

**Second Meeting of the GMS Working Group on Health Cooperation
10-11 December 2018, Yangon, Myanmar**

SUMMARY OF PROCEEDINGS

Day 1: 10 December 2018

Introduction:

1. The Second Meeting of the GMS Working Group on Health Cooperation (WGHC-2) was held on 10-11 December 2018 in Yangon, Myanmar. It was co-organized by the Ministry of Health and Sports (MOHS) of the Republic of the Union of Myanmar and the Asian Development Bank (ADB). Participants from the six GMS countries (Cambodia, PRC, Lao PDR, Myanmar, Thailand and Viet Nam), representatives of development partners (IOM, World Organization for Animal Health - OIE, USAID, World Bank, and WHO), civil society organization Raks Thai Foundation, and ADB attended ([Appendix 1](#)).

2. The meeting was organized to (i) review the progress of the GMS Health Cooperation Strategy, particularly the preparations for the health ministers' approval; (ii) discuss how the country level health plans complement and support the Strategy; (iii) review the current GMS Regional Investment Framework (RIF) 2022 and discuss and define potential project ideas in Health; and (iv) agree on WGHC activities for 2019 which may be supported by the newly approved ADB technical assistance for strengthening regional health collaboration.

Opening Session:

3. Dr. Kyaw Khaing, Assistant Permanent Secretary, International Relations Division, MOHS of Myanmar welcomed all participants to the meeting. He underscored the importance of health cooperation in the GMS where countries share common health risks, are seeing increasing population and trade, and have vulnerable ethnic populations along the borders. He recalled the main output of the 1st WGHC meeting in Luang Prabang last year, which established the working group, agreed on its terms of reference and the development of a GMS Health Cooperation Strategy. At this second meeting, WGHC is expected to formally agree on the Strategy and discuss the next steps towards its implementation, while ensuring its alignment with the countries' national plans. He noted that the WGHC Secretariat has been established to assist in implementing the Strategy and that Myanmar would serve as Chair of the working group from now until the next meeting in 2019. He looked forward to fruitful discussions at the meeting.

4. Heads of country delegations gave their opening remarks as follows:

- Representative of Cambodia thanked the Government of Myanmar and ADB for organizing the meeting and looked forward to the implementation of the Strategy with support from the development partners.
- Representative of PRC noted that health cooperation is an important pillar of GMS cooperation. She thanked ADB for its support in developing the Strategy, which provides the framework for GMS collaboration in this sector and which identifies the priorities and gaps from bilateral cooperation that the regional strategy could address. She looked forward to the discussions to identify more opportunities for cooperation. She noted that outcomes of the meeting will be reported to the GMS Senior Officials' Meeting and also to ECF-10 in the next few days.

- Representative of Lao PDR was pleased with the progress of work on the Health Cooperation Strategy and having evolved from a land-locked to a land-linked country, they looked forward to discussing how the GMS countries could work together and learn from each other to strengthen health cooperation.
- Representative of Thailand expressed appreciation to ADB and other WGHC members for the collective efforts to develop the Strategy to address health threats and priorities in the region. They are ready to support Strategy implementation and look forward to discussion of the action plan.
- Representative of Viet Nam joined the others in thanking ADB and Myanmar government for organizing the meeting and for coordinating efforts in preparing the Strategy. The draft was circulated to all departments in their Ministry of Health and they are eager to learn and work together with the other countries with the support of ADB and other development partners. They see the importance of this meeting to discuss the action plan for 2019 and to identify potential areas of cooperation under the GMS Regional Investment Framework.

5. Ms. Azusa Sato, Health Specialist, SEHS/ADB, stated that the key achievement this year is the endorsement of the Health Cooperation Strategy. She thanked the countries for the huge effort and all the hard work that reflect their commitment to health cooperation in the GMS. Now that the Strategy is in place, the next big task is for the working group to implement it. She gave an overview of the program/agenda for the next two days and the expected key outputs including the signing of the endorsement letter for the Strategy, designing the 2019 WGHC work plan, and Health sector inputs to the RIF 2022. She also outlined the next steps for WGHC (Appendix 2).

6. Mr. Randolph Dacanay, Consultant, ADB, facilitated the introduction of participants.

7. The meeting adopted the provisional program/agenda (Appendix 2). Dr. Kyaw Khaing, Myanmar chaired the meeting.

Session 1: The Context for GMS Health Cooperation

1.1 Overview of GMS Cooperation Program

8. Ms. Pinsuda Alexander, Economist (Regional Cooperation), SERC/ADB outlined the key priorities of ADB Strategy 2030 which includes a focus on health and regional cooperation and integration. She briefed the meeting on the outcomes and directives of the 6th GMS Summit held in March 2018 relevant to the Health sector, as well as the Hanoi Action Plan (HAP) and Regional Investment Framework 2022 (RIF 2022) that the GMS Leaders endorsed. The HAP represents a spatial strategy focused on the economic corridors, refinements in sector strategies and operational priorities. It covers inputs in planning, programming and monitoring systems, and enhancements in institutional arrangements. For the benefit of those attending the WGHC meeting for the first time, she revisited the key features of the RIF 2022 - a living pipeline of investment and technical assistance projects which operationalizes the HAP. She outlined the improved planning, programming and monitoring processes, the project criteria, the business process for annual updating of the project pipeline (including dropping and addition of projects) by the GMS Secretariat in coordination and consultation with the GMS national secretariats, line ministries, and sector working groups. She outlined the recent updates for Health and other HRD,

which form part of the overall RIF 2022 progress report to the GMS Senior Officials' Meeting on 12 December 2018 together with developments regarding the Health Cooperation Strategy. Moving forward, she looked forward to WGHC's inputs to the next round of RIF 2022 progress report and work to pursue intersectoral linkages on cross-cutting themes with other sector working groups ([Appendix 3](#)).

9. Ms. Azusa Sato briefed the meeting on the events and processes leading to the finalization of the Health Cooperation Strategy and its signed endorsement by the WGHC country focals. The results of the meeting and the endorsement of the strategy will be reported to the GMS Senior Officials' Meeting on 12 December 2018, to be followed by ad-referendum endorsement by the GMS Health Ministers early next year, development of a 3-year rolling action plan and operational results framework by Q1 of 2019, and its subsequent implementation (copy of presentations and signed endorsement is in [Appendix 4](#)).

1.2 National Health Plans – Linkages with GMS Health Cooperation

10. Six panelists drawn from the country delegations participated in a panel discussion to exchange information and ideas on their respective countries' health cooperation programs and priorities, how their national health plans are linked with the pillars of the Health Cooperation Strategy, and proposed areas for GMS health cooperation in the future (copies of presentations are in [Appendix 5](#)).

11. From the discussions, it was determined that majority of the program areas under the Strategy were aligned with the countries' national health plans. Countries suggested that regional collaboration could be further strengthened for non-communicable disease, laboratory capacity building, application of ICT, disaster and emergency health, cross-border and migrant health, and health literacy promotion.

Open Discussion:

12. Representative of IOM mentioned that a Global Migration Compact (GMC) is being formalized in Marrakesh this week and inquired to what extent discussions on migrant health are being integrated into health cooperation.

13. Representative of Thailand referred to the big number of local migrants in PRC cited by the PRC panelist and suggested the need to arrive at a clear definition of "migrants" and to focus on cross-border migration in the context of the GMS. In response, representative of PRC explained that their statistics includes both internal and cross-border migration – and while a big portion is internal migration, they also have many cross-border migrants but could not give specific numbers.

14. Ms. Azusa Sato inquired from the representatives of Yunnan and Guangxi provinces whether the Health Cooperation Strategy is aligned with their provincial health plans. Representative of Yunnan Province responded that cross-border migration is an important issue for them and they have a special project in border areas. Their provincial government allocates funds just for border areas, covering communicable diseases among cross-border migrants and also joint training with neighboring countries on emergency health events. Guangxi has a similar program with Yunnan, but cooperation covers not only communicable diseases but also non-communicable diseases and lifestyle diseases that also affect migrants.

