



Business Meeting of the Greater Mekong Subregion Working Group on Health Cooperation

25-26 July 2023

The Centara Grand & Bangkok Convention Centre

SUMMARY OF PROCEEDINGS

The strategy development focal points of the Working Group on Health Cooperation (WGHC) in the Greater Mekong Subregion (GMS) met in Bangkok 25-26 July 2023 to lay out the road map for the GMS Health Cooperation Strategy 2024-2030. The meeting also discussed new areas of interest and possible partnerships, the process for upcoming country consultations, and the organization of the 6th GMS Health Cooperation working group meeting to be held in Beijing, People's Republic of China in December 2023.

Day 1 (25 July 2023, 0900-1700hrs)

1. Opening remarks were made by Dr. Suriwan Thaiprayoon, Deputy Director, Global Health Division, Ministry of Health, Thailand, and Mr. Rikard Elfving, Principal Social Sector Specialist, ADB.
2. **Session 1:** Re-capped the recommendations from WGHC-5 in Siem Reap, Cambodia and set the scene for the forward-looking meeting. The focal points agreed it was essential for the GMS Health Cooperation Strategy 2024-2030 (the strategy) to reflect the current context, both for the GMS and the global health agenda. They reiterated the strategy will need to align with the emerging global policies (including from the upcoming UNGA High-level Meeting on Pandemic Prevention, Preparedness and Response), be realistic in its scope, as 2030 is close, and reflect the lessons learnt during the COVID-19 pandemic. Dr Ly Sovann (Cambodia) emphasised the importance of having in place memorandums of understanding (MoU), which will be key to the strategy's implementation.
3. Mr Rikard Elfving (ADB) reiterated that the strategy needs to ensure alignment with the work of other GMS working groups – as the strategy is not intended to compete. It should focus on what can be best done at a regional level (e.g., that which cannot be done at a national level).
4. **Session 2:** Covered the results from the WGHC Secretariat's review of the GMS Health Cooperation Strategy for 2019-2023. The results found that overall, the current strategy had achieved good results and was remains relevant. Some of the key findings and recommendations of the Secretariat included:
 - a The monitoring and evaluation (M&E) framework wasn't integrated into national plans/strategies, had unclear targets and was too complex. **The Secretariat**

recommended additional M&E support will be critical for the implementation of the new strategy.

b Engaging non-health ministries was essential for success and difficult – in response the focal points suggested socialising other ministries to the strategy while in draft (Cambodia), restructuring the WGHC so there is engagement from higher level ministries and consider different platforms for sharing public goods (PRC), and including national GMS focal points in the WGHC and raising the profile of the work being done (Thailand). Similarly, Viet Nam would like to see the Terms of Reference for the WGHC and Secretariat reviewed, and more ‘marketing’ of the work being done. **The meeting agreed an exhibition or showcase of the work, i.e., a conference side event at PMAC or similar, would be valuable.**

c Countries appreciated that the WGHC and Secretariat were appropriate mechanisms to oversee the implementation of the GMS Health Cooperation Strategy for 2019-2023. The full-time use of ADB consultants for the Secretariat was questioned (Thailand) and the structure and functions of the Secretariat will be considered for the new strategy’s implementation (ADB).

d The secretariat recommended launching the strategy nationally – as an essential measure to increase its awareness at higher levels and other government sectors. Similarly intensifying communication channels, decentralization of implementation at sub-national level was seen as essential.

e Increased efforts would be needed to make sure there were resources and collaborations from private sector or donors in addition to those provided by ADB – in response it was suggested there needs to be an opportunity to be more inclusive of other development partners. **It was agreed it will be important to proactively engage with development partners where they could contribute on regional health cooperation in the GMS-region.**

5. **The meeting also agreed it is important that the strategy delivers on three or four ideas of strategic importance and provide opportunities to be selective and focus on concrete regional plans/ideas.**

6. **Session 3:** Provided high-level information on some of the emerging areas in global and regional health, which may influence the GMS-region. It focussed on

- a The Greater Mekong Subregion (GMS) Economic Cooperation Program Strategic Framework 2030 (GMS-2030)
- b Asia Pacific Health Security Action Framework
- c One Health High-Level Panel (OHHLEP) policy
- d ASEAN Health Sector Cooperation
- e The Intergovernmental Panel on Climate Change
- f UNGA High-level Meeting on Pandemic Prevention, Preparedness and Response

7. The focal points reiterated the strategy must be cognisant of the context including the strategies and policies which are in place and those emerging – the GMS-2030 is a pivotal document to consider. The Cross-Border Transport Agreement needs to be included in the documents to consider as its implementation will have implications for the strategy (Thailand). **It was agreed that where there are already existing agreed results frameworks e.g., in the**

GMS-2030 or suggested indicators as are included in the GMS Gender Strategy, these should be incorporated into the strategy.

