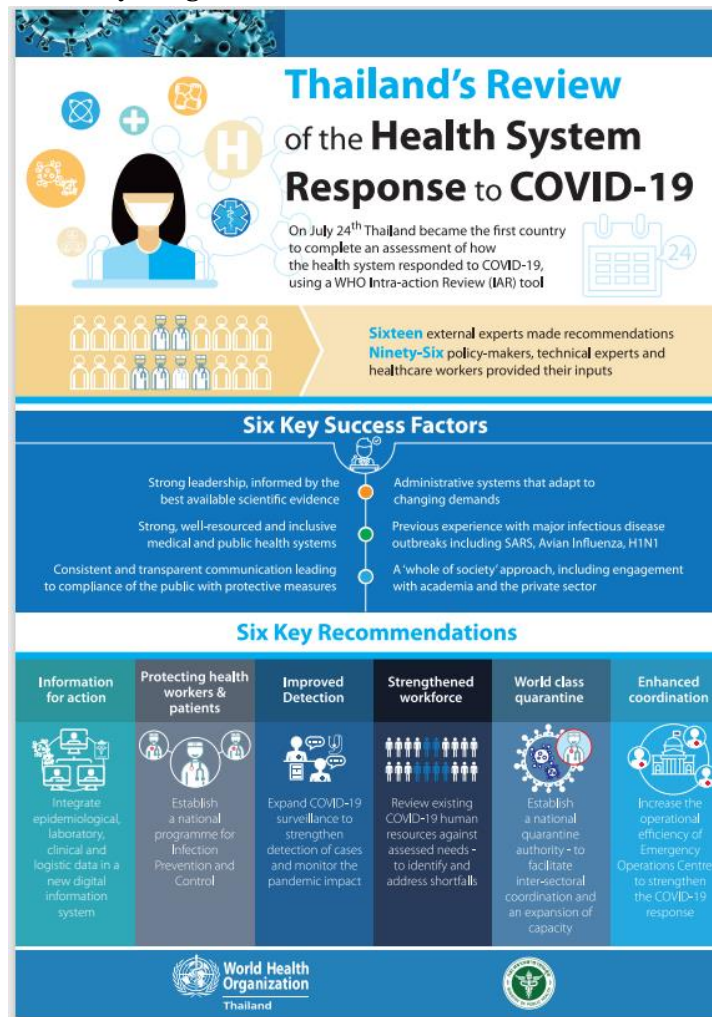
- 1) Multi-sectoral collaboration is vital to fight with COVID-19**
 - many benefits i.e. increasing access to resources, sharing responsibilities, and strengthening ownership of activities
 - platform for capacity and trust building/ a way forward for multi-sectoral collaboration
- 2) Keep balancing health and economic is necessary**
 - economics and environment should be considered for formulating COVID-19 recovery measures
 - Health in All Policies
- 3) Health system reforms are vital to make the country ready for future unpredicted situation**
 - Strengthen country's health system



Conclusion

- Beyond health sector, multi-sectoral collaboration and action could be done
- Multi-sectoral collaboration → accomplish health goals

