



## 1. Introduction

China reported a cluster of cases of pneumonia in Wuhan, Hubei Province on 31 December 2019. Since then, it has been a year that our global community has been encountering COVID-19. This pandemic has impacted almost all dimensions of society, including for example, health, economy, and food security.

We have learnt that this unprecedented pandemic cannot be handled by a government alone, rather it requires **a range of stakeholders (e.g., civil society, researcher, private sector and young generation) and of sectors (e.g., health, commerce, social development and foreign affairs) coming together with a common purpose; to fight against COVID-19 and its negative impacts. This approach is called “Multi-Sectoral Collaboration” in this webinar.** There are similar technical terms with multi-sectoral collaboration such as “Health in All Policies”, “Whole-of-Government”, “Whole-of-Society” or “One Health”. However, the common goal of these terminologies reiterates one another that we need to work interdisciplinary and beyond our boundary for health and wellbeing.

Although multi-sectoral collaboration is well accepted approach in times of crisis, implementing and maintaining this collaboration during and post COVID-19 is a challenge. It is even harder in countries where never practiced this approach before. Moreover, sometimes it is found that multi-sectoral collaboration fades away after a crisis is gradually mitigated.

National Health Commission Office, Thailand in collaboration with partners organized a webinar series entitled “multi-sectoral collaboration in response to COVID-19” to seek answers how to make multi-sectoral collaboration sustainable and to use the findings to advocate organizations within Thailand and other countries on multi- sectoral collaboration in order to effectively respond future crisis and to achieve the Sustainable Development Goals (SDGs).

## 2. Background of the webinar

A webinar series was organized in collaboration with partners to listen perspectives of each stakeholder, that is civil society, young generation, government and health sector on multi-sectoral collaboration in response of COVID-19, respectively. Those four webinars have more or less similar questions on their roles during the pandemic, enabling factors and challenges for sustainable multi-sectoral collaboration.

### 1) **The first webinar with civil societies** was held on 1 June 2020.

In summary, civil societies as well as NGOs have four important roles during COVID-19. One, act as a watchdog in community to surveil diseases and identify persons who might be the risk target of COVID-19. Two, act as a contributor providing the virus protection, supplies, food and information to community members and vulnerable groups. Three, act as a trainer and counsellor on COVID-19 related issues to community leaders, ethnic group leaders, vulnerable groups, or even exhausted health workers. Four, act as an advocator/campaigner to raise awareness of COVID-19, and to voice out concerns of the marginalized group, disabilities group and ethnic group who got affected from COVID-19 to governments.

The panelists from Bangladesh, Myanmar and Thailand shared both enabling factors and challenges on multi-sectoral collaboration. How well-collaboration with government and other stakeholders/sectors during COVID-19 depends on their pre-existing multi-sectoral collaboration experience before the pandemic. Furthermore, it is reflected that capability of civil societies explicitly assist government’s work and reduce government’s burden in response to COVID-19.

### 2) **The second webinar with young generation** was held on 28 August 2020.

From the presentation, the role of young generation in Bangladesh, Myanmar, Thailand, and Vietnam can be categorized into four roles. One, as an information collector conducting an online survey

on the impact of COVID-19 among young generation including LGBTQ. Two, as a content provider by organizing webinar series and producing infographic to the public including medical students and ethnic people. Three, as a health service provider such as providing advice on non- COVID-19 diseases via telemedicine while medical doctors engaged with treating patients with confirmed COVID-19. Four, as an aid provider in various ways, for example, pocket Wi-Fi donation for students during lockdown, vegetable seeds donation for urban poor. However, there is no role among these linking with policy making, in contrast with civil society and NGOs which has had an existing mechanism or platform working with governments. More channels and platforms for young generation to engage in policy making and implementation for new era challenges are needed.

The panelists discussed on how they made the activities happened during a lockdown period. Their answer implicitly reflects enabling factors and challenges on multi-sectoral collaboration. This webinar uncovers young generation's capability on informational technologies and digital literacy which are a skill for crisis management. Moreover, COVID-19 pandemic untap potential of young generation to make change and collaboration with governments in a systematic way.

