



General Information

Reorientation Primary Health Care for Strengthening Border Health Systems in the Pursuit of Universal Health Coverage for Low-Middle Income Countries (Batch 2)

16 – 27 November 2026

Conducted by

Implementing Organization

Research Institute for Language and Culture of Asia

Mahidol University, Thailand

The Government of Japan

Japan International Cooperation Agency

The Government of Thailand

Thailand International Cooperation Agency

Ministry of Foreign Affairs of Thailand



Japan International Cooperation Agency (JICA)

ODA and JICA

Since 1954, Japan has been providing financial and technical assistance to developing countries through ODA (Official Development Assistance), aiming to contribute to the peace and development of the international community. JICA is in charge of administering all ODA such as technical cooperation, ODA loans and grant aid in an integrated manner. JICA assists and supports developing countries as the executing agency of Japanese ODA, and works in over 150 countries and regions and has some 100 overseas offices.

JICA's Vision

Leading the world with trust JICA, with its partners, will take the lead in forging bonds of trust across the world, aspiring for a free, peaceful and prosperous world where people can hope for a better future and explore their diverse potentials.

JICA's Mission

JICA, in accordance with the Development Cooperation Charter, will work on human security and quality growth.

Actions 1. Commitment: Commit ourselves with pride and passion to achieving our mission and vision.

Actions 2. Gemba: Dive into the field ("gemba") and work together with the people.

Actions 3. Strategy: Think and act strategically with broad and long-term perspectives

Actions 4. Co-creation: Bring together diverse wisdom and resources.

Actions 5. Innovation: Innovate to bring about unprecedented impacts.

Japan International Cooperation Agency (JICA)

Thailand Office

31st Floor, Exchange Tower, 388 Sukhumvit Road, Klongtoey, Bangkok 10110

Thailand

Telephone : +66 2261 5250

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Website : <https://www.jica.go.jp/thailand/english/index.html>



Thailand International Cooperation Agency (TICA)

TICA's Vision

TICA aspires to be a central agency on technical and development cooperation under the Royal Thai Government to serve as a bridge for global sustainable development.

TICA's Mission

TICA is the main agency to execute international development cooperation with foreign governments, international organizations and intergovernmental organizations.

TICA is the focal agency in formulating strategic guidelines and policies on international development cooperation to be comprehensively in line with the Royal Thai Government's foreign policies.

Objectives

- To develop international cooperation plan, study and analysis on cooperation policy including implementation, follow-up and evaluation of technical cooperation projects.
- To administer development cooperation programmes provided to developing countries according to foreign policies of the Royal Thai government.
- To cooperate with various development partners including foreign governments and international organizations to develop technical cooperation projects for development under bilateral and multilateral frameworks.
- To administer fellowships and scholarships offered to developing countries for human resources development in public and private sectors as well as civil society.
- To coordinate international development cooperation.
- To disseminate information regarding development cooperation to government agencies concerned and international organizations.

Thailand International Cooperation Agency (TICA)

Ministry of Foreign Affairs

8th Floor, Government Complex Building B (South Zone)

Chaengwattana Road, Laksi District, Bangkok 10210 Thailand

Telephone : +66 2203 5000 ext. 43001/43106/43109/43111

Facsimile : +66 2143 8357

Website : <https://tica-thaigov.mfa.go.th>



Mahidol University
Research Institute for Languages
and Cultures of Asia

Mahidol University

Research Institute for Language and Culture of Asia

RILCA's Vision

To be the leading institute in language and culture research for sustainable well-being.

RILCA's Mission

Strive for language and culture research to develop knowledge and innovations that drive the advancement of a well-being-oriented society.

Strategic Direction

1. Produce language and culture research and innovations that guide policy toward a sustainably well-being society
2. Create language and cultural learning innovations to produce change agents for social wellbeing
3. Enhance academic services to establish sustainable income streams.
4. Manage the organization for sustainable security

Research Institute for Language and Culture of Asia, Mahidol University

999 Phutthamonthon Sai 4 Road, Salaya Subdistrict,

Phutthamonthon District

Nakhon Pathom 73170 Thailand

Telephone (662) 8002308-14

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website: <https://lc.mahidol.ac.th/>

e-mail: rilca_rr@mahidol.ac.th

The Third Country Training Programme (TCTP) on “Reorientation Primary Health Care for Strengthening Border Health Systems in the Pursuit of Universal Health Coverage for Low-Middle Income Countries (Batch 2)”. The course arrangements are set up by Thailand International Cooperation Agency (TICA), and Japan International Cooperation Agency (JICA) in collaboration with Research Institute for Language and Culture of Asia, Mahidol University