15. Representative of Lao PDR mentioned their cooperation with IOM on a successful project on malaria in the south. They looked forward to more partnership with IOM on other cross-border diseases because these do not recognize borders. They underscored the need to identify best approaches and practices, as well as opportunities for cooperation.

16. Representative of Thailand stated that they are quite positive about the GMC which they endorse, and that their Ministry of Foreign Affairs will join the conference in Marrakesh. Over the past two weeks Thailand sent a representative to join the IOM council meeting in Geneva. These indicate Thailand's strong interest and commitment to migrant issues.

17. Representative of Myanmar stated that they have more than 5 million migrants to neighboring countries and that migrants' health is an important concern. He stressed the importance of inter-ministry coordination, as well as collaboration with development partners like ADB and IOM.

18. Representative of PRC shared country practices to provide basic public health and medical services for migrants that are funded by the government. Migrants can avail of such public health services in any city they move to. Basic medical services are covered by a health insurance scheme that is being streamlined now into a national integrated system. PRC is launching a pilot to allow migrants to get medical reimbursements from cities they move to and where they are registered.

Session 2: Development Partners and GMS Health Cooperation

19. Representatives of development partners shared information in a panel session about their respective programming priorities that align with the GMS Health Cooperation Strategy and what resources they could bring to support the Strategy's activities.

20. OIE talked about health system linkage and initiatives under International Health Regulations (IHR) and Performance-Based Veterinary Services (PVS) targeting animal health, as well as tripartite collaboration and MOU among WHO, FAO, and OIE. OIE's program on zoonoses is linked to the One Health Concept given that 60% of human diseases are zoonotic.

21. WHO-Southeast Asia described their programs aligned with the pillars of the Health Cooperation Strategy. Areas of cooperation identified include: communicable diseases, notification and surveillance, drug resistance, outbreak control, access for cross-border populations, referral and information sharing, research, training and capacity building. '

22. IOM described their migrant health programs relating to health, border and mobility management; strengthening of border area health systems; UHC for migrant and mobile populations; health impact assessment of GMS urban and transport infrastructure development; and regional health cooperation mechanisms, among others. IOM noted that the GMS has highly porous borders and that health emergencies or public health events of international concern present lessons to be learned in providing a framework to support cross-border migration management. Areas of support to the Strategy initiatives include technical assistance, operational support, migration data and research, capacity building, multisectoral linkages with other line ministries/agencies, and coordination support with other mechanisms for regional and international health cooperation.

23. Raks Thai Foundation's migrant program in Thailand is focused on health (HIV, TB and malaria prevention), reducing trafficking and forced labor, education for migrant children and social inclusion for migrants.

24. World Bank's priority is to strengthen financial and institutional capacity of selected counties to ensure sustainability of health security in the East Asia and Pacific region. They are working with Cambodia, Indonesia, Lao PDR, Myanmar and Viet Nam, as well as with other DPs to strengthen the One Health framework, for which political commitment from highest levels of governments is important.

25. USAID-Myanmar gave an overview of the U.S. Government Global Health Security Engagement through existing health programs and technical assistance to address health security issues and support to the Government of Myanmar. These include preventing and reducing the likelihood of outbreaks and other public health hazards, early detection of threats, and rapid, effective response requiring multi-sectoral, national and international coordination and communication.

26. Ms. Azusa Sato, ADB, presented the highlights of the proposed Migrant Health Care Project to be based around SEZs that are principally driven by migrant workers who are often excluded from access to health care. The project proceeds from the premise that countries need to cooperate on addressing health challenges impacting the migrant workforce especially at SEZs. The project would address health concerns of migrant workers in these zones to strengthen SEZs, address the concerns of the ASEAN Migrant Health Consensus (2017), mitigate financial outlays arising from an unhealthy migrant workforce in SEZs both by countries and migrants, and mitigate the reputational risks of a "failing" SEZ. It would address migrant health access and service provision in SEZ, through information sharing, national policy alignment, and migrant health investment strategies. Thus far, there have been two roundtables to discuss the project concept. Consultations with interested countries would proceed (the involvement of Cambodia, Viet Nam, PRC is to be further discussed), then proposed pilots at Thai-Cambodia border, Thai-Laos border, and Thai-Myanmar border would commence next year, and project implementation is planned in 2020.

27. Copies of presentations under this Session are in [Appendix 6](#).

Open Discussion:

28. Representative of Lao PDR remarked that the scope of the proposed Migrant Health Care Project was interesting and suggested other combinations of pilot sites besides those outlined in the presentation.

29. Representative of Viet Nam commented that they receive a lot of Cambodians who cross the border to avail of their health care facilities and suggested to include other country combinations for the pilots and that it would be useful for countries to work together for better planning of these facilities.

30. Representative of Thailand wanted to better understand about the choice of the 3 pilot areas and whether other country combinations are possible, as raised by Viet Nam.

31. Ms. Sato recalled that in the process of ADB country programming, national consultations with line ministries including ministry of health are done. As both Laos and Myanmar expressed interest in the project, it was included in their Country Operations Business Plan. Having said that,

the RIF is a living document, and there is still time for discussions, and the proposed project is still open to directions and guidance that the ministries of health and finance would give ADB.

32. In response to Viet Nam's query whether all 6 GMS countries could be involved, Ms. Azusa Sato replied that the proposed project stands to benefit from wider exposure. There appears to be a lot of enthusiasm in the ministry of health but it doesn't seem to get as much interest from the ministry of finance. Any clarification from Viet Nam side would be appreciated – in principle, involvement of as many countries as possible is preferred.

33. Ms. Pinsuda Alexander remarked that other sectors also have projects that involve border economic zones and also address concerns as in Ms. Sato's project. An example is a new ADB-approved project in Linciang, Yunnan involving health systems development.

34. Ms. Sato discussed the newly approved Knowledge Support and Technical Assistance (KSTA), which supports WGHC and its Secretariat. Output 1 on establishment of WGHC is done, and Output 2 on the Strategy and other activities planned in 2018 are mostly done. The next key steps moving forward are the formal endorsement of the Strategy by the GMS Health Ministers and the preparation of the action plan including the monitoring and operational framework. She would welcome ideas and suggestions from WGHC on other activities and knowledge products they wanted to include under the KSTA.

35. Ms. Sato also briefed the meeting about Cambodia High Level Technology support being supported by ADB covering 3 systems: a communicable disease information dashboard, health facility and resource mapping, and health service hotline for migrants. Another initiative is HIA for SEZs in the GMS, for which preparation of guidelines was supported by ADB. Lao PDR and Thailand have started work on this since 2017 and it is hoped that HIA will be mainstreamed in projects that ADB supports. Copies of her presentations are in Appendix 7.

36. Lao PDR proposed GIS zoning and mapping of access to health facilities, information sharing, and sharing of technology to improve health care involving not only public but also private sectors.

Session 3: WGHC 2019 Work Plan and Regional Investment Framework

37. As backgrounder for this Session, Mr. Randolph Dacanay, ADB Consultant, recalled a previous list of projects on health that countries proposed in earlier consultations. He explained that some of these projects have been incorporated in the RIF, while others lack information about project details/description and need to be revisited. He distributed a template for countries to fill up to serve as a tool for discussing new proposed Health sector projects (investment or technical assistance) to go into the RIF. He recalled the RIF project criteria to guide the discussions. After the RIF exercise, a working group business planning for 2019 would follow and countries were requested to identify activities, meetings/workshops, or small projects to be considered as part of the WGHC 2019 work plan and reported to the plenary on Day 2.

38. Moderated country breakout groups proceeded to discuss and agree on proposed priority projects for RIF 2022. Participants also discussed proposed key WGHC activities for the 2019 Work Plan.

Day 2: 11 December 2018

39. Mr. Kyi Thar, Consultant, ADB gave a recap of the highlights of Day 1 (copy attached in Appendix 8).

Continuation of Session 3: WGHC 2019 Work Plan and Regional Investment Framework 2022

40. Representatives of country delegations presented in plenary their respective proposed projects and activity lists for the RIF 2022 Health sector (Appendix 9).

