STRATEGIC RESULTS FRAMEWORK FOR THE GREATER MEKONG SUBREGION HEALTH COOPERATION STRATEGY 2019–2023

JULY 2020

ASIAN DEVELOPMENT BANK

CONTENTS

ABBREVIATIONS

|	
ADB	Asian Development Bank
APSED	Asia Pacific Strategy for Emerging Diseases
ASEAN	Association of Southeast Asian Nations
EHIA	Environmental and Health Impact Assessment
EIA	Environmental Impact Assessment
GMS	Greater Mekong Sub-region
HIA	Health Impact Assessment
IHR	International Health Regulations
IOM	International Organization for Migration
JEE	Joint External Evaluation of the IHR
LOA	Letter of Agreement
M&E	Monitoring and Evaluation
MMP	Migrants and Mobile Populations
MOU	Memorandum of Understanding
NAPHS	National Action Plan for Health Security
RAP	Regional Action Plan
SCI	Index of Service Coverage
SDG	Sustainable Development Goals
SPAR	State Parties Self-Assessment Annual Reporting Tool of the IHR
SRF	Strategic Results Framework
UHC	Universal Health Coverage
WGHC	Working Group on Health Cooperation
WHO	World Health Organization

I. BACKGROUND

Health Ministers of the six Greater Mekong Sub-region (GMS) countries endorsed the GMS Health Cooperation Strategy in 2019 to guide the collective efforts between GMS countries, health stakeholders and development partners on strategic and operational priorities for health cooperation in the sub-region.

A Strategic Results Framework (SRF) is required to guide the GMS Working Group on Health Cooperation (WGHC), in collaborating with GMS countries, in monitoring and evaluating the Strategy's effectiveness against its intended strategic outcomes by 2023.

A. Links with Global, Regional, and National Frameworks

GMS countries are part of the global framework on the Sustainable Development Goals (SDGs) and are implementing a monitoring system for reporting the progress and achievements on SDG target indicators to the United Nations. The SDG serves as the overarching framework against which global, regional, sub-regional, and national development priorities are based. In Diagram 1, the SDG is represented by the overarching circle that encapsulates global, regional, sub-regional and national initiatives on public health and health security. [1]

Diagram 1: Relationship of the SDG to regional, sub-regional, and national frameworks on health
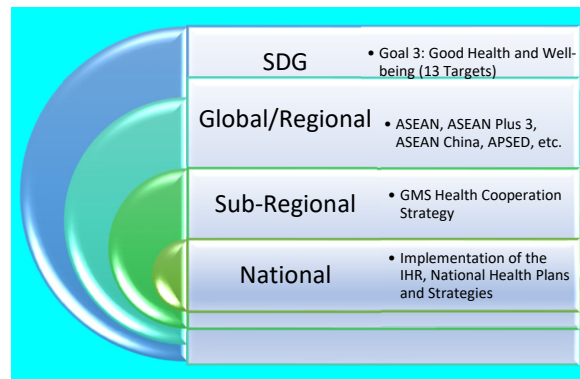
Given the multi-sectoral dimensions of health, SDGs 9 (Industry, Innovation and Infrastructure), 11 (Sustainable Cities and Communities), and 13 (Climate Action) can also contribute to the achievement of outcomes under the GMS Health Cooperation Strategy. Nevertheless, the Strategy's implementation will have the most direct pathway of contributions to targets under SDG 3 (Good Health and Well-being).

The SDG targets are intended to be achieved by 2030, seven years beyond the five-year duration of the GMS Health Cooperation Strategy which runs from 2019 to 2023. For the purposes of the SRF, the relevant SDG health targets can be considered as impact indicators to which the strategy's three outcomes can contribute to in the longer-term beyond 2023. As such, attribution of the Strategy to achieving SDG impact level targets will not be a priority in this SRF. Instead, the Framework will focus on key strategy outputs and outcomes achieved from 2019 to 2023.

Existing regional and global frameworks on health also directly and indirectly contribute to countries' achievement of the SDG targets. These frameworks cover more than the six-member countries of the GMS, including the participation of some or all of the GMS countries. These frameworks, such

---

[1] Diagram 1 is not meant to depict a complete picture of all regional and sub-regional platforms on health. The diagram aims to show the relationships across various frameworks and platforms, including how the

GMS Health Cooperation Strategy fits among existing frameworks.

as the ASEAN, ASEAN Plus Three, ASEAN China, Asia Pacific Strategy for Emerging Disease (APSED), and others like them have their respective governance bodies with separate mechanisms for results reporting outside of the GMS WGHC.

Outcomes from these regional and global frameworks also contribute to the achievement of GMS Health Cooperation strategic outcomes to the extent that GMS countries are benefitting and participating in these platforms. As a sub-set of these broader frameworks, any results from the implementation of the GMS Health Cooperation Strategy also contribute to the success of these global and regional health frameworks.

Country-level implementation of the International Health Regulations (IHR)[2] and National Health Plans and Strategies, within the context of the SDG targets, underpins all global, regional, and sub-regional frameworks on health. Correspondingly, without adequate national-level capacities, countries will also find it challenging to cooperate with other countries on public health issues of global and regional concern.

B.   Relationship with the GMS Economic Cooperation Program

In 2017, the GMS Working Group on Human Resource Development was restructured into the Working Group on Health Cooperation (WGHC). With This restructuring, health became one of the eight strategic thrusts of the GMS Economic Cooperation Program Strategic Framework (Diagram 2)

Diagram 2: Strategic Thrusts of the GMS Economic Cooperation Program
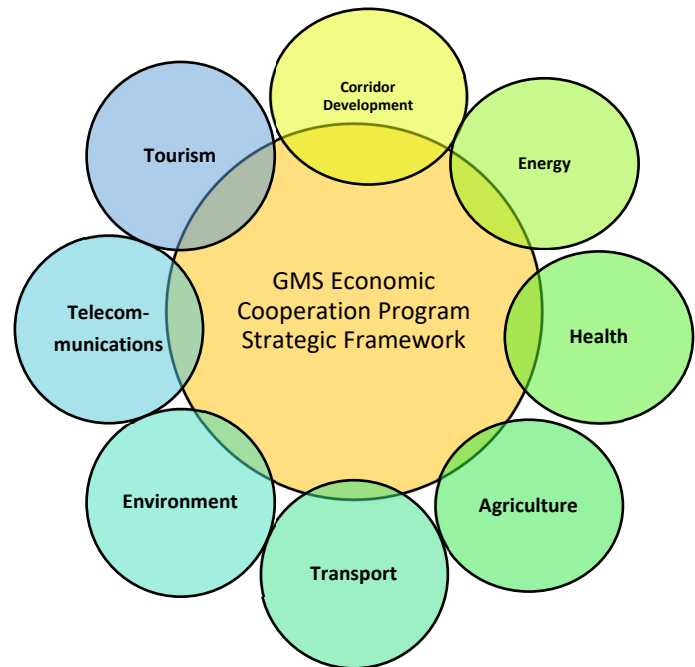
The GMS Health Cooperation Strategy 2019 to 2023 describes the health sector's contribution to the GMS Strategic Framework 2012 to 2022. Specifically, the Health Strategy's vision of "health and well-being shared by all in an integrated, prosperous, and equitable sub-region" is a health sector-level impact that, when achieved, contributes to the GMS Strategic Framework's regional impact of "increased economic growth, reduced poverty, and environmental sustainability across the GMS."