Background

Primary health care (PHC) has long been recognized as the cornerstone of equitable and sustainable health systems, particularly in advancing Universal Health Coverage (UHC). However, border regions in many low- and middle-income countries (LMICs) remain underserved due to their geographic isolation, limited resources, and complex socio-political contexts. These areas are frequently characterized by high population mobility, migration flows, cross-border trade, and cultural diversity, all of which pose unique health challenges. Border communities often face barriers to accessing health services, resulting in gaps in disease prevention, maternal and child health, and emergency response systems.

In Southeast Asia and other LMIC regions, the COVID-19 pandemic further exposed vulnerabilities in border health systems, highlighting the urgent need for stronger PHC-based strategies that are adaptive, community-centered, and integrated with national and regional health frameworks. Strengthening PHC at the border is not only critical for ensuring health equity but also for controlling infectious disease transmission, managing non-communicable diseases (NCDs), and safeguarding regional security and economic stability.

The Third Country Training Programme (TCTP) was therefore established as a collaborative initiative to reorient PHC approaches toward resilience and inclusiveness. By facilitating knowledge exchange, technical training, and policy dialogue among participating countries, the programme aims to enhance the capacity of border health systems to deliver essential services effectively. Ultimately, the TCTP supports the global agenda of leaving no one behind by aligning border health strategies with the pursuit of UHC in LMICs. The course focuses on strengthening primary health care (PHC) as a foundation for resilient and inclusive health systems, particularly in border regions of low- and middle- income countries (LMICs). Recognizing that border areas often face challenges such as limited access to services, high population mobility, infectious disease risks, and weak referral systems, the programme seeks to reorient PHC towards equity, accessibility, and cross-border collaboration.

Through capacity building, policy dialogue, and sharing of best practices, the TCTP aims to enhance health governance, improve service delivery, and promote community-based and preventive approaches. Special emphasis is placed on integration with universal health coverage (UHC) goals, ensuring that vulnerable and mobile populations are not left behind. By fostering cooperation among participating countries, the TCTP serves as a platform for regional solidarity and innovation in border health system strengthening.

Title

Reorientation Primary Health Care for Strengthening Border Health Systems in the Pursuit of Universal Health Coverage for Low-Middle Income Countries (**Batch 2**)

Goal

The programme aims to strengthen the role of primary health care (PHC) as the foundation for resilient and equitable border health systems in Bhutan, India, Indonesia, Lao PDR, Malaysia, Myanmar, Philippines, Vietnam, Timor-Leste, and Thailand. The programme is designed to build the capacity of health professionals, policymakers, and local administrators to address the unique challenges of border regions while advancing the broader goal of Universal Health Coverage (UHC)

Objective

1. Reorient PHC approaches to be more inclusive, community-based, and responsive to the needs of border populations, including migrants and other vulnerable groups.
2. Enhance cross-border collaboration through regional dialogue, joint planning, and knowledge-sharing platforms to tackle shared health concerns such as infectious disease outbreaks and maternal and child health.
3. Strengthen health governance and service delivery by integrating PHC strategies into national and provincial health policies, ensuring alignment with UHC frameworks.
4. Build technical and managerial capacities of border health personnel through training, peer-to-peer learning, and applied research.
5. Promote innovation and sustainability in border health systems by encouraging locally adapted solutions and resource mobilization.
6. By achieving these objectives, the programme seeks to improve health equity, foster regional cooperation, and contribute to stronger and more resilient health systems in Lao PDR, Myanmar and Thailand.

Expected Outcomes

The programme is expected to generate both immediate and long-term outcomes that contribute to stronger, more resilient border health systems in Lao PDR, Myanmar and Thailand.

First, the programme will result in an enhanced capacity of health professionals and local authorities to implement primary health care (PHC) approaches tailored to border contexts. Participants will acquire practical skills in community engagement, cross-border health planning, and integrated service delivery, enabling them to design solutions responsive to local needs.

Second, the programme will foster regional cooperation and knowledge sharing by creating a network of practitioners and policymakers committed to addressing border health challenges collectively. This collaboration is expected to strengthen early warning systems, improve infectious disease surveillance, and ensure continuity of care across borders.