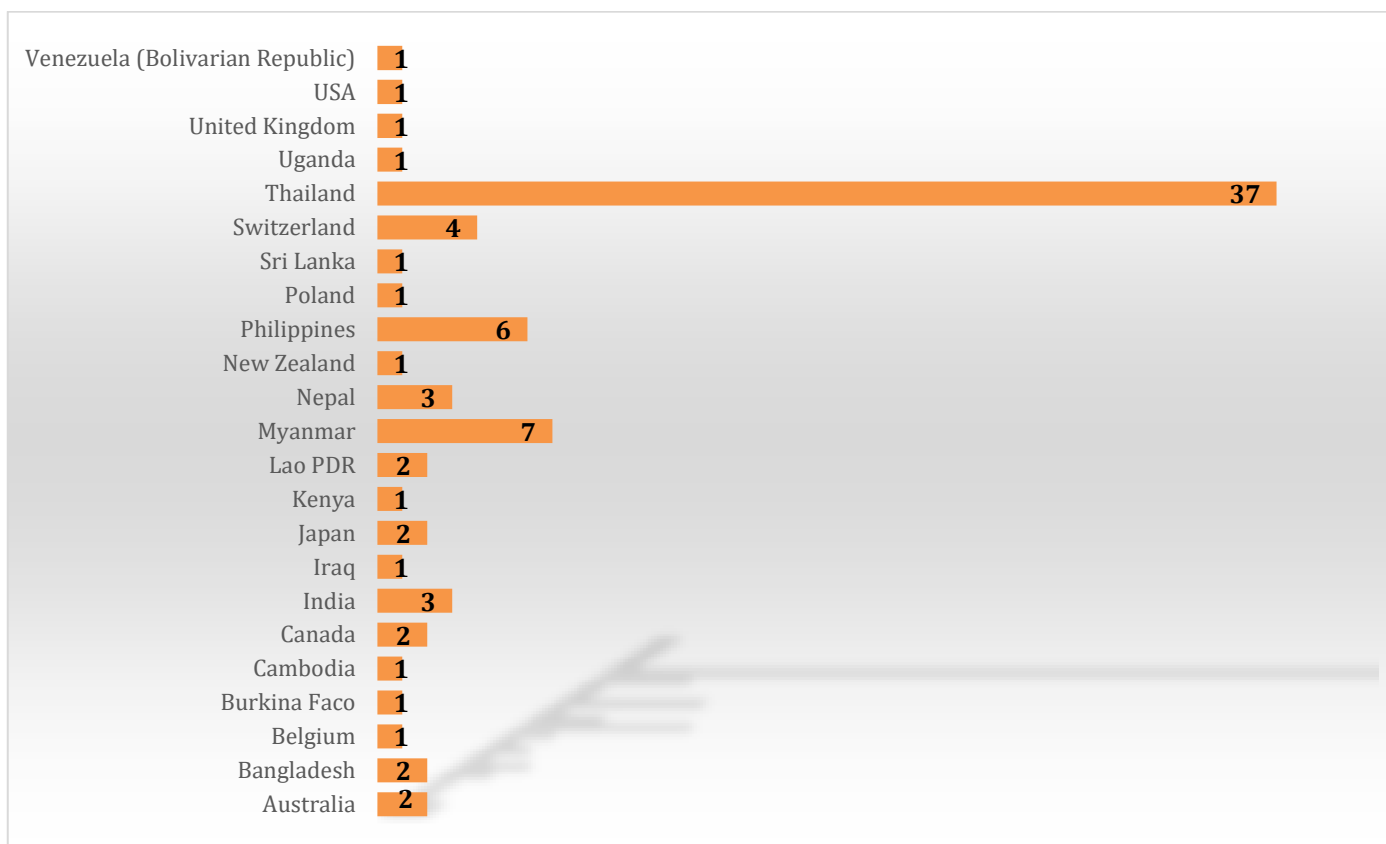
- Dr. Walaiporn Patcharanarumol
 - Director of Global Health Division, Ministry of Public Health, Thailand (MoPH)
 - Director of International Health Policy Program (IHPP)



APPENDIX 3 LIST OF WEBINAR PARTICIPANTS

The total number of 82 webinar participants from 23 countries is presented by country.

Figure 1 Participants by country



The total number of 82 webinar participants is presented by groups of stakeholders.