Developments across the seven other strategic thrusts of the GMS Program may also impact health outcomes and, consequently, affect the implementation of

---

[2] This includes National Action Planning for Health Security (NAPHS) *of Change* which is a "country owned, multi-year, planning process that can accelerate the implementation of IHR core

capacities, and is based on a One Health for all-hazards, whole-of-government approach."

the GMS Health Cooperation Strategy. The latter specifically identified the need for the WGHC to monitor and engage key stakeholders of the Agriculture, Transport, Environment, and Corridor Development sectors of the GMS Program given the multi-sectoral dimensions of disease emergence and to ensure that the health and well-being of key populations are not negatively impacted by increasing regional integration.

C.   Theory of Change

The GMS Health Cooperation Strategy (the Strategy) has three inter-related intended outcomes that directly corresponds to its three strategic pillars (Diagram 3). The Theory of Change of the Strategy posits that regional health cooperation under the GMS platform contributes to enhancing both regional and national health capacities of GMS countries, specifically in the following:

protection of vulnerable communities from the health impacts of regional integration; and c) enhancing countries' leadership and human resource capacity for responding to priority health issues in the GMS.

The enablers and cross-cutting themes of the Strategy are the prerequisites for the effective implementation of regional interventions under each of the Strategy's eight programming areas. The Strategy's Theory of Change maintains that the aggregate success of the programming areas under each strategic pillar will contribute to the achievement of their corresponding strategic outcome.

The Theory of Change of the Strategy further recognizes that the work of the WGHC in implementing the GMS Health Cooperation Strategy is one among many factors that contribute to improving regional and national

Diagram 3: Theory of Change of the GMS Health Cooperation Strategy
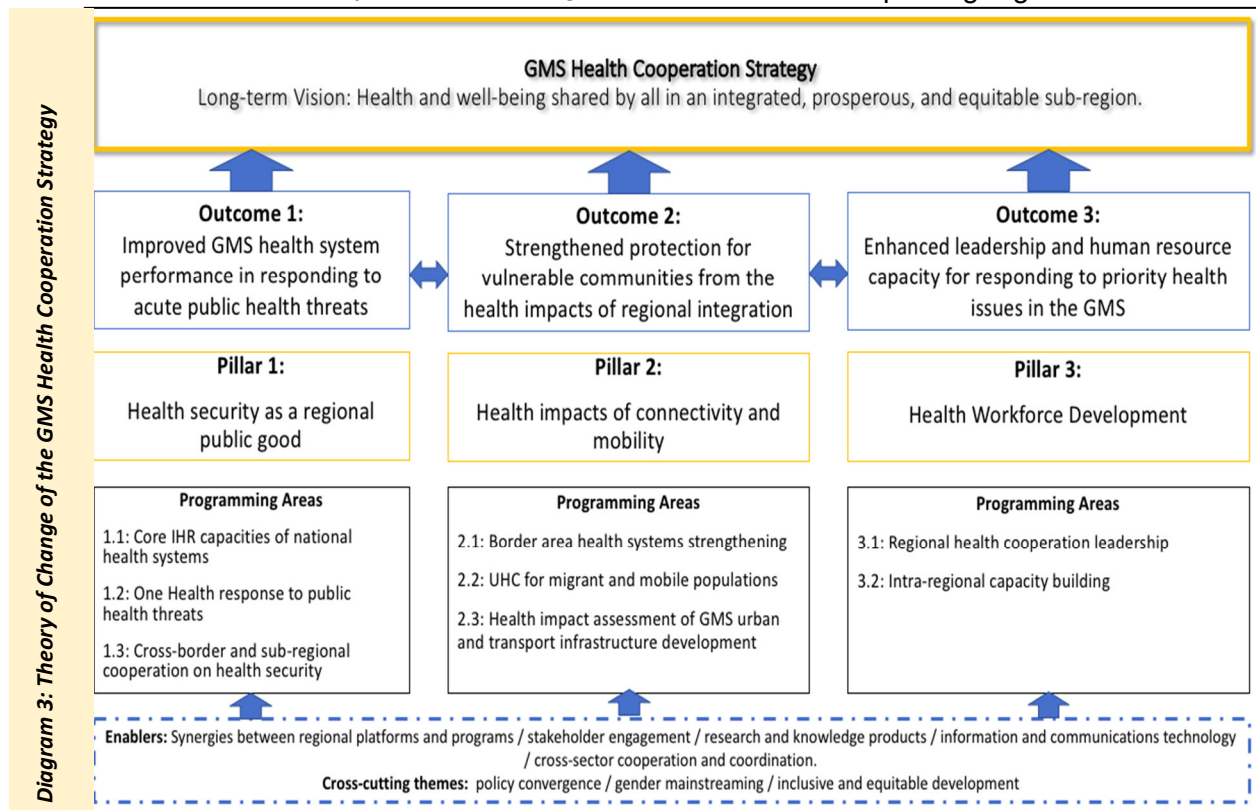
a) improving health system performance of countries in responding to acute public health threats; b) strengthening the

health capacities of countries. As the previous section described, GMS countries also participate in other existing and more

established regional and global frameworks on health. The most important factor impacting national health capacities, however, involve countries' own commitment and efforts in improving the domestic implementation of their respective national health plans and strategies.