3) **The third webinar with government sector** was held on 19 September 2020.

The panelists from government of Bangladesh, Myanmar, and Thailand presented in the same direction that the governments recognized importance of multi-sectoral collaboration as it was proven to be effective for crisis management, increase access to resources, share responsibilities, and strengthen ownership of activities by stakeholders. Leadership and governance played critical roles in pandemic responses as. Bangladesh, Myanmar, and Thailand presented their national committee as a mechanism to direct the respective countries to respond COVID-19 and collaborate with stakeholders. Legislative provision also makes multi-sectoral collaboration possible. Communicable Diseases Act of Myanmar and Thailand and the Neurodevelopmental Disability Protection Trust Act 2013 and the Disability Rights and Protection Act 2013 of Bangladesh clear the way for COVID-19's multi-sectoral collaboration.

However, a bureaucratic manner obstructs multi-sectoral collaboration in practice. Another issue that makes multi-sectoral collaboration challenging is how to balance health and other sectors. Some measures to control COVID-19 affected other sectors such as economy and social life. During the peak of the pandemic, health security is chosen as the top priority. For the recovery phase, it cannot focus solely on one dimension.

4) **The fourth webinar targeting on health sector** was held on 29 October 2020

Burden of the pandemic does not fall equally across the society such as overcrowded housing, education, ethnicity, poverty, primary care enrolment, and employment. The panelists from health sector in Australia, New Zealand, and Thailand raised importance of engaging voice of citizens, marginalized and vulnerable groups into decision making on policy responses to COVID-19. This is to guarantee that equity issues will not be ignored at the national committee. And people who experience the problem can play a role in shaping the solutions.

Balance of health and other sectors especially economy was the heart of discussion. The panelists see economy important if it is fair and for all, not for some. Communication skill to build a shared goal is therefore important to balance health and economy. New Zealand's Prime Minister is an example of a good communicator to unit people as a one team country to look after each other. Regarding the role of health sector in response to COVID-19, it shows that it can be shifted from a leader during the peak of the pandemic to a supporter during the recovery phase as shown in Thailand's case.

Multi-sectoral collaboration is an effective approach in response to COVID-19 and other crises. Impact of collaborative actions should be recorded and disseminated to advocate its importance and continue momentum to tackle big problems such as child poverty, climate change, inequity.

Be noted that the output of the webinar series is a synthesis report on importance of multi-sectoral collaboration in times of COVID-19 aiming to describe enabling factors and challenges of this approach and also drawing lessons learnt from the panelists' perspectives. However, the arrangement of the four webinars have limitation regarding a number and a variety of panelists. Importantly, there is no perspective of a private sector in these webinars. This limitation results in the answer for how to make multi-sectoral collaboration possible and sustainable.

5) **The fifth webinar targeting on mixed sectors** was held on 14 December 2020

The panelists from WHO, civil society organization, government, academia and private sector were invited to exchange their views on sustainability of multi-sectoral collaboration and give recommendations to the synthesis report which collecting inputs from the four webinars.

Apart from recommending the report which describes in the next section, the panelists answered questions from the moderator which representing youth over how multi-sectoral collaboration look like in a normal situation which health is not a top priority and what if government fails to initiate multi-sectoral collaboration, what other sector will do. All panelists admitted that it is difficult to establish multi-sectoral collaboration during emergency, if such collaboration doesn't exist before. Institutionalizing multi-sectoral mechanism/platform was highlighted as a leverage point for collaboration. However, multi-sectoral collaboration is not about quantity but also quality. Inclusive sectors / stakeholders in the mentioned mechanism should be paid attention. And it is often found that youth is missing in the decision-making mechanism despite of their competence for the digital disruption era. Furthermore, multi-sectoral mechanism is not about how to establish, but also how to maintain and sustain. A regular non-agenda meeting with stakeholders was mentioned as a way to build collaboration and trust because the environment of such meetings is stress-free.

