



General Information

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

**February 2-6, 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

Facsimile : +66 2261 5263

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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**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”. 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**

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

## **Goal**

The Third Country Training Programme (TCTP) aims to strengthen the role of primary health care (PHC) as the foundation for resilient and equitable border health systems in Bhutan, Cambodia, India, Indonesia, Laos PDR, Malaysia, Myanmar, Philippines, Vietnam, 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**

- a) Reorient PHC approaches to be more inclusive, community-based, and responsive to the needs of border populations, including migrants and other vulnerable groups.
- b) 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.
- c) Strengthen health governance and service delivery by integrating PHC strategies into national and provincial health policies, ensuring alignment with UHC frameworks.
- d) Build technical and managerial capacities of border health personnel through training, peer-to-peer learning, and applied research.
- e) Promote innovation and sustainability in border health systems by encouraging locally adapted solutions and resource mobilization.
- f) By achieving these objectives, the TCTP seeks to improve health equity, foster regional cooperation, and contribute to stronger and more resilient health systems in Cambodia, Laos PDR, Myanmar and Thailand.

## **Expected Outcomes**

The Third Country Training Programme (TCTP) is expected to generate both immediate and long-term outcomes that contribute to stronger, more resilient border health systems in Cambodia, Laos 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 TCTP 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 TCTP will contribute to building inclusive, people-centered health systems that leave no community behind.

## **Anticipated Benefits**

The Third Country Training Programme (TCTP) 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 TCTP 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**

February 2-6, 2026 (1 weeks)

**Invited Countries**

Bhutan, Cambodia, India, Indonesia, Laos PDR, Malaysia, Myanmar, Philippines, Vietnam, Timor Leste, and Thailand.

**Number of participants**

The total number of participants from the invited countries shall not exceed twenty-six (26). Specifically, 20 participants will be international participants from ten (10) invited countries and 6 participants will be Thai participants nominated from six (6) areas of Thailand.

**Language**

The courses will be conducted in English.

**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 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 first year of the Course should be nominated by their respective governments by the procedure stipulated below;

- (1) be executive level of an organization;
- (2) have completed at least a Bachelor's Degree or equivalent academic background in Health Sciences;
- (3) be under 50 years of age;
- (4) be proficient in spoken and written English;
- (5) does not involve an illegal action;
- (6) 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
- (7) not to be serving in any form of the military services.

**Procedures for Application**

Applicants interested in participating in the course must be nominated by their government and submit three (3) completed nomination forms not later than December 22th, 2025 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@gmail.com](mailto:tctp.tica@gmail.com).

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. 43106, 43109, 43111 , Fax: 66-2143-8357

E-mail: [tctp.tica@gmail.com](mailto:tctp.tica@gmail.com)

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.
- The electronic ticket will be sent to the participant in advance either by the representative of Thai Airways International Public Company Limited or through the national airline office in the participant's country.

#### **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, visas, 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:

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- Dr. Mathuros Tipayamongkhogul  
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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**  
**(FIRST YEAR)**  
**(JFY 2025)**

**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

**2. Course Objectives:**

This course aims to equip policymakers with strategic knowledge, practical tools, and contextual insights to strengthen primary health care (PHC), an effective and equitable strategy for advancing border health systems and achieving Universal Health Coverage (UHC) through inclusive, coordinated, and sustainable approaches.

**3. Learning Outcomes:**

**At the end of the course, the participants will be able to:**

1. Indicate key challenges of the border health systems
2. Describe politics, ethics, and governance challenges for the border health system
3. Design practical policy frameworks and stakeholder collaboration models
4. Draft policy action plans tailored to participants' contexts

**4. Target Audience:** Policymakers, health administrators, and senior decision-makers from health ministries, border agencies, and partner organizations.

**5. Workshop Duration:** 5 Days (3-Day workshop and 2-Day site visits): 6–7 Hours/Day

**6. Curriculum**

**Module 1:** Border Health Challenges: Primary Health Care Imperative for Achieving Universal Health Coverage

**Module description:** This session examines the complex relationship between border health dynamics and the pursuit of Universal Health Coverage (UHC), especially in low- and middle-income countries (LMICs). Border regions often face unique challenges—such as population mobility, limited infrastructure, and cross-border disease threats—that hinder access to primary health care (PHC). Participants will explore key determinants like migration, statelessness, and informal trade, while gaining familiarity with global UHC frameworks (e.g., WHO, SDG 3).