41. Next steps would be for the WGHC Secretariat to consolidate and analyze the different country proposals and determine those that could be considered under the KSTA, and those that could be additional inputs to the RIF 2022 Health sector pipeline. In addition, the Secretariat would organize national consultations between now and March 2019 in order to refine the Health Cooperation Strategy's Regional Action Plan.

Session 4: WGHC 2018 Business Report

42. Mr. Kyi Thar, ADB Consultant, presented the WGHC 2018 Business Report (copy in Appendix 10) describing the different activities, communication framework among WGHC members and with other GMS bodies, engagement with other partners and networks, meetings facilitated by the WGHC secretariat, reports prepared and uploaded in the GMS website <https://greatermekong.org/2nd-meeting-gms-working-group-health-cooperation-wghc-2> for 2018. The report included proposed next steps towards finalization of the 2019 work plan, endorsement of the Health Cooperation Strategy by the GMS Health Ministers, expanding collaboration with development partners to mobilize resources for projects, implementation of the Health Cooperation technical assistance, and facilitation of regional meetings for ADB-funded projects.

43. Ms. Sato informed the meeting that the priority for 2019 would be to get the Health Ministers' ad referendum approval of the Health Cooperation Strategy early next year, for subsequent reporting to the 23rd GMS Ministerial Conference planned in Cambodia later in the year.

Closing Session:

44. Ms. Azusa Sato expressed her thanks to all participants for their active contribution to the success of the meeting and looked forward to seeing them again at the next one. She also expressed her appreciation to the other development partners and CSO for their continuing support and collaboration both at the national and regional levels.

45. GMS countries expressed their appreciation to the Government of Myanmar and ADB for the arrangements made for the meeting.

List of Appendices:

Opening Session

Appendix 1: List of Participants

Appendix 2: Overview of the Program, Expected Outputs and Next Steps for WGHC (by Ms. Azusa Sato, ADB)

Session 1

- Appendix 3: GMS Program-Linkages with the Working Group on Health Cooperation by (Ms. Pinsuda Alexander, ADB)
- Appendix 4 Briefing on the Health Cooperation Strategy with copy of signed endorsement of Health Cooperation Strategy
- Appendix 5: Panel Presentations of National Health Plans – Linkages with GMS Health Cooperation

Session 2

- Appendix 6: Development Partner's Presentations
- Appendix 7: Presentation on Knowledge Support and Technical Assistance (by Ms. Azusa Sato)
- Appendix 8: Recap of Day 1 (by Dr. Kyi Thar, ADB Consultant)
- Appendix 9: WGHC 2019 Work Plan-Country Presentations

Session 4

- Appendix 10: WGHC 2018 Business Report (by Dr. Kyi Thar, ADB Consultant)

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Appendix 2: Overview of the Program, Expected Outputs, and Next Steps for WGHC



**2nd Working Group on
Health Cooperation**

10-11 December 2018





Where we've come from





Today's Agenda

Time	Topics	Presenter
8.30-9:00 am	Registration	WGHC Secretariat
Opening Session		
9:00-9.45 am	<ul style="list-style-type: none"> • Welcome remarks by Myanmar (3 mins) • Country remarks by GMS (3 mins each) • Opening remarks by ADB • Background, objectives and agenda • Introduction of participants 	<ul style="list-style-type: none"> • MOHS, Myanmar • Country Heads of Delegation • ADB • Azusa Sato, Health Specialist, SEHS, ADB • Randy Dacanay
Session 1: The context for GMS Health Cooperation		
9.45-10:25 am	Overview of the GMS Cooperation Program <ul style="list-style-type: none"> • 6th GMS Summit directives, the Hanoi Action Plan, and Regional Investment Framework 2022 • Update on the GMS Health Cooperation Strategy 	<ul style="list-style-type: none"> • Pinsuda Alexander, Economist (Regional Cooperation), SERC, ADB • Azusa Sato, Health Specialist, SEHS, ADB
10:25-10:45 am	Photo Session and Tea Break	
10:45-12:00 pm	National Health Plans - Linkages with GMS health cooperation <ul style="list-style-type: none"> • Panel discussion - linking respective national health plans and the pillars of the Health Cooperation Strategy 	<ul style="list-style-type: none"> • WGHC country focals
12:10 – 1:15 pm	Lunch break	
Session 2: Development Partners and GMS Health Cooperation		
1:15 - 2:30 pm	Development partners and civil society organisations (CSOs) <ul style="list-style-type: none"> • Panel discussion <ul style="list-style-type: none"> ○ Development partners and CSOs share information on their programming priorities that align with the GMS Health Cooperation Strategy ○ ADB present on Migrant Health Project and KSTA ○ Q&A 	<ul style="list-style-type: none"> • Development partners and CSOs



Today's Agenda (2)

2:30 – 2:45 pm-	Tea Break	
Session 3: WGHC 2019 Work Plan and Regional Investment Framework		
2:45– 4:45 pm	Identifying priority projects for the RIF and key WGHC activities for 2019	<ul style="list-style-type: none">• Moderated breakout groups
4:45 – 5:00 pm	Closing of day 1	<ul style="list-style-type: none">• Azusa Sato
6:30 pm	Welcome reception	



Tomorrow's Agenda

8:30 - 8:45 am	Recap of day 1 <ul style="list-style-type: none"> Highlights of the day 1 sessions 	<ul style="list-style-type: none"> WGHC Secretariat
Session 3 (continued): WGHC 2019 Work Plan and Regional Investment Framework		
8:45 –9:45 am	Day 1 group work feedback	<ul style="list-style-type: none"> Group Representatives
9:45-10:00am	Synthesis - WGHC 2019 work plan	<ul style="list-style-type: none"> Randy Dacanay
Session 4: WGHC 2018 Business Report		
10:00-10:15am	WGHC 2018 business report	<ul style="list-style-type: none"> Kyi Thar
10:15-10:30am	Tea Break	
Closing Session		
10:30-11:00am	<ul style="list-style-type: none"> Remarks by ADB Remarks <u>By</u> <u>GMS</u> Countries Closing by Myanmar 	<ul style="list-style-type: none"> Azusa Sato Country Focal, Cambodia, PRC, Laos, Thailand, Viet Nam Country Focal, Myanmar
Side Meetings		
11:00-12:00pm	<ul style="list-style-type: none"> Side meetings 	
12:00-1.30 pm	Lunch Break	
1.30pm	Side meetings continued as required	