A couple of panelists talked about ways to advocating multi-sectoral collaboration. We should transform what we had built from COVID-19 such as mechanism or platform to SDGs and UHC. Both things strongly need collaboration from all sectors to achieve. Another point is that COVID-19 has affected people at different levels depending on socio-political, economic and cultural determinants of where they are born, live and work. We should use the opportunity from COVID-19 to act on social determinants of health and further to the climate change crisis and the aging society. Hence, a multi-sectoral collaboration should put in place at all levels from the global, national, and sub-national levels in order to ensure voices of stakeholders especially marginalised groups and youth are heard. Dialogues at the local level, such as village, city, or province may incite the government to institutionalize such mechanisms/platforms at the national or federal level.

### **3. Synthesis**

In term of 'collaboration' definition, we found organizations help each other enhance their capacities to do their jobs, people become partners rather than competitors, and collaboration is the most work for change. This multi-sectoral collaboration in the study demonstrated the organizations and citizens form a partnership to the good of the community (i.e. disease mitigation). It seems requires a great investment and trust for making a change.

Five enabling factors and four challenging factors of multi-sectoral collaboration in response to COVID-19 were identified in the webinars (**Table 1**). Section 3.1 describes factors enabling multi-sectoral collaboration while section 3.2 describes factors challenging multi-sectoral collaboration.

**Table 1 Enabling and challenging factors of multi-sectoral collaboration in response to COVID-19**

Factors	Webinar			
	CSOs	Youth	Gov	Health Sector
<b>Enabling factors</b>				
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) Inclusive decision - making mechanism			X	X
5) Legislative provision			X	
<b>Challenging factors</b>				
1) Lack of participation from marginal/ vulnerable group/citizen	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

### **3.1 Factors enabling multi-sectoral collaboration**

Four factors facilitating multi-sectoral collaboration were identified in the webinars.

#### **3.1.1) Recognizing the importance of multi sectoral collaboration**

The panelists in all webinars have confirmed that multi-sectoral collaboration is essential for the time of crisis. In the case of COVID-19, it is not possible to achieve or win the battle without partners. Therefore, looking for partners to launch and implement programs can reach more people and create larger impacts. The government alone, a single CSO, or one businessman cannot solve this crisis. In additions, hearing voices from all stakeholders lead 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 inclusive plan and policy is of interest; so that marginalized people like persons with disabilities, persons with neuro developmental disabilities, ethnic group, women and third gender can get proper support and service on base of equity. The effective and pre-established mechanisms like the National Health Assembly can be used as platform to maintain multi-sectoral collaboration and trust building among stakeholders.

#### **3.1.2) Availability of resources**

Resources availability such as personnel and finance have facilitated multi-sectoral collaboration in fighting COVID-19. According to the webinars, the devoted personnel are key success in overcoming the outbreak. Thailand has more than 1 million village health volunteers who work actively on COVID-19 prevention. Similar with Bangladesh, self-help groups of the well-trained disabled work to reach out people with disabilities to prevent Covid-19. A case of Myanmar has proved that the dedicated team members were important for initiating timely, effective responses. Teamwork, ingenuity, and persistence allowed the team to work effectively and overcome challenges. The staff work tirelessly and came up with ideas to cope with the situation. For example, when there was a shortage of hand sanitizer, the team came up with the plan to make hand sanitizer in a timely manner. In additions, the financial support is important factor for prompt response to Covid-19. Support from donors and guidance from government

enabled the organization 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 ministries. It is evident for the CPI of Myanmar that funding, materials and supplies, and human resources are in need for creating successful COVID-19 initiatives. By contrast, the webinar with youth indicated that financial resources do not always play a crucial role. With the rise of informational technologies coupled with digital literacy of the youth, many useful internet-based programs and initiatives are implemented by the youth without spending a large amount of financial resources. However, the youth agree that financial assistances from both domestic and international funder are still important for some programs, such as provision of supplies.