Third, the programme will support the integration of PHC strategies into national health policies, ensuring that border health is aligned with the broader pursuit of Universal Health Coverage (UHC).

In the long term, these outcomes will lead to more equitable access to essential health services, reduced health disparities in border areas, and stronger resilience against health emergencies. Ultimately, the programme will contribute to building inclusive, people-centered health systems that leave no community behind.

Anticipated Benefits

The programme is anticipated to deliver significant benefits at multiple levels. For participants, the programme will enhance knowledge and skills in reorienting primary health care (PHC), equipping them to address complex border health challenges through innovative, community-centered approaches. For health systems, the training will strengthen service delivery, improve coordination across borders, and foster resilience in responding to infectious diseases, non-communicable diseases, and health emergencies.

At the policy level, the programme is expected to support better integration of border health into national UHC strategies, ensuring vulnerable and mobile populations are included in health coverage schemes. Moreover, by fostering regional collaboration, the programme will contribute to stronger cross-country partnerships, shared learning, and harmonized health responses.

In the long run, the programme will generate lasting benefits for border communities, including greater equity, improved health outcomes, and enhanced trust in public health systems.

Duration

16 – 27 November 2026 (Two (2) weeks: not including travel)

Invited Countries

Bhutan, India, Indonesia, Lao PDR, Malaysia, Myanmar, Philippines, Vietnam, Timor-Leste, and Thailand.

Number of participants

The total number of participants from the invited countries shall not exceed forty (40). Specifically, Thirty (34) participants will be international participants from nine (9) invited countries and six (6) participants will be Thai participants nominated from six (6) areas of Thailand.

Language

The courses will be conducted in English. (Interpreter will be provided, if necessary)

Institution

The Research Institute for Language and Culture, Mahidol University
Address: 999 Phutthamonthon Sai 4 Road, Salaya, Phutthamonthon, Nakhon Pathom 73170, Thailand

Tel. (662) 8002308-14 Fax. (662) 8002332: URL: <https://lc.mahidol.ac.th/en/>

Venue

The Course will be given at

- 1) The Research Institute for Language and Culture, Mahidol University
Address: 999 Phutthamonthon Sai 4 Road, Salaya, Phutthamonthon, Nakhon Pathom 73170, Thailand
Tel. (662) 8002308-14 Fax. (662) 8002332: URL: <https://lc.mahidol.ac.th/en/>

- 2) Facilities of the Ministry of Public Health in Samut Sakorn, Kanchanaburi, Tak, Sakeo, Chiang Rai, Ubonratchathani, Ranong, and Trat provinces.

Qualifications for Applicants

The Course has a specific plan for three years. The Applicants for the second year of the Course should be nominated by their respective governments by the procedure stipulated below;

(1) be nominated by their respective Governments in accordance with the procedure stipulated in Procedures for Application;

(2) be the organizational officer of working experience as health policy makers, health administrators, border health program managers, public health profession, or other relevant professionals.

(3) have completed at least a Bachelor's Degree or equivalent academic background in Health Sciences;

(4) be under 50 years of age;

(5) be proficient in spoken and written English;

(6) does not involve an illegal action;

(7) be in good health, both physically and mentally; each participant should have a health certificate provided by an authorized physician. The medical report form is also attached to the Nomination Form. Participants shall follow the health instructions and measures by the Government of Thailand. Pregnancy is regarded as a disqualifying condition for participation in the Course; and

(8) not to be serving in any form of the military services.

(9) responsible for health facilities/public health organization/community at border areas

Procedures for Application

(1) Applicants interested in participating in the course must be nominated by their government and submit one (1) completed duly application forms attached the nomination letter and one page summary about border health situation in your working area **not later than August 14, 2026** to the Royal Thai Government through the Royal Thai Embassy, or Consulate in their respective countries, and send one (1) copy directly to **tctp.tica@mfa.go.th** by addressing to:

Human Resources Development Cooperation Division,
Thailand International Cooperation Agency (TICA),
Ministry of Foreign Affairs,
The Government Complex, Building B (South Zone), 8 th Floor, Laksi District,
Bangkok 10210, THAILAND

Tel. 66-2203-5000 Ext. 43111 , Fax: 66-2143-8357

E-mail: tctp.tica@mfa.go.th

Website: <https://tica-thaigov.mfa.go.th>

(2) The Government of the Kingdom of Thailand will inform the applying Governments of the name(s) of the selected nominee(s) to participate in the course not later than 30 days before the commencement of the course.