The above recognition of other, perhaps more significant, factors that affect GMS regional and national health outcomes means that the SRF will focus on establishing the exact value-add and contributions of the WGHC/GMS platform to the three outcomes identified by the Strategy.
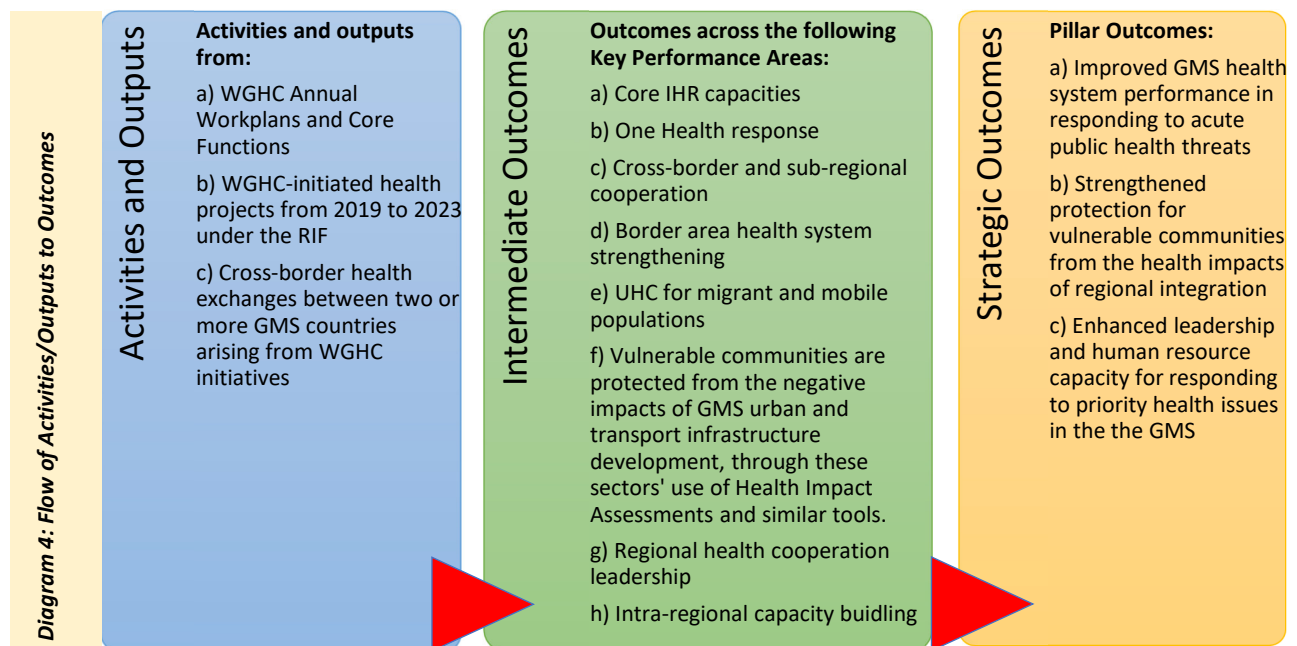
D.   Role of the WGHC and the Regional Secretariat

With guidance from the WGHC, the Regional Secretariat also supports and facilitates resource mobilization for activities under the

Strategy. This includes exploring sustainable financing options with relevant government departments and/or development partners through appropriate channels.

E.   Role of Key Strategic Stakeholders

Development partners, Civil Society Organizations, private industry and relevant non-health sector bodies in the GMS Program also have a stake in the SRF as parties who support and/or implement health-related interventions in the GMS. The WGHC will have to engage with these stakeholders in future programming, implementation, and in ensuring consistency and complementarity of their activities with the Strategy.

Diagram 4: Flow of Activities/Outputs to Outcomes

Activities and Outputs

Activities and outputs from:

a) WGHC Annual Workplans and Core Functions

b) WGHC-initiated health projects from 2019 to 2023 under the RIF

c) Cross-border health exchanges between two or more GMS countries arising from WGHC initiatives

Intermediate Outcomes

Outcomes across the following Key Performance Areas:

a) Core IHR capacities

b) One Health response

c) Cross-border and sub-regional cooperation

d) Border area health system strengthening

e) UHC for migrant and mobile populations

f) Vulnerable communities are protected from the negative impacts of GMS urban and transport infrastructure development, through these sectors' use of Health Impact Assessments and similar tools.

g) Regional health cooperation leadership

h) Intra-regional capacity buidling

Strategic Outcomes

Pillar Outcomes:

a) Improved GMS health system performance in responding to acute public health threats

b) Strengthened protection for vulnerable communities from the health impacts of regional integration

c) Enhanced leadership and human resource capacity for responding to priority health issues in the the GMS

The WGHC, with support from the Regional Secretariat is the primary governance platform responsible for the SRF, including in monitoring and evaluating the Strategy's implementation and coordinating or progressing required actions to enhance the Strategy's effectiveness.

F.   Implementing the Strategy

Diagram 4 illustrates the flow of activities and outputs from key implementation mechanisms towards strategic level outcomes.

The Strategy is *directly* implemented through the following mechanisms:

1. WGHC activities identified through the WGHC Annual Workplans/Regional Action Plan;[3]
2. WGHC-initiated sub-regional health projects and technical assistance under the GMS Regional Investment Framework 2022 (RIF)[4], funded by the Asian Development Bank (ADB) or other development partners; and
3. Cross-border(province-to-province) exchanges related to health between two or more GMS countries resulting from WGHC initiatives.

G. Scope and Objectives of the Strategic Results Framework

The SRF aims to:

1. **Guide the WGHC in the annual tracking of the Strategy's implementation from 2019 to 2023.** The SRF is a tool for the WGHC to assess whether the Strategy's implementation is on track and, if required, for WGHC to enforce measures to ensure implementation remains on schedule.

2. **Guide the WGHC in identifying and prioritizing capacity gaps related to the key performance areas of the Strategy.** The use of the SRF will provide timely data to inform WGHC's decisions in regional programming, prioritization of activities, and risk management.

3. **Provide the WGHC with a framework to assess the value-add of the GMS platform – i.e. to what extent did WGHC's implementation of the Strategy from 2019 to 2023 contributed to the achievement of its three strategic outcomes.** The use of the SRF will allow a summative assessment in 2023 of WGHC's contributions to achieving strategic outcomes.

4. **Identify which countries benefit (and how) from outcomes arising from WGHC activities and WGHC-initiated RIF projects.** The SRF also allows country disaggregated reporting of outcomes. While GMS overall capacity may be enhanced more broadly through the implementation of the Strategy, not all GMS countries participate in or equally benefit from activities such as RIF projects, cross-border exchanges and/or intra-regional capacity building.

The SRF is a tool to measure WGHC's contributions to strategic outcomes arising from the implementation of the Strategy. This means that the KPIs under the SRF are not aimed to measure individual project level outputs and outcomes as these are measured by the projects' respective M&E frameworks. To report against the strategic level KPIs of the SRF, the Regional Secretariat needs to aggregate and combine its analysis of the most significant outcomes from various interventions – e.g. WGHC activities, WGHC-initiated projects under the RIF, cross-border exchanges arising from WGHC initiatives – and assess whether and how these activity-level outcomes are contributing to achieving strategic outcomes.

---

[3] The terms of reference for the WGHC described the Annual Workplans as operationalizing the GMS WGHC core functions. Please refer to Appendix 1 for the list of WGHC core functions.

[4] The Regional Investment Framework (RIF) translates the strategic directions of the GMS Strategic Framework into a pipeline of investment and

technical assistance projects from 2013 to 2022. The RIF includes projects funded by ADB and other development partners. WGHC has an important role in priority setting for the RIF. Specifically, part of the WGHC function is to "develop a GMS regional health investment portfolio as input to the GMS Regional Investment Framework (Appendix 1)".