### **3.1.3) Strong commitment from government**

The government plays a major role in setting the country's direction and creates synergistic interventions involving all sectors to achieve a single direction. The panelist from Thailand and Myanmar mentioned in the webinar with government sector that COVID-19 is an emergency of the state, which need official compliance of regulations on budget and resource allocation. However, decentralization to local authorities is still needed for implementing government policies. Thailand decentralized the implementations to the provincial governors, so that the governors can design interventions in their own provinces with a consultation with multiple stakeholders in the province. A CSO speaker from Thailand gave an example of Surin province where the governor invited a civil council, which is a network of CSOs, to participate in a planning process for the prevention and control of COVID-19.

Case of New Zealand also showed the strong commitment from the government. Jacinda Ardern, the Prime Minister of New Zealand, has implemented a communication campaign every day at 1 PM to stand ups with Director General of Health and communicate with people. The key message from the government is "The team of 5 million has worked to beat the virus". This message builds up the social solidarity.

### **3.1.4) Inclusive decision-making mechanism**

The decision-making mechanism in response to COVID-19 of Myanmar and Thailand are intra-ministry and inter-ministries. 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. The structure of the mechanisms facilitates working across sectors and stakeholders. Although no civil society and young generation representatives include in the mechanism, collaboration with them is happened in other activities.

A speaker from Thailand health sector mentioned about the National Health Assembly which is a multi-sectoral platform for policy making. This year, an agenda of the assembly is a participatory health crisis management. The draft resolution draws lessons learnt from COVID-19 management and proposes to have civil societies and private sector included in the government mechanism in response to COVID-19.

### **3.1.5) Legislative provision**

Laws and regulations have been used as a tool to strengthen multi-sectoral collaboration in response to the emergent situation. In the government sector webinar, the panelist from Thailand, Myanmar and Bangladesh mutually agree that available legislations facilitated the implementation of COVID-19 policies. In Thailand and Myanmar, communicable diseases laws have been enforced. The speaker from Bangladesh mentioned that the Neurodevelopmental Disability Protection Trust Act 2013 and the Disability Rights and Protection Act 2013 support government in working with various stakeholders to assist people with difficulties during this crisis moment. The CSOs in Bangladesh are working under certain legal frames. These should be aligned and worked harmoniously with the political framework without any interference or interruptions.

However, in a normal situation, National Health Act of Thailand nurtures a multi-sectoral collaborative culture and facilitates smooth working conditions among different stakeholders. This Act establishes a national commission chaired by the Prime Minister. The commission comes from various stakeholders, including the government, academia, and societal sector with an equal number. Every year, the national health assembly is convened to discuss among stakeholders/sectors to address public policies.

### **3.2 Factors challenging multi-sectoral collaboration**

Four factors challenging multi-sectoral collaboration were identified in the webinars.

#### **3.2.1) Lack of participation from citizens, marginal and vulnerable groups**

The panelists in the webinar with CSOs clearly indicated that disabled people are vulnerable to health threats and domestic violence, affecting their mental and physical health during COVID-19. In additions, the disabled people have limited understanding of safe practices pertaining to their impairment. The panelists in the webinar with youth also stated that youth voices are not recognized even though the youth is the largest group of population in some countries and the generation wanting to make a difference. On several occasions, thoughts and voices of the young generation are not recognized by the society, especially at the policy level. The panelist from Australia advocated that there should have social voice on health in the national committee on COVID-19 response. The panelist from Thailand in the webinar with health sector mentioned about the National Health Assembly which was scheduled to organized in this coming December. The draft resolution of the Assembly proposes to have civil societies and private sector included in the government mechanism in response to COVID-19 due to lessons learnt from COVID-19 management.

#### **3.2.2) Bureaucratic culture**

Although the governments recognized importance of multi-sectoral collaboration. In practice, bureaucratic manner sometimes obstructs the implementation. Each government ministry has its laws and regulations and sometime conflicting with one another. The speaker from Myanmar revealed that the financial regulation was very rigid. For the health sector, a committee has been set up with representatives from medical doctors and pharmacists from business sectors. Then, there was a need for a discussion with the committee about the purchase of medical supplies especially during the COVID-19 crisis.