Certificate

Participants who have successfully completed the course will be awarded a certificate by JICA, TICA, MU, and RILCA.

Allowance and Expenses

The following allowances and expenses will be borne by the **Government of Thailand** and the **Government of Japan**:

1. International Travel

- An economy-class round-trip air ticket (arrival and departure via the international airport in Bangkok designated by TICA) will be provided to each approved candidate.
- Approved candidates are required to submit a copy of their valid passport for the arrangement of the electronic air ticket.

2. Living Allowance

- A living allowance of **THB 600 per day** (approximately USD 17) will be paid to participants during their stay in Thailand.
- This allowance is intended to cover meals, local transportation, and personal daily expenses.
- Participants are advised to bring sufficient personal funds to cover any emergency needs prior to the disbursement of the allowance.

Accommodation and Meals

The accommodation of the participants will be arranged by RILCA, and the shuttle bus will be serviced for a daily round trip between the participant's accommodation arranged by RILCA and training venues. Due to the training schedule is tight, RILCA will prepare lunch for participants. Participants can have their other meals at the restaurant by their own per-diem.

Expenses Not Covered

- Costs for obtaining passports, vaccinations, and other personal expenses are the responsibility of the participant or their nominating government.
- Expenses for extended stays beyond the official programme period will not be covered.

Contact persons

For more information, please contact:

- Director, Human Resources Development Cooperation Division, TICA
Tel. +66 2203 5000 Ext. 43001 / 43106 / 43109 / 43111 Fax. +66 2143 8451
e-mail: tctp.tica@mfa.go.th

- Dr. Mathuros Tipayamongkhogul
Research Institute for Language and Culture of Asia, Mahidol University
Tel. +66 28002308-14 , Fax. +66 28002332
Email: mathuros.tip@mahidol.ac.th

Other information: International Travelling

1. Participants are required to arrive in Thailand on the date as designated by TICA after confirmation of acceptance. However, it will be finally confirmed to the air tickets sent to the participants. The final confirmation of the air tickets will be sent to the participants in advance.

2. Participants should assume responsibility for other expenses incurred during travel between the participants' home countries and Thailand such as local transportation, passport fee, or airport tax.

3. Prior to arrival in Thailand, all participants should obtain the Non-Immigrant VISA (F) from the Royal Thai Embassy or the Royal Thai Consulate-General in their countries or the countries nearby. VISA fee can be reimbursed from TICA with original receipt.

4. Upon arrival at Bangkok International Airport, participants are asked to look for TICA sign the AOT Limousine customer relation counters and proceed to it. Participants are required to show the Instruction of Fellowship Award at the counter so that arrangements for airport transfer to the reserved hotel will be made. Participants do not have to pay for the AOT limousine service charge since the cost will be paid directly to AOT by TICA. Participants are recommended not to take a public taxi to the hotel by themselves as the taxi fees cannot be refundable from TICA

5. Participants shall not bring any members of their families with them during the training.

TENTATIVE COURSE OUTLINE

(SECOND YEAR)

(JFY 2026)

1. Course Title: Reorientation of Primary Health Care for Strengthening Border Health Systems in the Pursuit of Universal Health Coverage for Low- and Middle-Income Countries (Batch 2)

2. Course Objectives

1. Analyze the principles of Primary Health Care (PHC) and their relevance to border health systems.

2. Examine strategies to adapt and reorient PHC to address cross-border health challenges.

3. Strengthen participants' capacity to design PHC-based interventions that advance Universal Health Coverage in low- and middle-income countries.

3. Target Audience: Senior policymakers, health administrators, border health managers, and partners from ministries and international agencies.

4. Workshop Duration: 10 Days (2 Weeks, Monday–Friday)

5. Curriculum

This workshop comprises six (6) modules. Each module will be delivered in various modes including lectures, group discussion, hand-on experiences assignments.

Module 1: PHC Principles and UHC Goals

Course description: This course introduces the core principles of Primary Health Care (PHC) and their role in achieving Universal Health Coverage (UHC). Participants will explore people-centered care, health equity, accessibility, and intersectoral collaboration, with a focus on applying these concepts to policy and service delivery in low- and middle-income country settings.