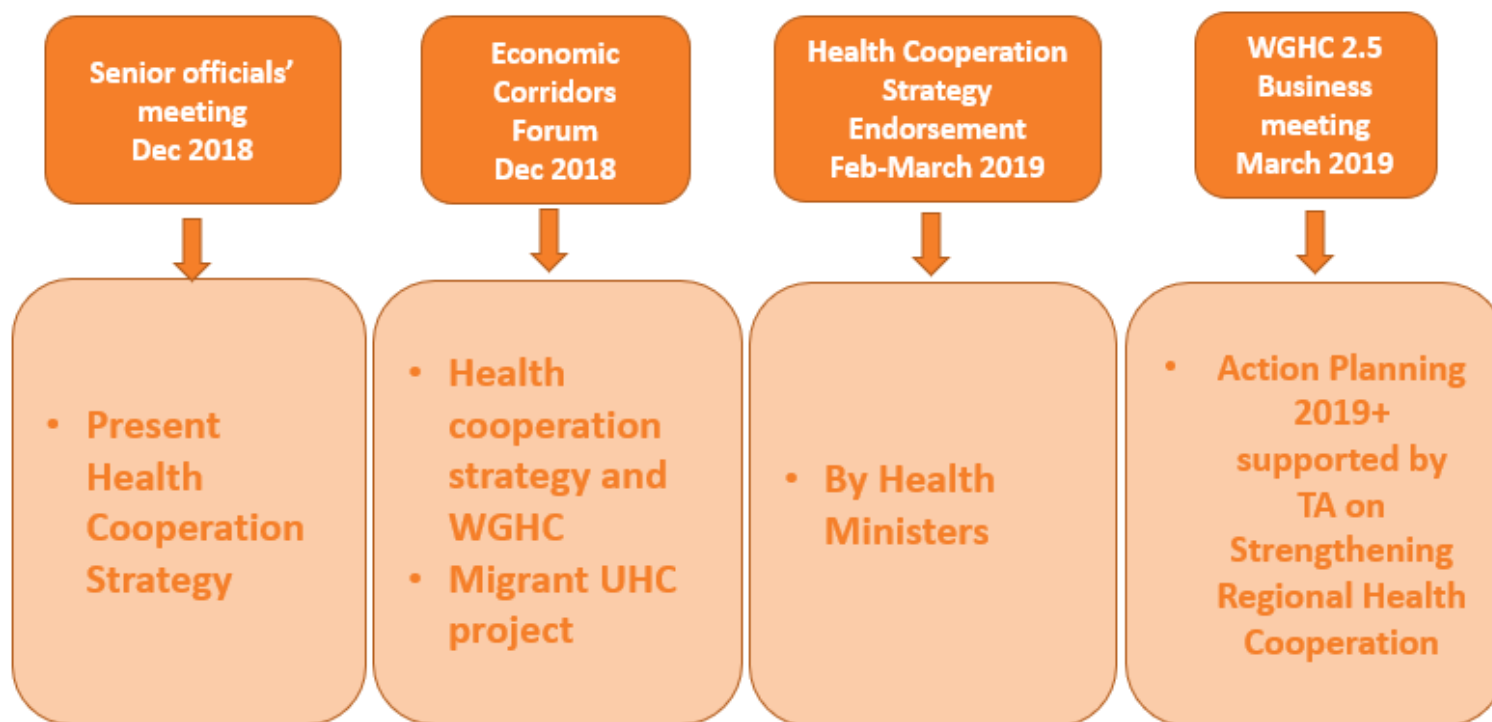


Outputs

- Health Cooperation Strategy fully endorsed by WGHC for Senior Officials' meeting/Health Ministries
- Action Plan 2019 started, taking into account national health plans and DP/CSO activities
- RIF updated



What next for WGHC?





Thank you

**Appendix 3: GMS Program – Linkages with the Working Group on Health Cooperation
(by Ms. Pinsuda Alexander, ADB)**

GMS Program: Linkages with the WG Health Cooperation

**Pinsuda Alexander
Asian Development Bank**

**10 Dec 2018
Yangon, Myanmar**



Outline of Presentation

- I. Introduction: Health an important element of ADB Strategy 2030
- II. GMS Program Updates: Developments from 6th GMS Summit
 - ✓ Directives relating to Health Sector
 - ✓ Hanoi Action Plan
 - ✓ Regional Investment Framework 2022
- III. GMS RIF 2022 Progress Report
 - Overview
 - Health Sector: Highlights
- IV. Next Steps

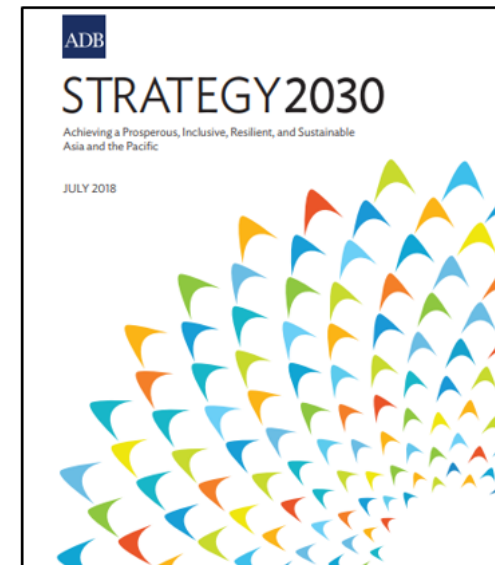


ADB Strategy 2030 and the Health Sector (1)

ADB Strategy 2030: (www.adb.org/strategy2030)

✓ Vision: “achieve a prosperous, inclusive, resilient, and sustainable Asia and the Pacific, while sustaining its efforts to eradicate extreme poverty”.

- ADB will continue to prioritize the region’s poorest and most vulnerable countries.
- ADB will continue to focus on infrastructure as a key priority and expand interventions in education, **health**, and social protection through:
 - Finance, including fund mobilization from other sources;
 - Knowledge: lessons and good practices that fit local conditions;
 - Partnerships: through dialogue and collaboration among diverse partners and other stakeholders





ADB Strategy 2030 and the Health Sector (2)

Guiding Principles:

- ✓ Country-focused approach
- ✓ Use of advanced and innovative technologies
- ✓ Delivering integrated solutions (combine expertise across sectors and themes, mix of public and private sector operations)

Operational Priorities:

- (i) Addressing remaining poverty and reducing inequalities: human development and social inclusion, quality jobs, education and training, **better health**, social protection
- (ii) Tackling climate change,
- (iii) Building climate and disaster resilience, and enhancing environmental sustainability
- (iv) Promoting rural development and food security
- (v) ***Fostering regional cooperation and integration***
- (vi) Accelerating progress in gender equality
- (vii) Making cities more livable
- (viii) Strengthening governance and institutional capacity



II. GMS Program Updates

6th GMS Leaders Summit

“A sustainable GMS will be regionally integrated and globally connected.”



- 30-31 March, Ha Noi, Viet Nam
- GMS Summit and related events:
 - Closed door retreat
 - Summit Plenary
 - CLV Summit
 - GMS Business Summit
- Outcomes
 - Joint Summit Declaration
 - Adopted Ha Noi Action Plan (2018-2022)
 - Adopted Regional Investment Framework 2022

Ha Noi Action Plan (HAP) 2018-2022

sets refined strategic directions and operational priorities in the remaining 5 years of the GMS Strategic Framework 2012-2022

Regional Investment Framework (RIF) 2022

A “living” pipeline of 227 projects worth \$66 billion to support the HAP

Ha Noi Action Plan 2018-2022

1. A spatial strategy focused on economic corridors

2. Refinements in sector strategies and operational priorities

3. Improvements in planning, programming, and monitoring systems and processes

- developing guidelines for sector plans and strategies;
- identifying quantitative goals and developing results monitoring framework;
- improving the Regional Investment Framework coverage, principles, and processes to ensure that GMS projects support Ha Noi Action Plan priorities, and that the Regional Investment Framework includes projects by GMS governments, ADB, and development partners; and
- pursuing a more systematic approach to resource mobilization.

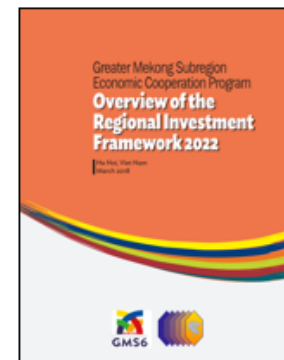
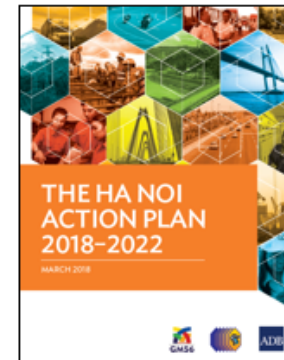
4. Enhancements in institutional arrangements and partnerships

- empowering national secretariats to take greater responsibility;
- designating a country lead or coordinator for sectors, and allowing flexible institutional arrangements outside of the formal structures;
- strengthening the role of the Senior Officials Meeting as an oversight and coordination body for the working groups.