#### **3.2.3) Communication barriers**

Communication is a key to build a shared goal for a multi-sectoral collaboration. However, the panelists from webinar with the youth indicated that conveying information from one language to another language can become a challenge, especially when it comes to technical terms and dialects. A clear example is the translation of medical terms to lay and sign language. Likewise, the panelist from webinar with CSOs pointed out that communication, in terms of languages (e.g., different dialects of ethnic groups) and technical issues (signal coverage and internet access) pose a challenge for the effective communication and the provision of aids and assistances. The panelists in the webinar with government sector also mentioned about the closure of information. The panelist from Bangladesh shared the experience that people in the quarantine area complained about the quarantine, so there was a need for the government to communicate with communities why this measure should be implemented. The panelist in youth and health sector webinar mutually mentioned about the limitation of some people in access to communication technology as they do not have mobile phone, computer or access to internet in particular those in the rural area.

### **3.2.4) Imbalance between health and other sectors.**

The panelists in the webinar with government sector stated that the measures to control COVID-19 affected other aspects such as economy and social life. For COVID-19, health security was chosen as the top priority. For the recovery phase, it is important to be more balance and cannot focus solely on one dimension. It should not be always a zero-case scenario when health facilities have sufficient supports for new cases. A balance by considering economy and reopening the country is important as well.

However, we did not find any challenge of mistrust, racism and other forms of discrimination, lack of strong leadership or a sense of powerlessness<sup>1</sup> in this case studies. This may be some bias from selected cases in the presentation of speakers.

## **4. Lessons learnt**

From reviews, key success to effective multi-sectoral collaboration with engaged stakeholders included a shared recognition that multi-sectoral collaboration be a good way to address a particular problem. The collaboration might be different at different levels of decision-making<sup>2</sup>. It is also documented that building trust is key to developing and maintaining this action with a variety of forms. That needs the flexibility of health sector and health personnel role. We would echo that opportunities and mechanisms for routine multisectoral collaboration, open-, inclusive-, and informed discussion among key stakeholders is critical.<sup>3</sup> As well as, a policy process and policies shaped and influenced by multisectoral inputs is useful for comprehensive evidence generated sharing benefits of achieving the health threat through a multisectoral response. Particularly, at least three more lessons learnt from four webinars can be additional drawn.

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<sup>1</sup> Community Toll Box. Promoting Networking, Coordination, Cooperative Agreements and Collaborative Arrangements Among Organizations. The University of Kansas 2014. [ctb.ku.edu](http://ctb.ku.edu)

<sup>2</sup> World Health Organization (WHO). Health Equity Through Intersectoral Action: An Analysis of 18 Country Case Studies, 2008.

<sup>3</sup> Health Policy Project. Capacity Development Resource Guide: Multisectoral Coordination. Washington, DC: Futures Group, Health Policy Project. 2014.



4.1) **Multi-sectoral collaboration is vital to fight with COVID-19.** The engagement and collaboration of Government (and ministries), CSOs, communities and other relevant stakeholders are proven to be effective in crisis management such as COVID-19. Multi-sectoral collaboration has many benefits, such as increasing access to resources, sharing responsibilities, and strengthening ownership of activities by stakeholders. The engagement of multiple sectors creates new knowledge, expertise, and resources which are beneficial for producing better outcomes during crisis situations. Platform to building capacity for active involvement and trust building is a way forward for multi-sectoral collaboration.

4.2) **Keep balancing 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. Economics as well as the environment should be considered for formulating COVID-19 recovery measures. Ethnic groups, people with disability, and other vulnerable groups are severely affected by the pandemic and sometimes they do not sufficiently receive (proper) help and support. These groups of people can become prime victims of the crises and the less inclusive systems. The youth in many countries are vulnerable to the impacts of COVID-19. Due to the socio-economic conditions during the COVID-19, many young people cannot afford to stay home as they have to work to earn money for feeding the family. In addition, if they stay home, some of them are subjected to domestic violence and mental problems during the lockdown. Hearing voices from all stakeholders leads to responsive policy decision making. Burden of the pandemic did not fall equally across the society such as overcrowded housing, education, ethnicity, poverty, primary care enrolment, employment. Understanding the problem from the perspective of the people who experience it and analysing the root causes of the problem with the concept of social determinants of health is necessary. People who experience the problem play a role in shaping the solutions. Thus, there is a need to conduct researches on health in all policies (HiAP), health equity, and environmental factors in order to take into account lived realities, to increase political accountability, and to generate more likely to work policy.