Module 2 Border Health Systems in LMICs

Course Description: This course examines the structure, challenges, and opportunities within border health systems in low- and middle-income countries (LMICs). It explores cross-border mobility, migrant health, service fragmentation, and policy gaps, equipping participants with tools to analyze and strengthen primary health care systems in complex, resource-constrained, and politically sensitive border settings.

Module 3 Social Determinants and Risk Factors on the border

Course Description: This course examines social determinants and risk factors affecting health in border areas, where populations face vulnerabilities due to migration, poverty, limited services, and legal status. It explores how structural and environmental conditions influence health outcomes and how evidence-based strategies can address these disparities in cross-border contexts.

Module 4 Multi-Sectoral Collaboration

Course Description: This course explores the importance of multi-sectoral collaboration in addressing complex health and development challenges in border areas. It examines frameworks, case studies, and strategies for effective coordination among health, immigration, security, and civil society sectors to improve service delivery, policy integration, and population health across borders.

Module 5: Financing Border PHC Systems

Course Description: This course analyses financing mechanisms for primary health care (PHC) systems in border areas. It explores challenges related to resource mobilization, sustainability, and equity in cross-border contexts. Participants will examine innovative funding models, public-private partnerships, and policy options to strengthen PHC access for mobile, migrant, and marginalized populations.

Module 6 Human Resource Capacity

Course Description: This course focuses on building human resource capacity for health systems in border areas. It addresses challenges in recruitment, training, retention, and deployment of health workers in underserved regions. Emphasis is placed on culturally competent care, task-shifting, and cross-border collaboration to strengthen workforce readiness and service delivery.

| Day | Topics | Learning Objectives | Expected Outcomes | Time Allocation | Teaching Methods | Materials |
|------------|--------------------------------------|---|--|-----------------------------------|---------------------------------|-------------------------------|
| 1 | Orientation and Overview | Understand PHC, UHC, and border health challenges; clarify workshop goals | Participants explain PHC principles and workshop structure | 3 hrs lecture 3 hrs group work | Lecture, group discussion | Intro slides, handbook |
| 2 | PHC Principles and UHC Goals | Explain the PHC history and the UHC link to the SDGs | Participants describe the PHC-UHC relationship | 4 hrs lecture 2 hrs group work | Lecture, Q&A, group activity | WHO PHC framework, worksheets |
| 3 | Border Health Systems in LMICs | Identify characteristics and barriers in border populations | Participants outline health system gaps | 4 hrs lecture 2 hrs group work | Lecture, case study | Country health profiles |
| 4 | Social Determinants and Risk Factors | Identify social determinants affecting PHC | Participants map determinants for border areas | 4 hrs lecture 2 hrs group work | Lecture, group mapping exercise | Templates, interview excerpts |
| 5 | PHC Models for Border Areas | Compare community-based, mobile, and digital PHC models | Participants design a PHC approach for mobile populations | 4 hrs lecture 2 hrs group work | Lecture, group work, role-play | Intervention toolkits, videos |
| 6 | Site visit | | | | | |
| 7 | Site visit | | | | | |

| Day | Topics | Learning Objectives | Expected Outcomes | Time Allocation | Teaching Methods | Materials |
|-----|------------------------------|--|--|-----------------------------------|---------------------------------|-------------------------------|
| 8 | Multi-Sectoral Collaboration | Understand stakeholder engagement and cross-border cooperation | Participants draft a stakeholder plan | 4 hrs lecture 2 hrs group work | Group discussion, case study | Stakeholder mapping tools |
| 9 | Financing Border PHC Systems | Learn funding models and sustainable financing options | Participants propose financing strategies | 3 hrs lecture 3 hrs group work | Lecture, group exercise | Sample budgets, case examples |
| 10 | Human Resource Capacity | Explore the roles of MHVs/VHVs and cultural competence | Participants design a training outline for volunteers | 4 hrs lecture 2 hrs group work | Lecture, role-play, workshop | Training templates |
| 11 | Policy and Advocacy for UHC | Develop policy briefs and advocacy strategies | Participants draft a short policy brief | 4 hrs lecture 2 hrs group work | Lecture, policy brief writing | Policy brief templates |
| 12 | Capstone Presentations | Apply workshop knowledge to a final project | Participants present and defend PHC intervention plans | 5 hrs group work | Group presentation, peer review | Slides, evaluation rubric |