5. Operationalized through the Regional Investment Framework 2022

- Medium term pipeline of 227 investment and technical assistance projects requiring \$66 billion in funding
- Projects across 10 sectors
 - Transport
 - Energy
 - Agriculture
 - Environment
 - Health and other Human Resource Development
 - Other Multisector and Border Economic Zones
 - Tourism
 - Transport and Trade Facilitation
 - Information and Communication Technology

Download at: <http://greatermekong.org/strategy>



HAP 2018-2022: Guiding Framework



HAP 2018-2022: Sector Strategies and Operational Focus

Transport



Intermodal links, logistics development, transport facilitation, road safety & road asset management

Energy



Grid-to-grid power trade between any two countries & later thru transmission lines of third countries (Stage 2)

Agriculture



Value chain approach to safe and environment friendly agro-based products (SEAP)

Environment



Ecosystem-based service approach to landscapes in ECP, RIF and international frameworks

Health & HRD



Focus on subregional health issues; engage other Development Partners in TVET & labor migration

Tourism



Improve quality & visitor experience, develop secondary destinations, competency based training linked to ASEAN standards

Urban Development /Border Zones



Focus on GMS urban systems as part of spatial planning and border areas

Trade Facilitation



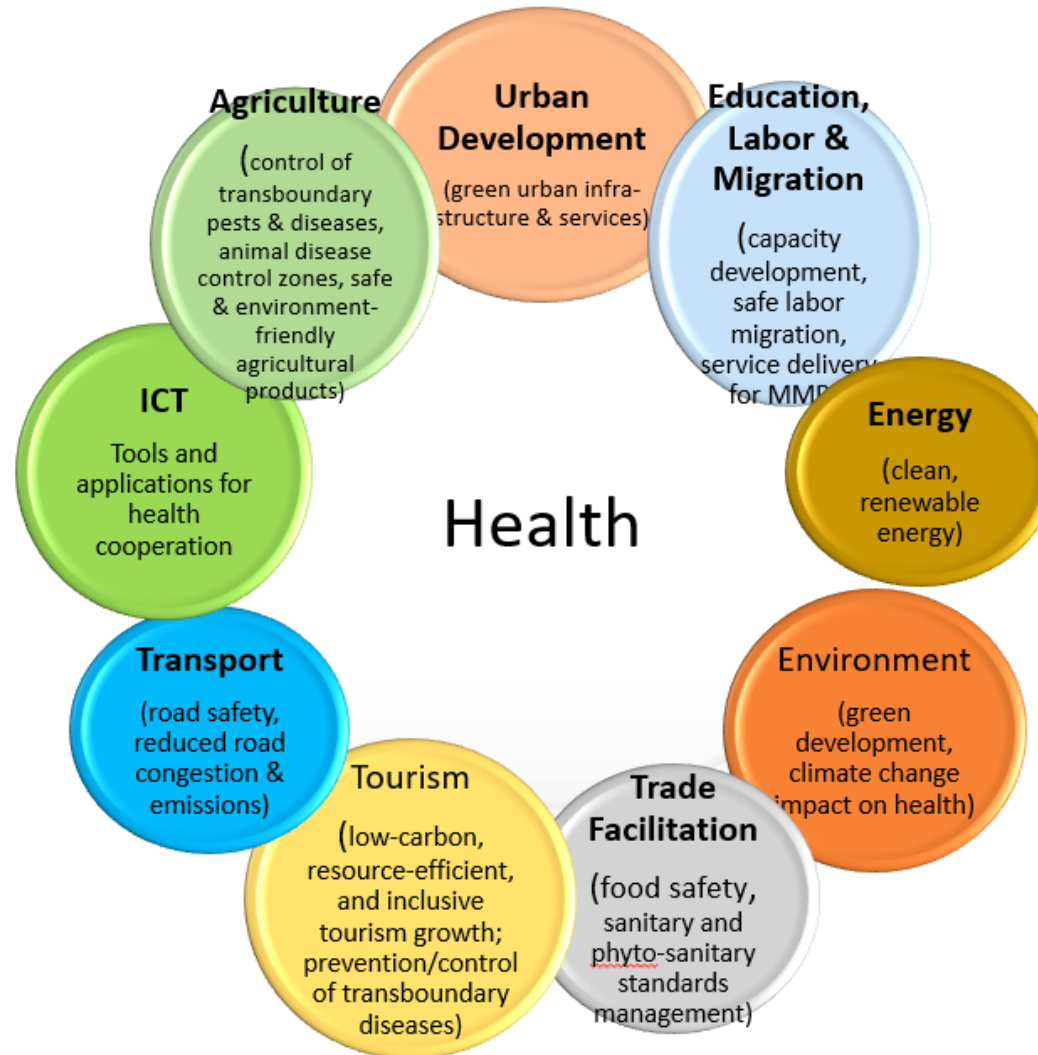
Customs modernization, coordinated border management, risk-based approaches to SPS

ICT



Promote ICT applications (in sectors & e-commerce), bridge digital divides, and foster ICT innovations

Cross-cutting Synergies & Linkages



GMS Program Achievements Report to GMS Leaders: Health and other Human Resource Development Sectors

**New GMS Health Security Project
launched in Bangkok on 5 July 2017**

**Review of implementation of
Strategic Framework and Action
Plan for HRD in the GMS 2013-2017
– refocus on health**

**A new Working Group on Health
Cooperation established**

**A new GMS Health Cooperation
Strategy being developed for health
ministers' endorsement**



III. Regional Investment Framework (RIF) 2022

Features	Purpose	Revisions/New Areas
<ul style="list-style-type: none">Operationalize GMS Strategic Framework II and HAP 2018-2022Near to medium term pipelineA living document	<ul style="list-style-type: none">Instrument to align national and regional planning and programmingMonitor implementationMarketing toolMobilize resources	<ul style="list-style-type: none">Concept, process and principles improved to enhance effectiveness as a programming documentIntersectoral linkages more prominentIncrease in transport subsectors (rail, ports)Inclusion of projects in border zone and areas

Includes 227 projects for \$66 billion
143 investment projects (\$65.7 billion)
84 TA projects (\$295.3 million)
Health and Other HRD Sectors: Investment Projects: 4 (\$702.2 million)
TA Projects: 7 (\$21.5 million)
Tourism Total: \$1,513.2 million



Implementing the HAP and RIF 2022:

Improving Planning, Programming, and Monitoring Systems and Processes

- Improvements in RIF 2022 principles and processes to ensure support of operational priorities of the HAP; regular updating and progress monitoring
- Systematic approach to resource mobilization to meet RIF financing requirements (DPs, financing institutions and private sector)
- Results monitoring through sector's results monitoring framework linked to sector strategy (specific, measurable, attainable, relevant and time-bound goals; establishing indicators and benchmarks, data gathering)
- **Sector working groups to report to GMS Senior Officials.**

III. GMS RIF 2022 Updates

“The RIF is a “living pipeline” of projects that will be reviewed and updated regularly to adapt to changing conditions and priorities.” –GMS Leaders

Regional Investment Framework 2022 Business Process for Progress Updates and Adding/Dropping of Projects

Q1	<p>The ADB GMS Secretariat initiates report preparation by advising ADB sector divisions and GMS national coordinators (NCs) to communicate with country sector agency focal points.</p> <p>Latest Regional Investment Framework (RIF) publication is disseminated for use and reference during budget and development programming cycle.</p>	<ul style="list-style-type: none"> • RIF progress report is revised to annual report. • GMS national coordinators play a key role in collaboration with line ministries and in projected investment pipelines.
Q2 –Q3	<p>ADB’s sector divisions interact with country sector strategy focal points through GMS working groups and forums to</p> <ul style="list-style-type: none"> • receive and compile the completed and agreed sector reports, and • submit the sector reports to ADB GMS Secretariat for collation. <p>GMS NCs collaborate with line ministries for progress and proposed projects.</p>	<ul style="list-style-type: none"> • RIF 2022 report discussions are to better align with GMS working groups and forums.
Annual GMS Ministerial, Q3/Q4	<p>ADB GMS secretariat</p> <ul style="list-style-type: none"> • assembles reports for each country and sector into the consolidated Revised Regional Investment Framework Implementation Plan (RRIFIP) status report; • distributes the status report to the countries’ GMS NCs, sector agencies, and ADB’s sector divisions; • distributes the status report to interested development partners; • uploads the status report to ADB GMS website; and • includes the status report in the documentation for a subsequent GMS event—senior officials meeting, ministerial meeting, or summit. 	<ul style="list-style-type: none"> • Final RIF 2022 reports are to be disseminated as reference for development and budget planning cycles. <p><i>Note: Revisions to business process are in red font.</i></p>