Figure 2 Participants by stakeholder

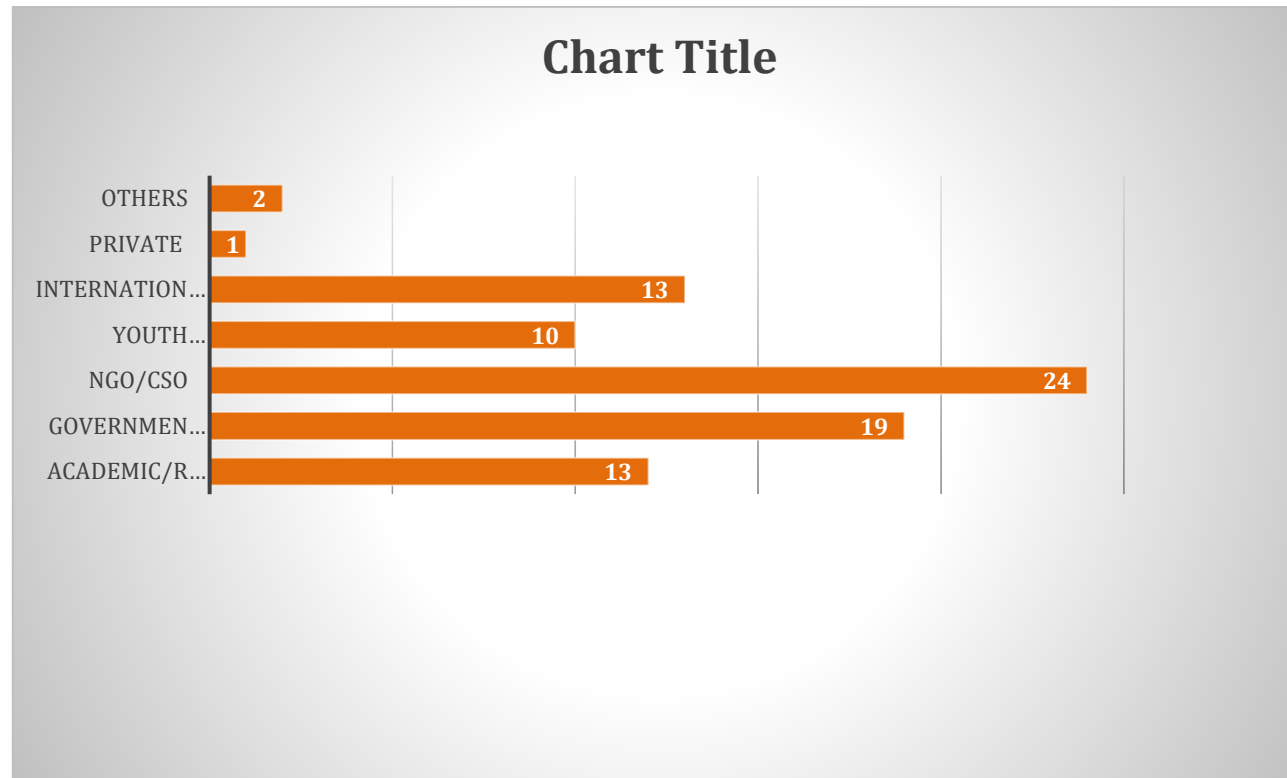


Table 1 The list of webinar participants

No	First Name	Last Name	Organization	Job Title	Country/Region Name
1	A	M	Results for Development		Kenya
2	Alfredo Lorenzo	Sablay	AMSA-Philippines		Philippines
3	Ana	Gherghel	IUHPE		Canada
4	Anjana	Bhushan	WHO		India
5	Anna	Stevenson	Canterbury District Health Board	Public Health Physician	New Zealand
6	Aramsri	Suwattikul	Graduate Student at mahidol university	Extentionist of agricultural	Thailand
7	Ashley	Puiatti	CLPS	Chargée de projets	Belgium
8	Ashoka Kumara	Karunarathna	Institute Of Comiunity Health Care	Director	Sri Lanka
9	Baramett	Somtha	IFMSA-Thailand		Thailand
10	Barbara	Sallah	University of Lethbridge	Public Health Student	Canada
11	Boonyasit	Ngamvirojcharoen	IFMSA-Thailand	Liaison for NHA	Thailand
12	Bunnea	Phat	Regional Training Center for health	Clinical officer	Cambodia
13	Chanya	Pitchayasatit	Dental Student Association of Thailand	Dental Student (Vice President of Dental Student Association of Thailand)	Thailand
14	CORAZON	TATOY	Institute of Primary Health Care-Davao Medical Sch. Fdn., Inc.	Community Development Worker	Philippines