Note: In each session, the class will be divided into four working groups: 1. Maternal and Child Health & Reproductive Health, 2. Non-Communicable Diseases & Nutrition, 3. Rehabilitation Medicine, First Aid, and Resuscitation, 4. Digital Health

Suggested Outline for **One-Page** Summary on Border Health Issues

1. Introduction
Briefly state the importance of border health in your country/area.
Mention why it is a pressing issue (e.g., migration, displacement, disease control, strained health systems).
2. Current Situation
Describe the present border health context:
Population movements (refugees, migrants, displaced persons).
Key health challenges (infectious diseases, maternal/child health, chronic conditions).
Pressure on local health facilities and services.
3. Key Challenges
Example: Overburdened health systems. Limited funding and declining international aid.
Gaps in surveillance and cross-border coordination.
Vulnerable groups (women, children, elderly, undocumented migrants).
4. Government & International Response
Summarize actions taken by national authorities, NGOs, and international partners.
Note successes and limitations (e.g., relief supplies, vaccination campaigns, mobile clinics).
5. Future Outlook / Recommendations
Example: Strengthen border health systems and surveillance.
Ensure equitable access to healthcare for migrants/refugees.
Develop sustainable funding models beyond foreign aid.
Improve cross-border collaboration and preparedness.
6. Conclusion
Restate the significance of addressing border health issues.
Emphasize the need for sustainable, inclusive, and coordinated solutions.

Country Report for The Third Country Training Programme on Reorientation Primary Health Care for Strengthening Border Health Systems in the Pursuit of Universal Health Coverage for Low-Middle Income Countries (Batch 2)

The Third Country Training Programme (TCTP) focuses on strengthening primary health care (PHC) in border regions to support the achievement of Universal Health Coverage (UHC) in low- and middle-income countries. Border areas face unique challenges, including population mobility, ethnic diversity, limited access to health services, and higher vulnerability to communicable diseases.

This programme equips health professionals, policymakers, and program managers with practical knowledge and skills to design and implement effective, community-centered PHC strategies in these complex contexts. Key topics include health system governance, service delivery, workforce development, health information systems, disease surveillance, and cross-border collaboration.

Through lectures, case studies, field visits, and interactive exercises, participants learn to apply evidence-based approaches to real-world scenarios. The TCTP also fosters regional cooperation by sharing best practices, experiences, and innovative strategies among participating countries.

By the end of the programme, participants are empowered to strengthen border health systems, enhance service access for vulnerable populations, and contribute to resilient, inclusive primary health care that advances the global pursuit of Universal Health Coverage.

After the course, it required the participants to make a presentation of border health policy recommendation in participant's country on the last day of the training course. Each country will present 20 minutes.

The outline of presentation is as below:

Country Report Content Outline

1. Title Page

- Title: Country Report for the Third Country Training Programme on Reorientation of Primary Health Care for Strengthening Border Health Systems in the Pursuit of Universal Health Coverage
- Country Name
- Date
- Participating Institution

2. Introduction

- Context of universal health coverage in the country
- Importance of border health systems
- Objectives of the report

3. Health System Overview

- Structure of the national health system (Ministry of Health, local government, community health structures)
- Primary health care delivery system

- Health financing and coverage schemes, including protection for migrants and vulnerable populations

4. Border Health Context (example list below)

- Key border provinces/districts
- Population characteristics (migrants, ethnic minorities, mobile populations)
- Major health issues and disease burdens in border areas
- Geographic, cultural, and infrastructural challenges affecting health service access

5. Primary Health Care Strategies for Border Areas (example list below)

- Community health volunteers and outreach programs
- Targeted services for migrants and marginalized populations
- Health information systems and patient tracking
- Multisectoral collaboration and cross-border coordination
- Capacity building of local health personnel

6. Opportunities and Lessons Learned (example list below)

- Integration of services and multisectoral partnerships
- Role of community engagement in improving health outcomes
- Use of digital health information for planning and monitoring
- Lessons applicable to other low- and middle-income countries

7. Challenges and Recommendations (example list below)

- Workforce shortages and training gaps
- Infrastructure and accessibility issues
- Fragmented health records for mobile populations
- Recommendations: telehealth, mobile clinics, cross-border referral agreements, targeted interventions for linguistic/cultural barriers

8. Conclusion

- Summary of the country's border health strategies
- Relevance for UHC
- Potential for scaling and sharing lessons with other countries