The GMS Health Cooperation Strategy aims to guide regional health cooperation of the GMS WGHC. It is not aimed to coordinate all health cooperation delivered through other platforms at the national, bilateral, regional and multilateral levels. While the RIF also includes regional projects funded by development partners, the current RIF may not capture all the key players and initiatives on health in the GMS funded by development partners, the private sector, and governments. Some RIF projects supported by development partners most likely received limited (if any) strategic oversight and inputs from the WGHC. These limitations present monitoring and evaluation (M&E) challenges such as in the lack of access to M&E data leading to incomplete analyses of contributions. Addressing these limitations will also require significant resourcing and capacity of the Regional Secretariat to support extensive M&E data gathering and analysis.

The above limitations, in addition to other external factors affecting the Strategy (Refer to Theory of Change section), justify focusing the SRF's scope to the work of the WGHC using the GMS Health Cooperation platform to share information and initiate activities, projects, and cross-border exchanges.

H.   Developing the Strategic Results Framework

Ownership of the SRF lies with the WGHC, comprised of the Ministries of Health of the six GMS member countries. The WGHC is primarily responsible for developing and using the SRF to measure the relevance, effectiveness, efficiency, and sustainability of the Strategy. The Regional Secretariat supports this WGHC function, including in strategic M&E.

The SRF was developed using participatory approaches based on the identified outcomes and programming areas of the Strategy. WGHC representatives provided written comments and participated in extensive discussions during a two-day workshop[5] organized by the Regional Secretariat in Bangkok, Thailand from 26 to 27 September 2019. Development Partners' inputs to the draft SRF were also sought to enhance the SRF and ensure complementarity between their various health initiatives and the activities under the GMS Health Cooperation Strategy. The draft SRF was presented at the 3rd WGHC Annual Meeting in December 2019 wherein WGHC members provided additional inputs to progress its finalization.

The following principles were adopted in developing the SRF.

a) **Relevant and Realistic KPIs.** The SRF includes KPIs that could realistically be achieved within the timeframe, activities, and resources of the Strategy. Strategic high-level KPIs were selected to specifically answer whether WGHC's implementation will lead or contribute to the Key Performance Areas and, subsequently, to the corresponding strategic outcomes of the Strategy.

Strategic KPIs (i.e. the KPIs in this SRF) should be differentiated from project-level KPIs. Aggregating the various project-level KPIs (outputs and outcomes) per Key Performance Area will allow an assessment of their collective contributions to achieving strategic KPIs. As such, the SRF does not contain any activity or project-level outputs and outcomes.

---

[5] The same workshop also facilitated regional action planning to identify key 2020 activities under the Regional Action Plan.

b) **Holistic and mixed method M&E approaches.** The SRF encourages the use of both quantitative and qualitative indicators to obtain the whole picture of the changes generated through the implementation of the Strategy. Analysis of achievements per Key Performance Areas will consider key numbers and outputs, complemented by qualitative data on how and why change occurred. KPIs should not be analyzed in isolation especially when aiming to establish its contributions to achieving an outcome.

c) **Flexibility.** The SRF is drafted with flexibility to accommodate and allow the evolution of specific activities and outputs based on GMS country- and WGHC-identified priorities, while maintaining the strategic outcomes to which these activities and outputs contribute to achieving. For instance, there is scope for GMS countries to develop new sub-regional project proposals to be covered by the RIF and/or implement new cross-border exchanges under the purview of the WGHC. Thus, activities and outputs are not yet set and will constantly evolve depending on WGHC-identified priorities and on countries' ability to develop and secure funding for new regional health projects under the RIF or cross-border initiatives. KPIs were developed in consideration of these dynamic and fluid contexts.

II. THE STRATEGIC RESULTS FRAMEWORK

The SRF is attached in Appendix 2 and should be read alongside the GMS Health Cooperation Strategy for proper context. The SRF has 12 KPIs across 8 Key Performance Areas. This section briefly explains the rationale for each of the KPI.

A. Key Performance Area 1.1: Core International Health Regulation (IHR) Capacities of National Health Systems

Key Performance Indicator:
- **KPI 1.1.1:** WGHC-initiated health projects under the RIF and activities identified in the WGHC Annual Workplans have addressed identified gaps in GMS countries' core IHR capacities of national health systems.

Description–KPI 1.1.1 measures the extent that WGHC actions have addressed identified gaps in countries' core IHR capacities of their respective national health systems. Process indicators[6] to consider for this KPI include:

a) Number of funded RIF health projects initiated by the WGHC from 2019 to 2023 addressing identified core IHR capacity gaps of national health systems in GMS countries; and
b) Number of WGHC-implemented activities and initiatives (outside of the RIF) from 2019 to 2023 addressing identified core IHR capacity gaps of national health systems in GMS countries.

Future regional programming should be based on recommendations from existing sources such as Joint External Evaluation (JEE) mission reports, National Action Planning for Health Security (NAPHS), and

---

[6] Process indicators measure whether activities were implemented as planned. Throughout the whole SRF, it should be noted that not all process indicators would be relevant and should be used as these are all dependent on WGHC-identified priority activities. For example, if the WGHC decides to address a Key Performance Area solely through RIF projects, then the process indicator related to the RIF projects will be the only relevant one for that Key Performance Area during implementation.

the WHO Benchmarks for IHR Capacities (2019).[7]

KPI 1.1.1 is focused mainly on WGHC actions given that outputs and outcomes from WGHC-initiated activities may not be apparent during the period from 2019 to 2023. For instance, the conceptualization/design phase of new RIF projects in 2019 followed by funding approval processes and eventual implementation require significant lead times. Moreover, as mentioned in the previous sections, there are other external frameworks and platforms – global, regional or national – that relatively contribute more to enhancing core IHR capacities.

Relevant KPIs for the other Key Performance Areas under the SRF represent specific core IHR capacities and, therefore, contribute to KPI 1.1.1. As such, any analysis of outcomes for Key Performance Area 1.1 should also consider the contribution of outcomes from the other relevant Key Performance Areas.

B. Key Performance Area 1.2: One Health Response to Public Health Threats

Key Performance Indicator:
- **KPI 1.2.1:** WGHC-initiated health projects under the RIF, activities identified in the WGHC Annual Workplans, and/or cross-border (province-to-province) health-related exchanges resulting from WGHC initiatives have addressed gaps and/or collectively contributed to improving countries' One Health response capacity to public health threats.