No	First Name	Last Name	Organization	Job Title	Country/Region Name
15	Daniel	Kertesz	WHO	Representative	Thailand
16	Désiré	NEBOUA	GRADES	President	Burkina Faso
17	Diana Jean	Santos	Davao Medical School Foundation - Institute of Primary Health Care	Community organizer	Philippines
18	Dr. Chit Mon	Hnin	Department of Higher Education, Ministry of Education	Director	Myanmar
19	Dr. Sampan	Silapanad	Western Digital company	Vice President	Thailand
20	Dr. Walaiporn	Patcharanarumol	IHPP	Director	Thailand
21	Dr.Siriwat	Tiptaradol	NHCO	Advisor	Thailand
22	Emmanuel	Gbe	None		Australia
23	Farzana	Dorin	WHO	NPO	Bangladesh
24	Gerard	Schmets	World Health Organisation		Switzerland
25	Hannah Andrea	Sagsagat	West visayas state university		Philippines
26	helen	catton	sci	manager	Lao People's Democratic Republic
27	Jorge	Mandl Stangl	Ministerio de Salud		Venezuela (Bolivarian Republic)
28	Justin	Koonin	ACON	President	Australia
29	Kanang	Kantamaturapoj	Mahidol		Thailand
30	Kani	Farooq	IFMSA-Kurdistan		Iraq
31	Karunpong	Kitthanadol	IFMSA-Thailand		Thailand
32	Khanitta	Saeiew	NHCO Thailand		Thailand
33	Khawn	Taung	Myanmar Council of Churches	Coordinator	Myanmar
34	Kittika	Bunyapraet	IFMSA-Thailand	Medical student	Thailand
35	Krittika	Tiwari	Ifmsa Thailand		Thailand
36	Kuntapich	Lertphasomsit	Chulalongkorn University	Student	Thailand

No	First Name	Last Name	Organization	Job Title	Country/Region Name
37	Kyoko	Shimizu	Asian Health Institute AHI	Program Coordinator	Japan
38	Liviu	Vedrasco	WHO	Unit Head	Switzerland
39	Lonim	Dixit	WHO	NPO NCD	Nepal
40	Malwina	Mielcarek	IFMSA-Poland		Poland
41	Manassawin	Kampun	Public Health and Health Science Student Association of Thailand	Cheif of Public Health and Health Science Student Association of Thailand	Thailand
42	Mira	Tikkanen	Tampere University	Intern	United States of America
43	Moe	Sandar	WHO	National Professional Officer (HSS)	Myanmar
44	Murugan	Kalirathnam	Thiruppani Trust Organization	program Director.	India
45	Nanoot	Mathurapote	National Health Commission Office		Thailand
46	Napasorn	Hunsajarupan	IFMSA-THAILAND		Thailand
47	Narisa	Limpapaswat	IFMSA	Deputy Vice President of Internal Affairs	Thailand
48	Narongsakdi	Aungkasuvapala	National Health Commission Office (NHCO) Thailand	Chair of organizing committee on NHA 13	Thailand
49	Nasiruddin	Ahmed	BIGD, Brac University	Professor	Bangladesh
50	Natapol	Thongplew	Ubon Ratchathani University	Lecturer	Thailand
51	Natnicha	Manaboriboon	IFMSA-Thailand	Medical Student	Thailand
52	Orajit	Bamrungsakulsawas	Sub-committee of NHA 13 organizing committee	Sub-committee	Thailand
53	Oranit	Orachai	NHCO	admin	Thailand

No	First Name	Last Name	Organization	Job Title	Country/Region Name
54	Paravee	Wattanapronphrom	Navamindradhiraj University		Thailand
55	Pat		RAMD		Thailand
56	Patchawan	Klinkaewboonwong	IFMSA		Thailand
57	Patrick	KADAMA	ACHEST (African Centre Global Health & Soc Trans)	Director	Uganda
58	Phyo Phyo	Kyaw	Department of Public Health	Deputy Director	Myanmar
59	Phyu	Aye	Ministry of Health and Sports	Director	Myanmar
60	Ramon	Amornwiriyaikul	IFMSA	student	Thailand
61	Rattana	Oebking	National Health Commission office		Thailand
62	Romain	Dissard	NCD Alliance		Switzerland
63	Roshani	Shrestha	Nutrition Promotion and Consultancy Service	Executive Director	Nepal
64	Ruby	Siddiqui	Save the Children	Epidemiologist	United Kingdom
65	Ruth Mirasol	Villasin	Davao Medical School Foundation	Community Organizer	Philippines
66	Salin	Amponnavarat	IFMSA-Thailand		Thailand
67	Shreeya	Shrestha	Nutrition Promotion and Consultancy Service	Project Coordinator	Nepal
68	Sitanun	poonpolsub	Food and Drug Administration	Pharmacist	Thailand
69	Souphalack	Inphonephong	SCI	Project Manager	Lao People's Democratic Republic
70	Stephanie	Burrows	WHO		Switzerland
71	suvajee	good	WHO	Regional Advisor	Thailand