Progress Report Formats- Ongoing Projects

Table A- Projects in RIF 2022

(1) No.	(2) Project Title	(3) Country Coverage	(4) Description (Please indicate if there are changes in the project description/specifications)	(5) Year of Approval	(6) Cost Estimate (\$ million)		(7) Potential Funding Source and Amount (\$ million)		(8) Status Updates (Please indicate progress/changes in project development status or implementation. Refer to Guide for Accomplishing the Progress Report table.)	(9) Key locations and GMS Economic Corridor Alignment	(10) Expected/Planned Measurable Outputs	(11) Project Contact
					Original	Updated (if any)	Original	Updates (if any)				
1	Lao PDR-Viet Nam Power Transmission Interconnection II	Lao People's Democratic Republic (Lao PDR), Viet Nam	This project will (i) construct a 59-kilometer (km), 500-kilovolt (kV) transmission line and a 230 kV/500 kV substation in <u>Hatxan</u> , Lao PDR; and (ii) will construct a 94 km, 500 kV transmission line and expand the existing 220 kV/500 kV substation in <u>Pleiku</u> , Viet Nam. The project will enable the transmission of 3,157 gigawatt-hours/year of electricity, to be produced by eight small hydropower plants (with a total capacity of 1,013 megawatts [MW]) in southern Lao PDR, to be developed by independent power producers.	2019	120.0		World Bank—40.0 Cofinancing (TBD)—80.0					

New Columns:

- ✓ (8) Key locations and GMS Economic Corridor Development
- ✓ (9) Expected/Planned Measurable Outputs
- ✓ (10) Project Contact

*if no line ministry contact, GMS National Secretariat

Progress Report Formats- Proposed Projects

Table B- New Projects for inclusion in RIF 2022

No.	(1) Project Title	(2) Subsector	(3) Description	(4) Year of Approval	(5) Cost Estimate (\$ million)	(6) Potential Funding Source and Amount (\$ million)	(7) justifications		(8) Key locations and GMS Economic Corridor Alignment	(9) Expected/Planned Measurable Outputs	(10) Project Contact
							Please indicate the basic rationale and justifications for the project, based on:				
							(a) Strategic thrust/operational priority in HAP and/or relevant sector strategy supported (Refer to Annex I)	(b) Other Justifications			

New Columns:

- ✓ (7) Justifications: HAP Strategic Thrust or Operational Priorities supported
- ✓ (8) Key locations and GMS Corridor Alignment
- ✓ (9) Expected/Planned Measurable Outputs
- ✓ (10) Project Contact

*if no line ministry contact, GMS National Secretariat

RIF 2022 Project Criteria

- Strong subregional rationale & benefits including improved connectivity and competitiveness, and/or strengthened multisector approaches
- Economically and financially viable, likely to produce significant social benefits
- Can be formulated and financed up to end of 2022
- Preliminary technical, social, and environmental impact assessments have been initiated or completed
- Aligned with national development plan and economic development strategy and/or included in national investment plan/program.

RIF 2022: Health and Other HRD Projects and Status (1)

No.	Project Title	Subsector	Description	Year of Approval	(\$ million)		(\$ million)		Status Updates	Economic Corridor Alignment	Planned Measurable Outputs	Project Contact
					Original	Updated	Original	Updates				
Projects in RIF 2022												
1	GMS Health Security Project (formerly GMS Communicable Disease Control Project Phase III)	Cambodia, Lao People's Democratic Republic (Lao PDR), Myanmar, Viet Nam	The project aims to strengthen public health security in the face of emerging diseases and other communicable diseases relevant to the Greater Mekong Subregion (GMS) by improving public health security systems and Centers for Disease Control and Prevention (CDC) in border areas in Cambodia, the Lao PDR, Myanmar, and Viet Nam. It focuses mainly on mobile and migrant populations (MMPs), as well as on other vulnerable groups.	2016	132.2	132.2	Asian Development Bank (ADB)—125.0 Counterpart—7.2	Asian Development Bank (ADB)—125.0 Counterpart—7.2	Ongoing. All loans and grant are effective. Inception missions were fielded in all countries. Project start-up activities were completed, e.g., PMU set-up, establishment of advance account, annual operation planning, initial procurement and recruitment activities.	Cambodia: SEC Lao PDR: NSEC, SEC Myanmar: NSEC Viet Nam: NSEC, EWEC, SEC	Project outputs include (I) strengthened regional, cross-border, and inter-sectoral CDC services; (II) strengthened national disease surveillance and outbreak response; and (III) improved laboratory services and hospital infection prevention and control.	Azusa Sato, Health Specialist, SEHS, SERD asato@adb.org Stella Labayen, Project Analyst, SEHS, SERD slabayen@adb.org
2	Local Health Care Sector Development Program (LHCSDP) (formerly Strengthening Local Health Care Support Program)	Viet Nam	The project will enhance the delivery of primary health-care services in order to more effectively address the key challenges involved in the prevention and control of communicable and noncommunicable diseases, taking into account the overall health security of the region. The program's impact will include strengthened health systems, with the aim of achieving universal health coverage (UHC) and inclusive growth. The program's outcome will include a better quality of—and easier access	2018	20.0	100.6	ADB	ADB—100.6	Proposed. For approval 4 th Quarter 2018	Nationwide	Output 1: Public investment management for local health care strengthened. Output 2: Service models of local health care network improved. Output 3: Local health care	Gerard Servais, Sr Health Specialist, SEHS, SERD gsevais@adb.org

RIF 2022: Health and Other HRD Projects and Status (2)

No.	Project Title	Subsector	Description	Year of Approval	Cost Estimate (\$ million)		Potential Funding Source and Amount (\$ million)		Status Updates	Key locations and GMS Economic Corridor Alignment	Expected/Planned Measurable Outputs	Project Contact
					Original	Updated	Original	Updates				
			to—local health services, especially for poor and vulnerable populations in disadvantaged, remote, mountainous, or border areas								workforce development and management strengthened	
3	Guangxi Modern Technical and Vocational Education and Training (TVET) Development Program (RBL)	PRC	The program will support the establishment of a modern technical and vocational education and training (TVET) system that provides graduates with better employment opportunities in industries in Guangxi Zhan Autonomous Region (GZAR) and ASEAN countries. The program outputs include (i) enhanced industry relevance of TVET; (ii) improved quality of TVET; (iii) increased inclusiveness of TVET; and (iv) expanded role of TVET in regional economic development. The attached TA aims to strengthen the capacity of the TVET system for enhancing the quality and relevance of TVET, and regional cooperation between TVET institutions and enterprises in GZAR and ASEAN countries.	2017	450.0	450.6	ADB loan—250.0 Kreditanstalt für Wiederaufbau (KfW)—200.0	ADB loan—250.0 ADB TA—0.6 Kreditanstalt für Wiederaufbau (KfW)—200.0	Ongoing. Targets to promote/enhance regional cooperation and integration are being achieved. TVET institutions in GZAR have been selected as partners of ASEAN TVET institutions and/or enterprises. Plans for regional cooperation and partnership agreements are being prepared.	Guangxi NSEC	Number of participants in training programs between selected TVET institutions in GZAR and ASEAN TVET institutions and/or enterprises increased to at least 10% over the 2018 number by 2020. 1,600 students from ASEAN countries received vocational education certificates annually from GZAR's TVET institutions, of which 10% were female by 2020.	Asako Maruyama, Education Specialist, EASS/EARD amaruyama@adb.org
Subtotal (Health and other HRD Investment Projects)					702.2	683.4						
Projects proposed to be added in RIF 2022												
4.	GMS Universal Health Care (UHC)	Lao PDR, Myanmar, (THA, tbd)	Financing health care for migrants. Includes development of financing scheme, broadening UHC coverage to include migrants, developing and implementing service provision packages for migrants	2021		50.0		ADB—50.0	Proposed. MYA 36m. Lao 16m THA (tbc)			Azusa Sato, Health Specialist, SEHS, SERD asato@adb.org
Subtotal (Health Investment Projects proposed to be added in RIF 2022)						50.0						
Subtotal (Health and other HRD Investment Projects)					702.2	733.4						

RIF 2022: Health and Other HRD Projects and Status (3)