Description–KPI 1.2.1 aims to measure WGHC actions and potential contributions to

improvements in the multisectoral coordination and mechanisms on IHR, zoonoses, and food safety of GMS countries. Process indicators to consider for this KPI include:

a) Number of funded RIF health projects initiated by the WGHC from 2019 to 2023 addressing identified gaps in One Health response to public health threats in GMS countries;
b) Number of WGHC-implemented activities and initiatives (outside of the RIF) from 2019 to 2023 addressing identified gaps in One Health response to public health threats in GMS countries; and
c) Number of approved WGHC-initiated amendments, extensions, and/or additional funding to existing RIF projects that are addressing identified gaps in One Health response to public health threats in GMS countries

When available for the period 2019 to 2023, output and outcome contributions of the above WGHC activities and initiatives to the operationalization of One Health coordination mechanisms on IHR, zoonoses and food safety will be reported. Data to report against WGHC contributions may include quantitative and qualitative output or outcomes from the implementation of activities related to multisectoral coordination to address public health threats, namely: a) WGHC activities; b) health projects under the RIF initiated by the WGHC; and c) cross border province-to-province health-related exchanges resulting from WGHC initiatives.

Similar to KPI 1.1.1, regional interventions from the WGHC on KPI 1.2.1 should be based on existing recommendations such

---

[7] The WHO Benchmarks for IHR Capacities (2019) is a tool used specifically during countries' planning process to identify and prioritize activities for the various steps under the National Action Plan for Health Security (NAPHS) of each country. The WHO Benchmarks for IHR Capacities was released in

February 2019 and is available at: https://www.who.int/ihr/publications/9789241515429/en/

as, but not limited to, JEE mission reports, advice from the WHO, and countries' own experience in implementing One Health responses to public health threats.

C. Key Performance Area 1.3: Cross-border and Sub-regional Cooperation on Health Security

Key Performance Indicator:
- **KPI 1.3.1:** Implementation of the GMS Health Cooperation Strategy contributes to improvements in cross-border cooperation on health in activities such as but not limited to the following: cross-border information sharing, joint disease outbreak investigation, application of public health measures to control the disease, referral and follow up of patients with communicable diseases of public health concern, etc.

Description–KPI 1.3.1 measures whether the WGHC, through its implementation of the GMS Health Cooperation Strategy, have contributed to enhancing cross-border exchanges on health. The main data source for this KPI are health projects under the RIF initiated by countries through the WGHC platform and/or cross border province-to-province health-related exchanges resulting from WGHC initiatives.

When available for the period 2019 to 2023, output and outcome contributions of the above activities should be reported describing how cross-border exchanges have improved, WGHC's contributions to these improvements, which countries benefit, and how these benefits contribute to broader health security in the GMS.

D. Key Performance Area 2.1: Border Area Health System Strengthening

Key Performance Indicator:
- **KPI 2.1.1:** WGHC-initiated health projects under the RIF, activities

identified in the WGHC Annual Workplans, and/or cross-border (province to province) health-related *exchanges resulting* from WGHC initiatives have addressed gaps and/or collectively contributed to strengthening the quality of health systems along priority border areas.

Description–KPI 2.1.1 aims to measure the contributions of the GMS Health Cooperation Strategy to health system strengthening in select priority border areas covered by WGHC activities. Process indicators to consider for this KPI are similar to KPI 1.2.1 but focused on border area health system strengthening (Refer to KPI 1.2.1).

When available for the period 2019 to 2023, output and outcome contributions of WGHC activities and initiatives to strengthening border area health systems will be reported from relevant quantitative and qualitative output and outcome data of WGHC activities and WGHC-initiated health projects under the RIF. The links between border area health systems and cross-border exchanges (i.e. the relationship between KPI 2.1.1 and KPI 1.3.1), if any, should also be reported from the same data sources.

E. Key Performance Area 2.2: Universal Health Care (UHC) for migrant and mobile populations

Key Performance Indicator:
- **KPI 2.2.1:** WGHC-initiated health projects under the RIF, activities identified in the WGHC Annual Workplans, and/or cross-border (province-to-province) health-related exchanges arising from WGHC initiatives have addressed gaps and/or collectively contributed to improving access, coverage, and quality of essential health services for migrants and mobile populations along the GMS borders.

Description–KPI 2.2.1 measures the extent that WGHC's implementation of the GMS Health Cooperation Strategy has adequately addressed identified gaps and/or contributed, if any, to improving migrant[8] and mobile population (MMP's) access to quality health and social protection services. Process indicators to consider for this KPI are similar to KPI 1.2.1 but focused on UHC for MMP (Refer to KPI 1.2.1).

When available for the period 2019 to 2023, output and outcome contributions of WGHC activities and initiatives on UHC for MMP will be reported from relevant quantitative and qualitative output and outcome data of WGHC activities and WGHC-initiated health projects under the RIF. The potential to increase access and quality to health and social protection services may also be reported as achievements (ex. research to inform UHC policy, policy development, GMS countries having mandatory polices for UHC for migrants, establishing partnerships and engaging with MMP, etc.).

KPI 2.2.1 acknowledges the varying levels and diverse challenges of UHC implementation for MMP[9] across GMS countries. This indicator provides flexibility for countries to identify their specific challenges and priorities to achieving UHC for MMP through WGHC activities and project proposals developed for inclusion in the RIF.

F. Key Performance Area 2.3: Health Impact Assessment (HIA) of GMS Urban and Transport Infrastructure Development

Key Performance Indicator:
- **KPI 2.3.1:** WGHC policy advocacy and technical support are implemented to facilitate wider adoption of HIA, Environmental Impact Assessment (EIA), or Environmental Health Impact Assessment (EHIA) for new RIF projects of the GMS Urban and Transport sectors, located in Special Economic Zones and focused on road safety.

Description–The key assumption for this KPI is that the use of these tools by the non-health sector will mitigate any negative health impacts affecting vulnerable populations, especially women, children, and ethnic minorities from projects that facilitate regional integration. The inclusion of EIA and EHIA provides flexibility for GMS countries to comply according to their governance requirements.

KPI 2.3.1 measures the extent WGHC is able to establish working relationships with the GMS Urban and Transport sectors so as to advocate for the wider use of HIA, EIA or EHIA in newly developed RIF projects of these sectors. Process indicators to achieve this KPI include WGHC establishing links with the relevant GMS working groups, identifying technical and policy level gaps and entry points for the WGHC, and addressing identified gaps through WGHC activities.

---

[8] The SRF adheres to the International Organization for Migration (IOM) definition of migrants to maintain consistency with the other GMS Working Groups. IOM defines migrants as: "An umbrella term, not defined under international law, reflecting the common lay understanding of a person who moves away from his or her place of usual residence, whether within a country or across an international border, temporarily or permanently, and for a variety of reasons. The term includes a number of well-

defined legal categories of people, such as migrant workers; persons whose particular types of movements are legally defined, such as smuggled migrants; as well as those whose status or means of movement are not specifically defined under international law, such as international students."

[9] MMPs, depending on the context, may be further disaggregated to include vulnerable populations such as women and children.