8. **Session 4:** Asked the countries to discuss and rank the top three to five priorities for the strategy followed by the barriers to achievement. The responses were:

- Promote One Health, Migrant Health, Digital health technology (Cambodia)
 - One Health - No SOP, No MOU, No regional framework, no structure
 - Migrant Health - No pool fund for insurance,
 - Digital health - Limited knowledge on integration, limited capacity, no common platform
- IHR – emerging disease AMR, and UHC including insurance (Laos PDR)
 - Awareness for policy maker
 - Resources and finance
 - Regulation
 - Coordination with other sectors
- Health Security, re-orienting the PHC to achieve UHC, MCH cooperation centre training (PRC)
 - Funding issues, leveraging domestic resource and DP's resources
 - Improving awareness and engaging other sectors
 - Setting up mechanism for overseeing implementation
- Pandemic preparedness, Health impact related to climate change, Human resource development (Thailand)
 - Cooperation for One Health
 - Funding
 - Commitment
- Health security, digital health, UHC (Vietnam)
 - Budget allocation and management policy under reform process
 - Policy in border areas for health insurance
 - Health workforce

9. The session also asked countries to identify concerns about either the priorities or the strategy development process. The concerns identified were:

- After the final draft there needs to be consultation with other sectors and administrative/bureaucratic process delays (Cambodia)
- Higher level advocacy meeting to support strategy development. Health priority vs national priority, and approval and negotiation process (Laos PDR)
- M&E needs to be done by third party, narrow down indicators for country level for reporting, and resources to international cooperation do not allow for support of activities outside of China but PRC is looking forward to hosting regional training (PRC)
- Implementation of the strategy, commitment from member countries and PMAC co-host will monopolise resources (Thailand)
- Commitment of higher level, intersectoral cooperation in currently not effective, and agreement of priorities with other countries (Viet Nam).

10. **The meeting agreed that the existing strategy had several areas which remained relevant and agreed (on Day 2) that a broader, simplified framework could be developed.**

Action: A suggested framework will be provided to the focal points for consideration in early August 2023.

11. **Session 5:** This session explored some early ideas for regional cooperation. Discussions on the cross-cutting themes in the strategy (e.g., climate change and gender) and what results the strategy can help to bring to the region were explored. This session reiterated that the GMS Working Groups have provided lots of options for cross-sectoral collaborations, but actual collaborations have been limited. Various health impact assessment tools and methodologies have been developed in the past, but no concrete joint projects emphasizing the synergies between the sectors have been conducted. Each of the working groups (e.g., Tourism, Environment, Agriculture etc) were touched upon. More elaborate examples were presented for Transport (Road Safety).

12. There was consensus on the *need* to have cross-sectoral collaboration but an acknowledgement (Laos PDR) that health doesn't prioritise other sectors and other sectors do not prioritise health. Cambodia expressed concern that many of the cross-sectoral issues are not the responsibility of the health sector – economic determinants rather than health issue with limited opportunity to control the outcomes. PRC suggested it was important to 'tell the story of the pillars' and highlight where the strategy can offer collaboration from a Health System Strengthening (HSS) perspective for the other sectors. Non-health sectors need to see the advantage of collaboration (e.g., saving money). **There was support from the group to explore 3 sectors which provided the opportunity to showcase the wins, from an economic perspective, using concrete examples e.g., Transport.**

13. There was strong support for the opportunity to collaborate with the Transport Sector from Thailand. It was not a priority for Laos PDR. Cambodia has an existing TA on Road Safety but suggested it wasn't a role for the health sector, Viet Nam would not object to the inclusion of Transport Sector and China was supportive of the collaboration. **The meeting agreed the strategy could further explore regional opportunities for regional Road Safety collaboration.**

14. **Session 6:** WGHC-5 discussed the emerging challenges of addressing climate change risks and the role that regional cooperation plays. During that meeting The Stockholm Environmental Institute (SEI) suggested regional cooperation frameworks could play a prominent role in managing the transboundary climate risks to health and enhancing resilience to the climate change impacts on health. This session looked again at Climate Change and discussed where regional efforts could focus. ADB agreed to involve its Climate Change Department in the process of preparing the new strategy.