Technical Assistance Projects

No.	Project Title	Subsector	Description	Year of Approval	Cost Estimate (\$ million)		Potential Funding Source and Amount (\$ million)		Status Updates	Key locations and GMS Economic Corridor Alignment	Expected/Planned Measurable Outputs	Project Contact
					Original	Updated	Original	Updates				
Projects in RIF 2022												
1	Strengthening Resilience to Climate Change in the Health Sector in the Greater Mekong Subregion	Cambodia, Lao PDR, Viet Nam	This regional capacity development technical assistance (TA) will work with regional academic and research institutions, as well as with public health and environmental authorities, to build the scientific knowledge needed to address the health impact of climate change and quantify the additional burden of affected health outcomes. It will support workforce development by training a new generation of competent and experienced public health staff to respond to the threats posed by climate change and incorporate mainstream climate concerns into health policies and programs. It will increase awareness in the public and private sectors of the significance of climate change, and identify potential public-private partnerships (PPPs) for the implementation of adaptation measures, such as climate-proof infrastructure.	2015	4.5	4.41	ADB-4.4 Governments of Cambodia, Lao PDR and Viet Nam-0.1	Nordic Development Fund —4.36 Governments of Cambodia, Lao PDR, and Viet Nam —0.05	Ongoing. Consulting firm was engaged to implement TA activities. National workshops and procurement of small-scale equipment, TOTs, training on IS-EWS, Climate Change and Human Health have been conducted in all 3 countries	Nationwide	Output 1: Knowledge and understanding of relationship between climate change and human health improved. Output 2: Human resource skills in coping with climate change adaptation in the health sector strengthened. Output 3: Knowledge products shared and advocacy promoted.	Ye Xu, Southeast Asia Department, ADB
2	Malaria and Communicable Diseases Control in the GMS	Cambodia, Lao PDR, Myanmar	This regional capacity development TA is expected to fill policy gaps by (i) targeting vulnerable groups, in particular MMPs; (ii) strengthening diagnostic and treatment capacity in remote districts; (iii) improving disease surveillance and rapid response to epidemics; and (iv) involving the private sector in the delivery of health services targeting vulnerable groups.	2015	4.5	4.5	Trust Fund under Health Financing Partnership Facility—4.5	Trust Fund under Health Financing Partnership Facility—4.5	Completed on 25 June 2018. TA Completion Report being drafted		Output 1: malaria diagnostic capacities and training of relevant health staff in 2 regions and 5 townships in Myanmar. Output 2: field-based activities in selected CLM districts done to assess MMPs malaria risks and develop pilot models.	Gerard Servais Sr Health Specialist SEHS, SERD gservais@adb.org

RIF 2022: Health and Other HRD Projects and Status (4)

Technical assistance projects in RIF 2022 continued

No.	Project Title	Subsector	Description	Year of Approval	Cost Estimate (\$ million)		Potential Funding Source and Amount (\$ million)		Status Updates	Key locations and GMS Economic Corridor Alignment	Expected/Planned Measurable Outputs	Project Contact
					Original	Updated	Original	Updates				
											Output 3: cross-border information sharing on malaria and communicable disease outbreaks. The TA also conducted regional activities to support regional health cooperation and improvement of IPC and laboratory services in the GMS (including Thailand and PRC).	
3	GMS HRD Strategic Framework and Action Plan 2013-2017, Phase 2	All GMS countries	The project focuses on the three of the seven strategic thrusts of the Strategic Framework and Action Plan 2013-2017, and it is generating the following outputs: (i) improved cooperation regarding TVET, (ii) improved cooperation in higher education, and (iii) strengthened national implementation and monitoring of the strategic framework and action plan. The project also supports the annual meetings of the working group on human resource development (HRD), held to share knowledge and experiences concerning emerging HRD issues and to enhance regional networks and partnerships in HRD.	2013	2.1	2.1	ADB—1.3 PRC Fund—0.5 Governments of the GMS countries —0.3	ADB—1.3 PRC Fund—0.5 Governments of the GMS countries —0.3	Completed			
4	Capacity Building in Labor Migration Management	Cambodia, Lao PDR, Myanmar, Viet Nam	The TA will train migration officials and labor attaches in Cambodia, the Lao PDR, Myanmar, and Viet Nam. The training will address vulnerabilities specific to men or women. The TA will be managed by the International Organization for Migration	TBD	0.3	0.3	To be determined (TBD)	To be determined (TBD)	Proposed			

RIF 2022: Health and Other HRD Projects and Status (5)

No.	Project Title	Subsector	Description	Year of Approval	Cost Estimate (\$ million)		Potential Funding Source and Amount (\$ million)		Status Updates	Key locations and GMS Economic Corridor Alignment	Expected/Planned Measurable Outputs	Project Contact
					Original	Updated	Original	Updates				
5	Strengthening Regional Health Cooperation in the Greater Mekong Subregion	All GMS countries	The TA will strengthen health cooperation in the GMS by developing a subregional framework and strategy for health cooperation, and by establishing a working group on health cooperation to oversee the implementation of the strategy and ensure its effectiveness. The proposed TA will also promote knowledge exchange and capacity development.	2018	1.8	1.0	ADB—1.8	ADB—1.0	Ongoing		Expected outcome: regional health cooperation in GMS strengthened. Output 1: GMS Working Group on Health Cooperation (WGHC) established. Output 2: GMS Health Cooperation Strategy developed and implemented. Output 3: Knowledge development and exchange promoted.	Azusa Sato Health Specialist SEHS, SERD asato@adb.org
6	TA facility: Support for Human and Social Development in Southeast Asia. Improving UHC Coverage in Border Areas for MMPs Project	Cambodia, Lao PDR, Myanmar, Thailand, Viet Nam	TA facility	2019	TBD	2.0	ADB	ADB TASF—2.0	Proposed Awaiting TA approval in Q1 2019.			Azusa Sato Health Specialist SEHS, SERD asato@adb.org

Continued on next page

RIF 2022: Health and Other HRD Projects and Status (6)

No.	Project Title	Subsector	Description	Year of Approval	Cost Estimate (\$ million)		Potential Funding Source and Amount (\$ million)		Status Updates	Key locations and GMS Economic Corridor Alignment	Expected/Planned Measurable Outputs	Project Contact
					Original	Updated	Original	Updates				
5	Strengthening Regional Health Cooperation in the Greater Mekong Subregion	All GMS countries	The TA will strengthen health cooperation in the GMS by developing a subregional framework and strategy for health cooperation, and by establishing a working group on health cooperation to oversee the implementation of the strategy and ensure its effectiveness. The proposed TA will also promote knowledge exchange and capacity development.	2018	1.8	1.0	ADB—1.8	ADB—1.0	Ongoing		Expected outcome: regional health cooperation in GMS strengthened. Output 1: GMS Working Group on Health Cooperation (WGHC) established. Output 2: GMS Health Cooperation Strategy developed and implemented. Output 3: Knowledge development and exchange promoted.	Azusa Sato Health Specialist SEHS, SERD asato@adb.org
6	TA facility: Support for Human and Social Development in Southeast Asia. Improving UHC Coverage in Border Areas for MMPs Project	Cambodia, Lao PDR, Myanmar, Thailand, Viet Nam	TA facility	2019	TBD	2.0	ADB	ADB TASF—2.0	Proposed Awaiting TA approval in Q1 2019.			Azusa Sato Health Specialist SEHS, SERD asato@adb.org

Continued on next page

RIF 2022: Health and Other HRD Projects and Status (7)