If required by the GMS Urban and Transport sectors, WGHC could also provide technical support to facilitate the wider use of HIA, EIA, or EHIA. Any identified technical support could be coursed through WGHC activities (ex. intra-regional capacity building) or WGHC-initiated projects under the RIF.

G. Key Performance Area 3.1: Regional Health Cooperation Leadership

Key Performance Indicators:
- **KPI 3.1.1:** At least 80% annual completion of actions identified in the previous annual WGHC meeting and the Regional Action Plan[10].

- **KPI 3.1.2:** GMS countries have incorporated relevant cross-cutting themes (e.g. in-country policy convergence, gender mainstreaming, and inclusive and equitable development) and enablers in the design of new WGHC-initiated RIF projects and WGHC Annual Workplan activities.

- **KPI 3.1.3:** Increasing number of new WGHC-initiated sub-regional projects (investment and technical assistance) funded under the RIF.

- **KPI 3.1.4:** WGHC provides timely support and advocacy, in line with the WGHC functions, to address emerging and re-emerging public health threats and emergencies.

Description-KPIs under Key Performance Area 3.1 measure the efficiency, effectiveness, and relevance of the WGHC as a sub-regional platform. KPI 3.1.1 measures whether operational/business actions identified in previous WGHC meetings and activities under the Regional Action Plan are being completed as planned.

KPI 3.1.2 measures whether GMS countries have incorporated relevant cross-cutting themes and enablers in the conceptualization and design of new projects and activities of the GMS Health Cooperation Strategy. Policy convergence is defined as those that occur in-country and across other ministries on multi-sectoral issues such as zoonoses, food safety, MMPs, etc.

KPI 3.1.3 measures the increasing number of new WGHC-initiated sub-regional projects from 2019 to 2023 that are funded and reported under the RIF. This indicator is linked to the ability of the WGHC to successfully program activities to implement the GMS Health Cooperation Strategy while noting that successful funding is also dependent on the availability of external resources outside the influence of the WGHC. Appendix 3 provides a list of the current 8 health projects under the RIF classified against Key Performance Areas of the Strategy.

KPI 3.1.4 measures how GMS countries are using the WGHC platform to address, in line with WGHC functions detailed in Appendix 1, emerging public health threats and emergencies (ex. advocacy activities, call for action, project programming, etc.). WGHC actions to address emerging issues could also be in the form of new regional projects under the RIF developed through the WGHC.

H. Key Performance Area 3.2: Intra-regional Capacity Building

Key Performance Indicators:
- **KPI 3.2.1:** Sex disaggregated number of public health personnel who participated (trainer and trainee) in WGHC-defined intra-regional capacity building activities, learning exchanges, and information sharing among GMS countries on health

---

[10] The Regional Action Plan combines the WGHC Annual Workplan and WGHC-initiated health

projects under the RIF, including new proposals or amendments to existing projects.

(e.g. medicine, nursing, public health, field epidemiology, traditional and indigenous medicines, health research, etc.) between the period from 2019 to 2023.

- **KPI 3.2.2:** WGHC-defined intra-regional capacity building activities, learning exchanges, and information sharing contributed to positive changes in institutional processes and performance of beneficiary agencies.

Description–KPI 3.2.1 measures the number of men and women (both trainers and trainees) who participated in GMS intra-regional capacity building activities on health. The latter excludes activities from projects under the RIF which are to be reported in relevant Key Performance Areas. This also excludes annual WGHC meetings.

In combination with the above indicator, KPI 3.2.2 measures the impact of these intra-regional capacity building activities on institutional processes and performance. Data from this indicator will be from relevant quantitative and qualitative output or outcomes from the implementation of the Regional Action Plan related to intra-regional capacity building.

I. Regional Monitoring and Strategic Risk Management:

The WGHC, with support from the Regional Secretariat, should be aware of any direct, indirect, internal, and external factors that facilitated or hindered the achievement of the Strategy's outcomes. WGHC will consider an annual reflective exercise conducted as a dedicated session during the WGHC meetings in December of each year. Information to be shared in this session

should include, but is not limited to, the following:

a) Outputs/outcomes from other regional health initiatives, including those supported by development partners, that impact the GMS Health Cooperation Strategy; [11]
b) Outputs/outcomes from sub-regional non-health sector projects under the RIF with health implications and indicators;
c) Regional and national-level health and non-health sector policies and activities (external to the RIF) that may adversely affect regional health outcomes under the Strategy; and
d) Progress and implementation challenges of WGHC-initiated RIF projects.

The objectives of the above sharing and ensuing discussions are for WGHC to identify: a) opportunities for enhancing collaboration among GMS countries and with development partners and non-health sector counterparts; b) opportunities to adopt innovative approaches, learn from best practices, and/or use new research findings; and c) risks to manage so that any negative impacts to the Strategy are mitigated.

For regional monitoring purposes and to inform WGHC prioritization and programming, the Regional Secretariat will also report annually on the status of GMS countries against existing IHR and SDG metrics relevant to each of the Key Performance Areas of the Strategy. The IHR metrics includes the annual mandatory reporting of countries of the IHR State Parties Self-Assessment Annual Reporting (SPAR) ratings and Joint External Evaluation (JEE) ratings, including – when available - a second round of JEE ratings for Cambodia,

---

[11] While we other development partner-supported projects are included in the RIF for the purpose of monitoring what is being implemented in the region related to the GMS Health Cooperation Strategy, the M&E activities of the WGHC under this SRF will

not be focused on these projects given that they received limited inputs from the WGHC (if any).

Lao PDR, Myanmar and Viet Nam. For the SDG, this includes the UHC Index of Service Coverage (SCI) to measure progress of each countries against the SDG 2030 target on UHC. Data for these metrics are available online and could be reported in a table format.

The following are the relevant ratings to be reported by the Regional Secretariat:

1.1 Core International Health Regulation (IHR) Capacities of National Health Systems
- Overall average numerical IHR SPAR ratings of GMS countries (including color ratings) from 2019 to 2023

1.2 One Health Response to Public Health Threats
- SPAR C2.2 – Multisectoral IHR coordination mechanisms (infectious diseases, zoonoses, food safety, chemical safety, radiation emergencies)
- SPAR C3.1 – Collaborative effort on activities to address zoonoses
- SPAR C4.1 – Multisectoral collaboration mechanism for food safety events

For countries undertaking a round 2 of the JEE:
- JEE P.2.1–A functional mechanism is established for the coordination and integration of relevant sectors in the implementation of IHR
- JEE P.4.3–Mechanisms for responding to infectious and potential zoonotic diseases are established and functional
- JEE P.5.1– Mechanisms for multisectoral collaboration are established to ensure rapid response to food safety emergencies and outbreaks of foodborne diseases
- JEE P.6.1–Whole of Government biosafety and biosecurity system is in place for human, animal and agricultural facilities

- JEE R.3.1–Public health and security authorities (e.g. law enforcement, border control, customs) are linked during a suspect or confirmed biological event

2.1 Border Area Health System Strengthening
- SPAR C11.1–Core capacity requirements at all times for designated airports, ports and ground crossings (including capacity to respond to events that may constitute a public health emergency of international concern)
- SPAR C11.2–Effective public health response at points of entry.