**Module objective:** The module aims to provide an effective and equitable strategy for advancing border health systems and achieving Universal Health Coverage.

**Module learning method:** Case studies, peer-to-peer learning, and group exercises.

## **Module 2: Key Strategic Interventions to Strengthen the Border Health System**

**Module Description:** This module provides an overview of policy frameworks and strategic approaches essential for strengthening primary health care systems in border regions. Participants will explore models of governance, cross-border collaboration, and integration of health and non-health sectors. Emphasis will be placed on aligning national policies with Universal Health Coverage (UHC) goals, while addressing the unique challenges of mobility, access, and service continuity.

**Module objective:** The session equips participants with tools to analyse existing policies, identify gaps, and develop coordinated strategies that are context-specific, inclusive, and actionable.

**Module learning method:** Case studies, peer-to-peer learning, site visits, and group exercises.

## **Module 3: Building a Roadmap for Border Health System Strengthening**

**Module Description:** This module guides participants through the process of developing actionable roadmaps to strengthen border health systems within the broader context of Universal Health Coverage (UHC). Using tools for policy planning, stakeholder mapping, and implementation design, participants will work collaboratively to translate lessons learned into practical, country-specific strategies. The course emphasizes setting priorities, defining roles and responsibilities, establishing monitoring frameworks, and ensuring sustainability.

**Module objective:** This module aims to coach participants in drafting a preliminary action plan tailored to their regional or national context, ready for refinement and alignment with multisectoral health governance goals.

**Module learning method:** Case studies and group exercises.

## 7. Course Schedule

Day	Time	Topic	Synopsis
02/02/2026	08.30-09.00	<b>Registration</b>	
	09.30-10.30	The Unique Challenges of Border Regions on the Achievement of UHC	Universal Health Coverage (UHC) is a global commitment to affirm the right for all people to access essential health care when and where they need it, regardless of their ability to pay. This vision is challenged at the national border area, where a highly vulnerable population is at risk of health and well-being issues. Effects of Politics and a diverse system at the Border on Deploying UHC in high population mobility areas. Moreover, these areas are prone to high burdens and health challenges.
	10.30 – 10.45	Coffee Break	
	10.45 – 12.00	Role of Primary Health Care in Strengthening Border Health to Achieve UHC	A deliberate and strategic reorientation of Primary Health Care (PHC) is the most effective and equitable strategy for strengthening border health systems and achieving Universal Health Coverage (UHC) in LMICs. The PHC principles (access, equity, and multi-sectoral action) can be adapted for a border context and implemented in feasible new approaches to PHC, enhancing UHC in border areas.
	12.00 – 13.00	Lunch	
	13.00 - 14.30	Significance of Intercultural Competencies: A Strategic Imperative for Border Health Collaboration	The specific challenges of border health collaboration include language barriers, differing health practices, historical tensions, and varying healthcare infrastructures. Diverse social determinants of health (SDOH), such as

			access to care, economic stability, and education, can vary significantly between neighboring populations. Cultural understanding is crucial in addressing not only the symptoms of health inequities but also their root causes. With a focus on how cultural and structural factors influence health outcomes in border regions, this demonstrates that interventions tailored to local cultural contexts are more effective in promoting equitable health access and enhancing community trust.
	14.30 - 14.45	Coffee Break	
	14.45 – 16.15	Social Determinants of Health and Cross-Border Health Issues	Group discussion to map political, cultural, and economic determinants of health in the border areas of the participating countries.
	16.15 – 16.30	Daily summary	
	16.30 – 18.00	Welcome Reception	
<b>03/02/2026</b>	09.30-10.30	Digital Health: Cross-Border Surveillance and Information Sharing	How digital health innovations can enhance disease surveillance, improve cross-border data exchange, and support early warning systems for emerging health threats. It also considers ethical and governance challenges, including interoperability, trust, and equitable access. Emphasis will be placed on lessons from regional and global initiatives, highlighting models of cross-border digital cooperation and their role in strengthening global health security.
	10.30 – 10.45	Coffee Break	