No	First Name	Last Name	Organization	Job Title	Country/Region Name
72	Tausif Aslam	Ansari	Medical Students Association Of India		India
73	Teeranee	Techasrivichien	WHO Thailand	National Professional Officer	Thailand
74	Thet	Htwe	University of Community Health, Magway	Assistant Lecturer	Myanmar
75	Tin	Yu Yu Aye	Department of basic education	Director	Myanmar
76	Toshiyuki	OKUI	NOGEZAKA-GLOCAL	Representative	Japan
77	Watinee	Kunpeuk	International Health Policy Program	Research assistant	Thailand
78	Weerasak	Putthasri	National Health Commission Office		Thailand
79	Wilasini	Kuptniratsaikul	IFMSA-Thailand		Thailand
80	Wipoo	Luckanarangsun	Media Team		Thailand
81	Wongsakorn	Chaiwilai Korn	University	student	Thailand
82	Yokhito	Birondo	IPHC-DMSF	CES prog coord.	Philippines

APPENDIX 4 RESULT OF WEBINAR EVALUATION

After the webinar, the National Health Commission Office, Thailand sent the evaluation form to the participants. The feedback from 9 participants were obtained. The result of evaluations are shown as follows;

Figure 3 Country of the respondents

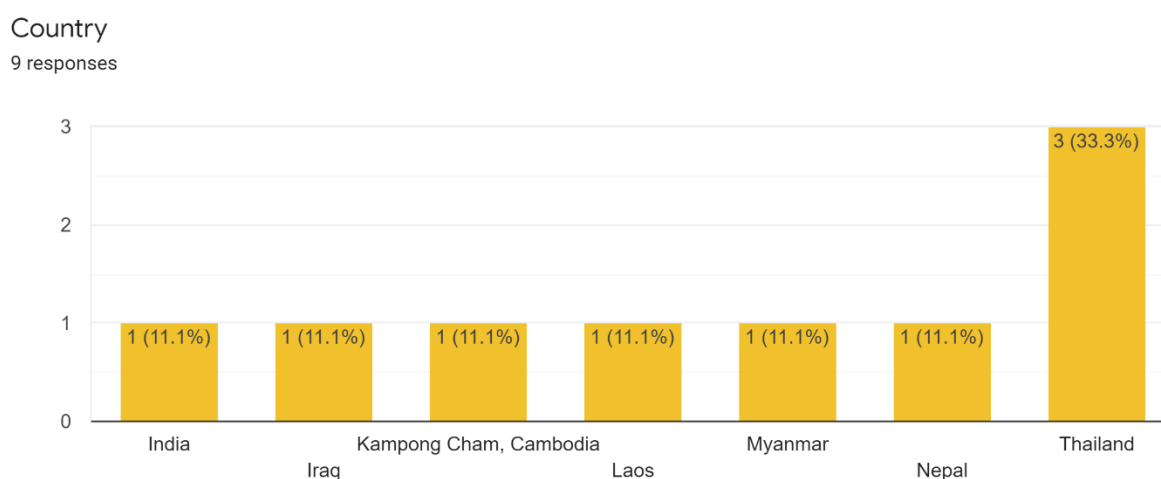


Figure 4 Relevance and helpfulness of webinar to your work

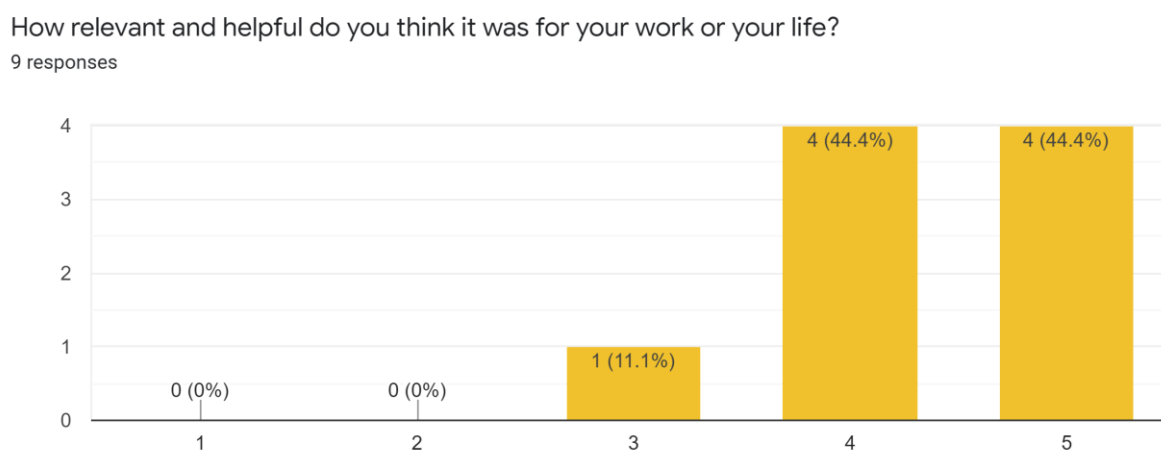


Figure 5 Satisfaction to the webinar

How satisfied were you with the webinar?