For countries undertaking a round 2 of the JEE:
- JEE PoE.1–Routine capacities established at points of entry
- JEE PoE.2–Effective public health response at points of entry

2.2 Universal Health Care (UHC) For Migrant and Mobile Populations
- UHC Index of Service Coverage (SCI) for each GMS country

The annual reporting of the above data is not meant to compare ratings across countries nor does it, in any way, link WGHC's implementation of the Strategy to any increases or decreases in country ratings. The SRF recognizes that improvements in these ratings require more extensive nationwide health systems reforms that may fall outside the scope of the WGHC. As such, the presentation of the above data only aims to inform WGHC decisions on common gaps and areas for prioritization.

J. Amending the Strategic Results Framework

The SRF may be amended annually based on the discretion of the WGHC. Amendments may include further refinements and/or additions of more relevant KPIs. Any

revisions to the SRF will only occur if initiated and agreed to by the WGHC, noting implications of any changes to the comparability of assessment across years. Deliberations on any agreed amendments would require the active participation of relevant technical experts from the GMS countries.

K.   Data Gathering and Reporting

The Regional Secretariat, with guidance from the WGHC, plays an important M&E role in gathering and analyzing data to report against key KPIs under the SRF. A key role of the Regional Secretariat is to produce succinct Annual Reports of Progress/Achievements against the Strategy to be shared with the WGHC in time for the December annual meetings (starting in 2020). The Regional Secretariat may opt to commission a short-term M&E consultant to assist in this task. The Annual Report should include:

a) Updates of WGHC key actions against each of the KPI under the SRF;
b) Updates on the implementation progress of the Regional Action Plan based on the Regional Secretariat's quarterly tracking of activities, including highlighting areas for improvement;
c) Reviewing and reporting progress of the extent new RIF health projects are being developed under the WGHC and whether WGHC annual work plan activities and new RIF projects have incorporated cross-cutting themes and enablers;
d) Progress and collation of any emerging outputs and outcomes from existing WGHC-initiated RIF projects, including cross-border exchanges resulting from WGHC initiatives;
e) Recording of sex-disaggregated data of health personnel involved in intra-regional capacity building, learning exchanges, and information sharing;

f) In 2023, gather output and outcome data on changes in institutional processes and performance of countries arising from intra-regional capacity building, learning exchanges, and information sharing; and
g) Compilation of SPAR, JEE (when applicable), and UHC SCI data on an annual basis to monitor countries' progress and to inform priorities for regional programming. These are available at: SPAR: https://extranet.who.int/e-spar#capacity-score; JEE: https://www.who.int/ihr/procedures/mission-reports/en/; UHC SCI: https://apps.who.int/gho/data/view.main.INDEXOFESSENTIALSERVICECOVERAGEv.

A separate M&E Guidance Document will be developed to inform and assist the Regional Secretariat in supporting the M&E functions of the WGHC.

L.   Evaluating the Strategy

The WGHC annual meeting, using data from the Annual Report, will be used as an opportunity for the WGHC to reflect on the progress of strategy implementation and, correspondingly, agree on needed actions for its improvement.

The WGHC will conduct an internal mid-term review of the Strategy in 2021 to assess progress and achievements against strategic outcomes. The mid-term review will focus on identifying what should be sustained and improved for the period 2022 to 2023 to achieve the strategy's goals and outcomes. An internal end-of-strategy review will also be conducted by the WGHC in 2023 which will focus on whether and how strategic outcomes were achieved. The Regional Secretariat will support these two internal review processes.

APPENDIX 1
GMS WGHC Functions

The GMS WGHC serves as a platform to promote multilateral and bilateral coordination among

GMS countries, particularly for cross-border health initiatives. Core functions of the WGHC are to:

- Develop and work for the endorsement of the GMS Health Cooperation Strategy; coordinate its implementation and assist to monitor impact.
- Facilitate policy coherence and alignment of current regional and national policies and guidelines on health coordination and collaboration.
- Promote knowledge sharing and information exchange on regional health issues through multiple channels, including online database, links and regular workshops/meetings.
- Provide guidance on operational research, reviews, assessments, surveys, and other knowledge products relevant to health cooperation, working with relevant research networks and institutions as necessary.
- Develop and promote a supportive policy environment for health cooperation such as forging MOUs among countries for common issues (e.g. health security, migrant health, drug regulation, food safety, etc.).
- Work with existing GMS networks and regional mechanisms/initiatives on health and health cooperation, including academic and education networks (university alliance for academic exchange, medical education and public health training).
- Coordination with relevant sectoral working groups/forums under the GMS Program including Transport (cross border movement of goods and people), Agriculture (zoonosis), Tourism (immigration), Environment (impact of climate change), Urban Development (urbanization and health impacts).
- Work with relevant national and international non-governmental organizations (NGOs) and civil society organizations (CSOs) providing technical support or guidance on health cooperation
- Work with national line ministries as appropriate on cross cutting issues.
- Report on progress of WGHC to GMS secretariat and higher-level bodies as appropriate.
- Review reports and relevant documents to be shared in relevant leaders' and ministers' meetings.
- Develop a GMS regional health investment portfolio as input to the GMS Regional Investment Framework.
- Work with development partners to identify and mobilize possible sources of funds for proposed regional investments in health.

Detailed annual workplans developed by the members and the Secretariat operationalize the functions above and identify concrete outputs and costs.

APPENDIX 2

Strategic Results Framework of the GMS Health Cooperation Strategy

Framework of the GMS Health Table: Strategic Results Cooperation Strategy

1: Health Security Pillar as a Regional Public Good			
Strategic Outcome 1: Improved GMS health system performance in responding to public health threats			
Key Performance Areas		**Key Performance Indicators (KPI)**	**Baseline Indicator**
1.1	Core International Health Regulation (IHR)Capacities of National Health Systems	**KPI 1.1.1:** WGHC-initiated health projects under the RIF and activities identified in the WGHC Annual Workplans have addressed identified gaps in GMS countries' core IHR capacities of national health systems.	Number of projects and activities directly addressing core IHR capacities in 2019.
1.2	One Health Response to Public Health Threats	**KPI 1.2.1:** WGHC-initiated health projects under the RIF, activities identified in the WGHC Annual Workplans, and/or cross-border (province-to-province) health-related exchanges arising from WGHC initiatives have addressed gaps and/or collectively contributed to improving countries' One Health response capacity to public health threats.	Project and activity level baseline indicators determined during project/activity proposal or design stage starting in 2019.
1.3	Cross-border and Sub-regional Cooperation on Health Security	**KPI 1.3.1:** Implementation of the GMS Health Cooperation Strategy contributes to improvements in cross-border cooperation on health in activities such as but not limited to the following: cross-border information sharing, joint disease outbreak investigation, application of public health measures to control the disease, referral and follow up of patients with communicable diseases of public health concern, etc.	Project and activity level baseline indicators determined during project/activity proposal or design stage starting in 2019.