	10.45 - 12.00	Multisectoral and intersectoral action for improved health and well-being in border areas	This topic examines frameworks, case studies, and best practices that demonstrate how cross-sectoral partnerships can enhance health equity, reduce health risks, and foster sustainable development in border regions. It also highlights governance mechanisms, policy alignment, and community participation as key enablers for effective implementation.
	12.00 - 13.00	Lunch	
	13.00-14.30	Financial Protection Mechanism in Health in Border Areas	<p>Establishing financial protection mechanisms is critical to ensuring equitable access to essential health services in border areas. Options include portable health benefits, cross-border insurance schemes, pooled financing models, and targeted subsidies for vulnerable groups. Such mechanisms not only reduce financial hardship but also strengthen disease control, foster social stability, and enhance regional cooperation.</p> <p>The goal is to provide policymakers and stakeholders with practical insights into designing resilient financial protection frameworks that safeguard both population health and economic security in border areas.</p>
	14.30-14.45	Coffee break	
	14.45 – 16.15	Monitoring & Evaluation for UHC Progress in border areas	This section covers the development of indicators for UHC specific to border areas, including coverage, access, quality, and resilience, as well as monitoring and evaluation (M&E) frameworks (WHO,

			World Bank). Provide a handout of key indicators.
	16.15 – 16.30	Daily summary	
<b>04/02/2026</b>	08.00	Departure to Mae Sot	Visit non-government unit of care
	11.00 – 12.00	Understanding Border Health Situation	Tak Border Health Learning Center
	13.00-16.00	Models of border health services at governance	Visit the government unit of care: Ta Song Yang Hospital
<b>05/02/2026</b>	09.00-11.00	Model of cross-border health collaboration to overcome political and administrative barriers	Visit the non-government unit service
	13.00-15.00	Model of border health services: A community-led program	Visit the civil service unit service
	17.00	Departure to Bangkok	
<b>06/02/2025</b>	09.30 – 10.30	Cross-border collaboration: Contextual Insights	Reflection from the study sites and perspectives of participants
	10.30-10.45	Coffee Break	
	10.45-12.00	Drafting a Border Health Roadmap	Group action planning: Each group drafts three priority actions, identifies the responsible agencies, establishes timelines, and specifies indicators.
	12.00-13.00	Lunch	
	13.00-14.30	Presentation of Action Plans	
	13.00-14.30	Commitments, Collaboration & Next Steps	
	14.30-14.45		
	14.45-16.00	Closing and Certificate Awarding Ceremony	
<b>07/02/2025</b>		<b>Participant Departure</b>	

## **Annex-1**

### **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**

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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.

The country report will be in text not more than 10 pages of A4 format, type written in single space using Times New Roman font 10 and 2.5 cm spaces for top, bottom left and right margins. The format for the presentation should prepare in power point, which may take about 10-20 minutes for each country. After the course, it required the participants to make a presentation of an outcome of the training and Post-Test on the last day of the training course.

#### **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. Executive Summary (100–150 words)**

- Brief overview of the country's health system
- Focus on border regions and primary health care (PHC)
- Key challenges, opportunities, and strategies for UHC

##### **3. Introduction (50–100 words)**

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

##### **4. Health System Overview (100–150 words)**

- 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

##### **5. Border Health Context (100–150 words)**

- 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
- 6. Primary Health Care Strategies for Border Areas (100–150 words)**
- 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
- 7. Opportunities and Lessons Learned (50–100 words)**
- 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
- 8. Challenges and Recommendations (100–150 words)**
- 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
- 9. Conclusion (50–100 words)**
- Summary of the country's border health strategies
  - Relevance for UHC
  - Potential for scaling and sharing lessons with other countries
- 10. References / Annexes (if applicable)**
- Relevant national health policies, reports, and international guidelines
  - Maps or tables of border provinces, PHC facilities, or health indicators

## Country Lists and Focal Point Information

Country	Focal Point
Cambodia	Ministry of Health Home No. 80, Samdech Penn Nouth Boulevard, Phnom Penh, Cambodia
	Department of Health of Banteay Meanchey Province Village 1, Sangkat Preah Phunlea, Serey Sophorn City, Banteay Meanchey, Cambodia
Lao PDR	Ministry of Health (Lao PDR). Ministry of Health, Simuang Road, Vientiane Capital Lao PDR
	Champasak Provincial Health Department Street No. 10, Lakmeuang Village Pakse City, Champasak Province LAOS Postal Code: 1600
Myanmar	Ministry of Health, Myanmar No. 47, Ottara Thiri Township, Naypyitaw, Myanmar
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
	Tak Provincial Health Office
	Chaingrai Provincial Health Office
	Ranong Provincial Health Office
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
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
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
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
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
Timor Leste	Ministry of Health Timor Leste Building #5, Palaco do Governo, Dili, Timor-Leste