4.3) **Health system reforms are vital to make the country ready for future unpredicted situation.** The Covid-19 crisis posed different challenges to the national health system of every nation in different ways. Some countries could not manage the pandemic due to weak health system while some countries successfully manage COVID-19 have strong health systems. Thailand's UHC system is a good example of system readiness. Thailand has achieved UHC for 20 years. Good foundation of health system and adequate financial support from the government can maintain health system during the crisis. Thus, the national health care system of every country should be strengthened to be able to handle future unexpected crises. Becoming more resilient, inclusive, engaged, and proactive are the key for designing and improving the system and programs to promote health of people.

For conclusion, experiences from case-studies to tackle the COVID-19 challenges is documented for feasible arrangement. The case-studies across settings, cultures and levels of development demonstrated the importance that, beyond health sector, multi-sectoral collaboration and action could be done. Evidence from this report is confirmed the collaboration framework and has helped to provide some clues to guide these efforts to accomplish our health goals.

## 5. Recommendations for future study or discussion

The synthesis report on multi-sectoral collaboration in response to COVID-19 was presented at the last webinar of the webinar series in December 2020. This webinar invited mixed sectors/stakeholders

namely from WHO, CSO, Government, Academia and Private Sector, to exchange their views and answer questions which was moderated by youth.

The objective of this webinar was to seek recommendations for the report and further study or discussion on how to maintain multi-sectoral collaboration post COVID-19. Three key recommendations were advised from this webinar as follows.

5.1) **Inclusion of private sector**

The private sector was excluded from these four webinars. In time of any crises, private sector should be included in a dialogue and collaboration as a part of solution. Private sector played important role in response to COVID-19. Companies apply WHO and government health guidance to take care of their workers. Moreover, some companies provide assistance on medical supply, PPEs, and vaccines to a society. Setting a platform with private sector to draw their lesson learnt will be a good advantage.

5.2) **Experiences of other countries where have different context from Asia**

These four webinars relatively limited to context of Thailand and nearby countries such as Myanmar, Bangladesh, Vietnam., New Zealand and Australia. The multi-sectoral collaboration is uniqueness to the geographical and cultural context. This form of collaboration may not happen in another area of the world. Thus, the additional discussions related to multi-sectoral collaboration of other countries in the West, especially USA and UK, where racial discrimination is a critical issue of a social determinant of health, should be organized

5.3) **Identification of the level of collaborations.**

These four webinars mentioned about the multi-sectoral collaboration in general. The level of collaboration, for example, decision making or operation, should be identified for effective management. At the decision-making level, the representatives of all stakeholders including the vulnerable groups should be collaborated, while all ordinary people should be collaborated in the operational level.