Pillar 2: Health impacts of connectivity and mobility		
Strategic Outcome 2: Strengthened protection for vulnerable communities from the health impacts of regional integration		
Key Performance Areas	**Key Performance Indicators**	**Baseline Indicator**
2.1 Border area health system strengthening	**KPI 2.1.1:** WGHC-initiated health projects under the RIF, activities identified in the WGHC Annual Workplans, and/or cross-border (province to province) health-related exchanges arising from WGHC initiatives have addressed gaps and/or collectively contributed to strengthening the quality of health systems along priority border areas.	Project and activity level baseline indicators determined during project/activity proposal or design stage starting in 2019.
2.2 Universal Health Care (UHC) for migrant and mobile populations	**KPI 2.2.1:** WGHC-initiated health projects under the RIF, activities identified in the WGHC Annual Workplans, and/or cross-border (province-to-province) health-related exchanges arising from WGHC initiatives have addressed gaps and/or collectively contributed to improving access, coverage, and quality of essential health services for migrants and mobile populations along the GMS borders.	Project and activity level baseline indicators determined during project/activity proposal or design stage starting in 2019.
2.3 Health Impact Assessment (HIA) of GMS Urban and Transport Infrastructure Development	**KPI 2.3.1:** WGHC policy advocacy and technical support are implemented to facilitate wider adoption of HIA, Environmental Impact Assessment (EIA), or Environmental Health Impact Assessment (EHIA) for new projects of the GMS Urban and Transport sectors, located in Special Economic Zones and focused on road safety.	Baseline to be determined in 2020 following a proposed meeting between the WGHC and the relevant GMS Working Group.
Pillar 3: Health workforce development		
Strategic Outcome 3: Enhanced human resource capacity to respond to priority health issues in the GMS		
Key Performance Areas	**Key Performance Indicators**	**Baseline Indicator**
3.1 Regional Health Cooperation Leadership	**KPI 3.1.1:** At least 80% annual completion of actions identified in the previous annual WGHC meeting and the Regional Action Plan.	Baseline (WGHC Meeting Minutes for 2019 and succeeding years)
	KPI 3.1.2: GMS countries have incorporated relevant cross-cutting themes (e.g. in-country policy	Regional Secretariat cursory review of new/proposed

		convergence, gender mainstreaming, and inclusive and equitable development) and enablers in the design of new WGHC-initiated RIF projects and WGHC Annual Workplan activities.	projects and WGHC activities from 2019
		KPI 3.1.3: Increasing number of new WGHC-initiated sub-regional projects (investment and technical assistance) funded under the RIF.	Baseline (2019): 8 approved sub-regional projects under the RIF
		KPI 3.1.4: WGHC provides timely support and advocacy, in line with the WGHC functions, to address emerging and re-emerging public health threats and emergencies.	Baseline (WGHC Meeting Report in 2019, WGHC Regional Action Plan for 2020)
3.2	Intra-regional capacity building	**KPI 3.2.1:** Sex disaggregated number of public health personnel who participated (trainer and trainee) in WGHC-defined intra-regional capacity building activities, learning exchanges, and information sharing among GMS countries on health (e.g. medicine, nursing, public health, field epidemiology, traditional and indigenous medicines, health research, etc.) between the period from 2019 to 2023.	Baseline (2019): 0
		KPI 3.2.2: WGHC-defined intra-regional capacity building activities, learning exchanges, and information sharing contributed to positive changes in institutional processes and performance of beneficiary agencies.	Project and activity level baseline indicators determined during project/activity proposal or design stage.

APPENDIX 3
Health Projects under RIF 2020

Table: Health Projects under RIF 2020 (As of December 2019)

Key Performance Area under the Strategy	Health Project under the RIF 2022	Expected Outputs
1.2 One Health Response to Public Health Threats	Strengthening Resilience to Climate Change in the Health Sector in the GMS (Cambodia, Lao PDR, Viet Nam)	Output 1: Improvement in the knowledge and understanding of the relationship between climate change and human health Output 2: Strengthened human resource skills in coping with climate change adaptation in the health sector Output 3: Promotion and sharing of knowledge products and advocacy
2.1 Border area health system strengthening	GMS Health Security Project (Cambodia, Lao PDR, Myanmar, Viet Nam)	Output 1: Strengthened regional, cross-border, and inter-sectoral Centers for Disease Control and Prevention (CDC) services in border areas in CLMV Output 2: Improvement in national disease surveillance and joint outbreak response in border areas in CLMV Output 3: Improvement in laboratory services and hospital infection prevention and control in border areas in CLMV
	High Level Technology Solutions for Communicable Disease Control in the GMS (Cambodia)	Output 1: Beta version of communicable disease information dashboard operationalized

		Output 2: Mapping of health facilities and resources conducted and informs outbreak response Output 3: Health service hotline for migrants established and operationalized
	Tuberculosis Regional Grant (Cambodia, Lao PDR, Myanmar, Viet Nam, Thailand)	Output 1: Cross-border systematic screening, referral, and information sharing on TB for MMPs
	Regional Artemisinin Resistance Initiative 2 – Elimination (Cambodia, Lao PDR, Myanmar, Viet Nam, Thailand)	Output 1: Increase in malaria service coverage in border areas for remote and at-risk populations Output 2: Case management through health volunteers
2.2 Universal Health Care (UHC) for migrant and mobile populations	Local Health Care for Disadvantaged Areas Sector Development Program (Viet Nam)	Output 1: Strengthened public investment management for local health care Output 2: Improvement in service models of local health care network Output 3: Strengthened local health care workforce development and management
	Technical Assistance Facility Support for Human and Social Development in Southeast Asia: Improving UHC Coverage in Border Areas for MMPs Project (Cambodia, Lao PDR, Myanmar, Viet Nam, Thailand, Indonesia, Philippines)	Output 1: Human and social development projects prepared Output 2: Demand-driven policy advice and capacity building for project implementation related to UHC coverage in border areas for MMPs Output 3: Promotion of knowledge development among GMS/ASEAN countries
3.1 Regional Health Cooperation Leadership	Strengthening Regional Health Cooperation in the Greater Mekong Sub-region (All GMS countries)	Output 1: GMS WGHC established Output 2: GMS Health Cooperation Strategy developed and implemented Output 3: Knowledge development and exchange promoted