15. Mr Rikard Elfving (ADB) outlined the importance of Climate Change to ADB, suggesting it was 'unavoidable' not to focus on Climate Change in the strategy. ADB has positioned itself as Climate Change Bank. In 2022, ADB committed \$7,11 million in climate finance. Of this total, \$4.30 million (60.2%) is expected to contribute to climate change mitigation and \$2.83 million (39.8%) to climate change adaptation, which is the highest adaptation finance committed since reporting began in 2011. GMS has 18 projects under this initiative. GMS-2023 has Climate Change as an overarching pillar. ADB intends to deploy financial resources from the Green Climate Fund (GCF) in public and private sector projects focused on mitigation, adaptation (e.g., enhancing livelihoods, health and well-being and infrastructure), and cross-cutting issues.

16. The meeting discussed whether Climate Change, mentioned briefly in the previous strategy, should become a strategic pillar of the strategy. Cambodia and Laos PDR saw Climate

Change as part of the architecture of the strategy – included under Health Security. Viet Nam’s position was similar, but they were open to further consideration. PRC and Thailand saw it as potentially a strategic pillar. It was argued, by the Secretariat, that increasing issues covered under “Health Security” created challenges for implementation – i.e., the weighting on health security pillar made it difficult to implement the other pillars. **The meeting agreed Climate Change would be a cross-cutting issue, rather than a strategic pillar, with considerable narrative in the strategy to allow for concrete activities.** Noting the commitment to mitigate the impacts of climate change and natural disasters on health in the UHC 2030 Political Declaration. ADB stressed the need for alignment with the Long-term Strategy 2030 Climate Change targets and activities.

17. **Session 7:** According to WGHC-5, the common vision of GMS countries is to extend their collaborations from the existing health security initiatives to overall health system strengthening approaches by 2030. Integrated Digital health information systems was a key milestone outlined by participants during Siem Reap Meeting. The meeting discussed Digital Health, Data Governance, Regional Cooperation, and Interoperability. **It was agreed the strategy should reflect digital health as a cross-cutting issue rather than an enabling environment.**

Day 2 (26 July 2023, 0900-1230hrs)

18. **Session 8:** The meeting considered the existing framework and had an open discussion on the framework (see paragraph 11) and vision for the strategy. **The meeting agreed the vision for the strategy will need the input of sectors other than health and could come later. The meeting also agreed the strategy will have two high level strategic (wide) pillars. The first Health Security and the second Health System Strengthening towards UHC. Under these will be a narrower focused program, which selects three or four areas of strategic importance to deliver upon. Under these would be narrowly focused concrete activities.** It was agreed that the strategy would not aim to explore *all* the possible opportunities under those two high-level strategic pillars. As mentioned above ADB will provide the focal points with a draft framework for consideration in early August 2023.

19. **Session 9:** During this session the timeline and milestones for the development of the strategy and country consultations were discussed. It was agreed an ambitious target of endorsement during the 6th GMS Health Cooperation working group meeting to be held in Beijing, in December 2023. This would require a progress report – outlining the details of the strategy to be presented in Senior Officials Meeting (SOM) 12-13 October 2023.

20. **Actions from Session 9:**

- a Focal Points were asked to provide the Secretariat with an outline of the internal approval processes needed for each of their countries to allow a realistic timeline for those approvals to be developed, recognising the limited time between SOM and Health Cooperation meeting in Beijing.
 - i ADB will take this information and develop a reverse clock with all these steps to share with each country in August 2023.
- b For country consultations – the Secretariat will follow-up with each focal point to better understand their preference e.g., internal consultation, single workshop etc.

21. Mr. Rikard Elfving (ADB) thanked the focal points for their engagement during the meeting and ongoing commitment for the development of the strategy and closed the meeting.