## 6. Appendix: List of panelists of each webinar

No.	Panelist	Organization
<b>THE ROLE OF CIVIL SOCIETY IN RESPONSE TO COVID-19</b>		
1	Dr. Weerasak Putthasri	Deputy Secretary-General, National Health Commission Office (NHCO), Thailand
2.	Dr. Niran Phitakwatchara	Dean of Medicine and Public Health College, Ubon Ratchathani University, Thailand
3.	Mrs. Wichitra Chusakul	Representative of Surin Provincial Health Assembly, Thailand
4.	Mrs. Taslima Akter (Keya)	Project Coordinator, Centre for Disability in Development (CDD), Bangladesh
5.	Dr. Si Thura	Executive Director, Community Partnership International, Myanmar
<b>THE ROLE OF YOUNG GENERATION IN MULTI-SECTORAL COLLABORATION IN RESPONSE TO COVID-19</b>		
1.	Dr. Weerasak Putthasri	Deputy Secretary-General, National Health Commission Office (NHCO), Thailand
2.	Ms. Suphaphit Chaiyadit	Children and Youth Council of Thailand (CYC Thailand)
3.	Mr. Asadur Rahman Nabin	Bangladesh Medical Students' Society (BMSS)
4.	Ms. Rena Mallillin	Asian Medical Students' Association – The Philippines
5.	Mr. Ly Quoc Dang	Mekong Youth Farm Network (Y-Farm), Vietnam
6.	Dr. Mya Myint Zu Kyaw	Community Partners International (CPI), Myanmar
<b>THE ROLE OF GOVERNMENT IN MULTI-SECTORAL COLLABORATION IN RESPONSE TO COVID-19</b>		
1.	Professor Dr. Md. Golam Rabbani	Chairperson, Neuro-Developmental Disability, Protection Trustee Board, Ministry of Social Welfare, Bangladesh
2.	Dr. Kyaw Khaing	Deputy Director General of Minister Office, Ministry of Health and Sports, Myanmar
3.	Dr. Weerasak Putthasri	Deputy Secretary-General, National Health Commission Office (NHCO), Thailand
<b>HEALTH IN ALL POLICIES IN TIMES OF COVID-19 ROLE FOR THE HEALTH SECTOR MOVING FORWARDS?</b>		
1.	Dr. Weerasak Putthasri	Deputy Secretary-General, National Health Commission Office (NHCO), Thailand
2.	Prof. Sharon Friel	Australian National University
3.	Dr. Anna Stevenson	Canterbury District Health Board, New Zealand
4.	Dr. Warisa Panichkraengkrai	International Health Policy Program (IHPP) Ministry of public health, Thailand
<b>IMPORTANCE OF MULTI-SECTORAL COLLABORATION IN TIMES OF COVID-19</b>		
1.	H.E. Mr. Anutin Charnvirakul	Minister of Public Health of Thailand
2.	Assoc.Prof.Dr. Kanang Kantamaturapoj	Faculty of Social Sciences and Humanities, Mahidol University
3.	Dr. Gerard Schmets	WHO Health Systems Governance Policy and Aid Effectiveness
4.	Dr. Walaiporn Patcharanarumol	Division of Global Health Division under Ministry of Public Health, International Health Policy Program (IHPP), Thailand

<b>No.</b>	<b>Panelist</b>	<b>Organization</b>
5.	Dr. Justin Koonin	President of ACON, Australia Representative of Civil Society Engagement Mechanism (CSEM) for UHC2030
6.	Dr. Anna Stevenson	Canterbury District Health Board, New Zealand Representative of Global Network for Health in All Policies
7.	Dr. Sampan Silapanad	Chairman of Commission on International Trade and Health Studies, Vice President of Western Digital (Thailand) Co., Ltd, Thailand
8.	Dr. Weerasak Putthasri	Deputy Secretary-General, National Health Commission Office (NHCO), Thailand

## 7. Appendix: List of partners of the webinars

Webinar No.	Webinar title	Host organizations	Date
1	The Role of Civil Society in Multi-sectoral Collaboration in response to COVID-19	- National Health Commission Office (NHCO), Thailand	1 June 2020
2	The Role of Young Generation in Multi-sectoral Collaboration in response to COVID-19	- National Health Commission Office (NHCO), Thailand - Children and Youth Council of Thailand - Asian Medical Students' Association-Philippines (AMSA-Philippines) - Mekong Youth Farm Network (Y-Farm) - Community Partners International (CPI), Myanmar	17 August 2020
3	The Role of Government in Multi-sectoral Collaboration in response to COVID-19	- National Health Commission Office (NHCO), Thailand	28 September 2020
4	Health in All Policies in times of COVID-19: Role for The Health Sector Moving Forwards?	- National Health Commission Office (NHCO) Thailand - Global Network for Health in All Policies (GNHiAP)	29 October 2020
5	Importance of multi-sectoral collaboration in times of COVID-19	- National Health Commission Office (NHCO) Thailand - Ministry of Public Health, Thailand - International Health Policy Program, Thailand - World Health Organization - International Federation Medical Students Association of Thailand	14 December 2020