Country Lists and Focal Point Information

| Country | Focal Point |
|-------------|---|
| Lao PDR | Ministry of Health (Lao PDR). Ministry of Health, Simuang Road, Vientiane Capital Lao PDR |
| | Champasak Province Authority and Provincial Health Department |
| | Savannakhet Province Authority and Provincial Health Department |
| | Phongsaly Province Authority and Provincial Health Department |
| Myanmar | Ministry of Health, Myanmar No. 47, Ottara Thiri Township, Naypyitaw, Myanmar |
| | Dr. Zaw Min Htun Department of Medical Services, Ministry of Health zawminhtun@gmail.com |
| | Dr. Sai Sow Hein Township Hospital, Pangsang Township (Northern Shan State) Saisochein1976@gmail.com |
| | Dr. Yin Yin Nwet Myeik Distric Public Health Department, Myeik Township, Tanintharyi Region Dryinyinnwet105@gmail.com |
| Philippines | Department of Health San Lazaro Compound, Sta. Cruz, Manila, Metro Manila, Philippines 1003 |
| | |
| Thailand | Sakeo Provincial Health Office |
| | Trat Provincial Health Office |
| | Ubonratchani Provincial Health Office |
| | Chantaburi Provincial Health Office |
| | Tak Provincial Health Office |
| | Chaingrai Provincial Health Office |
| | Ranong Provincial Health Office |
| | Suwannimit Foundation 702 M.1 Thasailuad, Mae Sot, Tak, Thailand 63110 |
| | Raks Thai Foundation 85 Soi Pradipat 6, Pradipat Rd., Phayathai, Bangkok, 10400 |
| Vietnam | Viet Nam Ministry of Health Office 138A Giang Vo Street, Kim Ma Ward, Kim Mã Hà Nội City |
| | Danang Department of Health 103 Hung Vuong Street, Đà Nẵng Đà Nẵng City |
| | Mr. Nguyen Giang Hoang Health Strategy and Policy Institute, Lane 196 Ho Tung Mau Street, Phu Dien Ward, Hanoi, Vietnam nguyengiang@hspi.org.vn |
| Indonesia | Ministry of Health, Republic Health of Indonesia Jl H.R. Rasuna Said Blok X.5 Kav. 4-9, Jakarta, Indonesia 12950 |
| | East Kalimantan Provincial Health Office Jalan Dr. Ir. H. Soekarno No. 101, Karang Asam, Samarinda, East Kalimantan, Indonesia |
| | Prof. dr. Mondastri Korib Sudaryo, MS, DSc Faculty of Public Health Kampus Baru Depok |

| | |
|-------------|---|
| | Universitas Indonesia Jawa Barat 16424 Indonesia |
| Malaysia | Ministry of Health Malaysia Complex E, Federal Government Administrative Centre, 62590 Putrajaya, Malaysia |
| | KelKelantan State Health Department Jalan Doktor 15000 Kota Bharu Kelantan Kedah State Health Department 1358, Jalan Kuala Kedah 05400 Kampung Kuala Alor Kedah |
| | Dr. Darwish Mohd Isa APACPH KL Secretariat Office Department of Social & Preventive Medicine Faculty of Medicine 50603 University of Malaya Malaysia ontact@apacph.org |
| Bhutan | Bhutan Ministry of Health Post Box No: 108 Kawa Jangsa, Thimphu, Bhutan |
| | Health Sector of Samtse Dzongkhag Samtse, BHUTAN PA to Dzongdag No.:05-365227 Help Desk-05-365714 Post-Box # 321 |
| | Mr. Choney Dorji cdorji@samdrupjongkhar.gov.bt |
| India | Ministry of Health & Family Welfare (MoHFW) Room No. 402-D, Nirman Bhawan, New Delhi - 110011, India. |
| | Health and Family Welfare Department Sikkim Health & Family Welfare Department Tashiling Secretariat, Secretariat Rd, Gangtok, Sikkim 737101 |
| | Dr. Madhuri Dutta, George Institute India mdutta@georgeinstitute.org.in |
| Timor Leste | Ministry of Health Timor Leste Building #5, Palaco do Governo, Dili, Timor-Leste |
| | Dr. Filipe de Neri Machado Ministry of Health machado.26587@gmail.com |
| | Mr. Caetano Gusmao Ministry of Health wairisi@yahoo.com.au |
| Other | RILCA Network |