9 responses

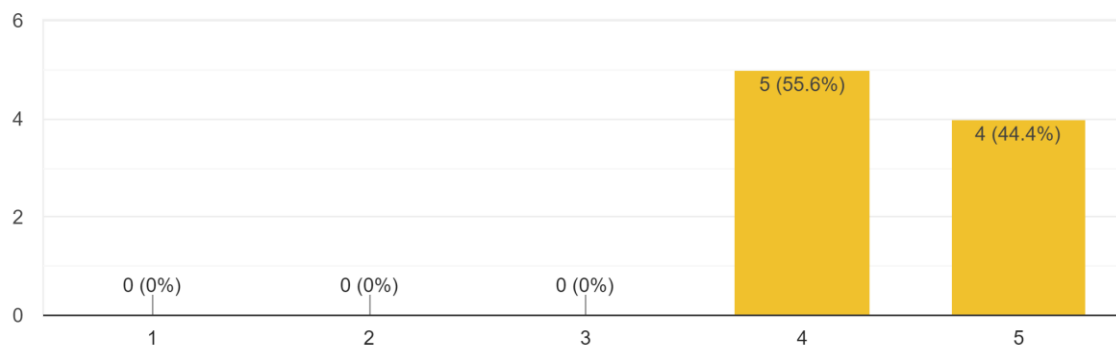
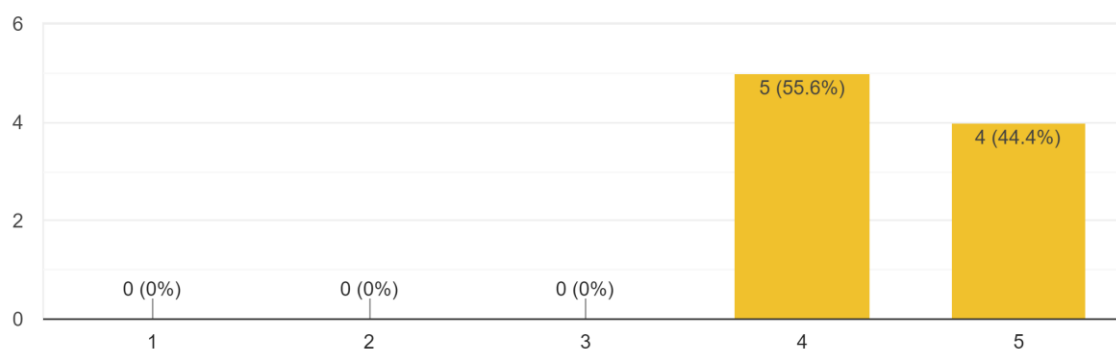


Figure 6 Satisfaction to sessions' contents

How satisfied were you with the session content?

9 responses



Overall feedback for the event

"The webinar was so helpful." [female, Nepal]

"The webinar is very well-organized and well-moderated very well. The panelists are diverse and contribute a lot to the discussion. Sometime while I feel lost during the webinar, it's very nice how the moderator recapped the answer." [female, Thailand]

"This meeting reflected good lessons learned on economic impact and social coping practices" [male, Laos]

"It covers many contents including challenges and key interventions." [female, Myanmar]

it was beautiful and organized [male, Iraq]

"webinar was great with full of insights and info" [male, India]

Key takeaway messages from the webinar

Each sector needs to be proactive even without the pandemics. Multi-sectoral collaboration matters so much, especially when the government action is not reliable.

Post-COVID collaboration strengthening

It is applicable and insightful.

collaboration is always important not only in the pandemic and the quality is more important than quantity

In time of crisis or health emergency, general public life and health must be our top priority.

For multi-sectoral collaboration trust among sectors and high impact enthusiasm for common cause is must