No.	Project Title	Subsector	Description	Year of Approval	Cost Estimate (\$ million)		Potential Funding Source and Amount (\$ million)		Status Updates	Key Locations and GMS Economic Corridor Alignment	Expected/Planned Measurable Outputs	Project Contact
					Original	Updated	Original	Updates				
7	Poverty Reduction through Safe Migration, Skills Development and Enhanced Job Placement in Cambodia, Lao People's Democratic Republic and Thailand (PROMISE)	Cambodia, Lao PDR, Myanmar, Thailand	<p>PROMISE is a new regional program led by the IOM that will strengthen the linkages between labor migration to Thailand and efforts to reduce poverty in the region, with a particular focus on engaging employers and training institutions in skill development, facilitating ethical recruitment and protection, and improving the safety of migration and the access of migrant workers to decent employment opportunities. PROMISE will establish partnerships between employers in Thailand and skill-development partners based in Cambodia, the Lao PDR, Myanmar, and Thailand to develop</p> <p>market-driven and migrant-centered skills training and promote ethical recruitment models that will improve the protection and employability of migrants. PROMISE will also facilitate greater cross-border exchanges, as well as bilateral and subregional collaboration on skill development and certification. In addition, the return and reintegration component will broaden the opportunities for returning migrants</p> <p>to utilize their skills and invest their social and financial capital productively upon their return. PROMISE will also build the capacity of migrant support services in Cambodia, the Lao PDR, and Myanmar to provide reintegration services and enhance the linkages of these services with employment offices, skills certification authorities, financial institutions, and professional associations. Finally, PROMISE will work to support migrant protection frameworks at the national and subregional levels,</p> <p>engaging in policy development and capacity building of governments and non-state actors (including the promotion of the employer-paid ethical recruitment model).</p>	2017	8.3	8.3	Swiss Agency for Development and Cooperation (SDC), International Organization for Migration (IOM)	Swiss Agency for Development and Cooperation (SDC), International Organization for Migration (IOM)	Ongoing. PROMISE completes first year of implementation by end August 2018. Progress achieved includes awareness-building and mobilization of manufacturing and hospitality employers in Thailand on migrant worker skills development and rights protection; operationalizing cross-border skills development schemes between training providers, implementing on-the-job trainings and workplace orientation for newcomers; consultations on development of regional soft skills guidelines for migrant worker skills development; improving skills circulation and validation upon return through job-matching services, improving the capacities of Migrant Resource Centres		<p>Migrant workers provided training and information through Migrant Resource Centers on safe migration and soft skills; pre-departure/post-arrival/re-integration orientation; upskilling; and entrepreneurship.</p> <p>Migrant workers assisted on job placement, job matching; participate in job fairs, and join migrant networks.</p> <p>Employers and recruitment agencies understand business case and commit to ethical recruitment and skills development of migrant workers.</p> <p>Policy development for mainstreaming migration through national development plans; enhanced regional dialogue and bilateral cooperation on</p>	Ms. Anna Platonova, IOM Thailand (aplatonova@iom.int)
Subtotal (Health and other HRD TA Projects in RIF 2022)					21.5	22.6						
Subtotal (Health TA Projects proposed to be added in RIF 2022)						0.0						
Subtotal (Health and other HRD TA Projects)					21.5	22.6						
Total (Health and other HRD Investment and TA Projects)					723.7	756.0						

Next Steps

- For GMS Secretariat: RIF 2022 Progress Report to be presented at GMS Senior Officials' Meeting at Nay Pyi Taw, Myanmar, 12 December 2018; RIF 2022 Progress Report for ad referendum approval by GMS Ministers in January 2019.
- Seek WGHC's inputs for progress and added/dropped projects for next RIF Update
- Following GMS Health Ministers endorsement of GMS Health Cooperation Strategy, to be reported at 2019 GMS Ministerial Meeting
 - develop action plan to implement Health Cooperation Strategy
 - rolling pipeline of investment and technical assistance projects to feed into updated RIF 2022
 - mobilize external funding to implement projects
- WGHC with assistance from GMS Secretariat to pursue inter-sectoral linkages on cross-cutting themes



Thank you

GMS website:
www.adb.org/gms or
www.greatermekong.org



Appendix 4: Briefing on GMS Health Cooperation Strategy with copy of Signed Endorsement by WGHC Country Focals (by Ms. Azusa Sato, ADB)



**2nd Working Group on
Health Cooperation**

**Briefing on the GMS
Health Cooperation
Strategy**

10 December 2018



IMPLEMENTING HEALTH COOPERATION

Working Group Health Cooperation

Platform for regional health cooperation

Institutional links to the GMS Economic Cooperation Program and sector working groups

Regional Technical Assistance

Strengthening Regional Health Cooperation

Financial and technical resources for implementing the Strategy



GMS Health Cooperation Strategy

Identifies priority health issues for regional cooperation and programming

Framework to guides the activities of the working group for the next five years

STRATEGY DEVELOPMENT PROCESS

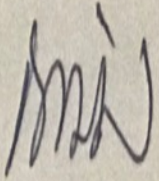


GMS Health Cooperation Strategy

Endorsement progress and Next Steps

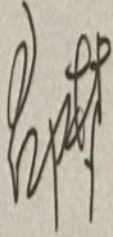


- All countries have endorsed the strategy at WGHC level
- Update GMS Senior Officials on 12th December 2018
 - process for Strategy development
 - key contents
 - status of endorsement
- Health Ministries to endorse the Strategy Feb/March 2019
 - Strategy endorsed during GMS event or ad referendum
- 3-year rolling action plan and operational results framework
 - To be developed Q1 2019, drawing on outputs of WGHC-2
- Strategy implementation
 - E.g. GMS Health Security (pillar 1), Project preparation for the proposed Migrant Health Project (pillar 2), capacity development activities (pillar 3)



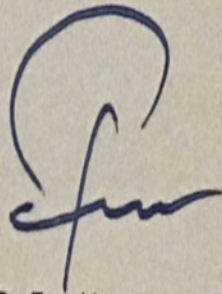
Dr. Lo Veasnakiry
Country Focal

Kingdom of
Cambodia



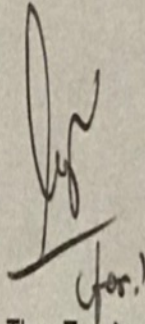
Ms. Shao Meng
Country Focal

People's Republic of
China



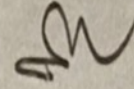
Dr. Founkham
Rattanavong
Country Focal

Lao People's
Democratic Republic



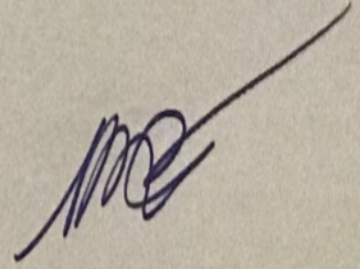
Dr. Than Tun Aung
Country Focal

Republic of the
Union of Myanmar



Dr. Suriwan
Thaiprayoon
Country Focal

Kingdom of Thailand



Ms Nguyen Thi Minh Chau
Country Focal

Socialist Republic of Viet
Nam

**Appendix 5: Panel Presentations on National Health Plans – Linkages with GMS Health Cooperation
(PRC, Lao PDR and Viet Nam)**

the Greater Mekong Subregion (GMS) Health Cooperation

Enhancing Regional Integration and Tackling health challenges Together

Ms. Shao Meng, Acting Director
Division of Asian and Pacific Affairs
DIC, NHC of PRC
2018.12.10

Overview

- Brief Overview of Regional Health Cooperation in GMS conducted by China
- National Health Plans and GMS Health Cooperation
- Proposed GMS Health Cooperation in future

Regional Health Cooperation in GMS Conducted by China

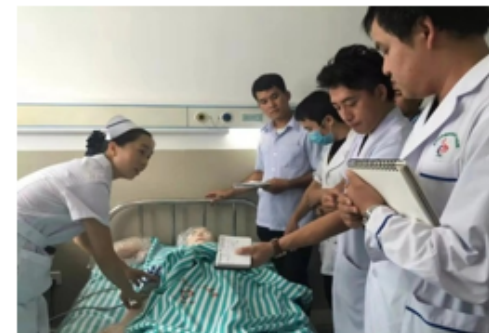
Health Security

- ❑ Joint Prevention and Control Projects on Cross Border Infectious Diseases funded by Chinese Government since 2005
 - HIV/AIDS, Malaria & Dengue, Plague
 - At border areas with Vietnam, Laos and Myanmar



Protection for Vulnerable Communities

- China-Lao integrated medical service delivering alliance program
 - Kicked off in 2014, implemented by Yunnan Province.
 - Cooperation areas:
 - Medical practitioner exchange
 - Personnel training courses
 - Hospital management forum
- Brightness Campaign in Cambodia, Laos and Myanmar: to provide free cataract surgery for the patients from vulnerable groups
- China-Cambodia Maternal and Child's Health Project



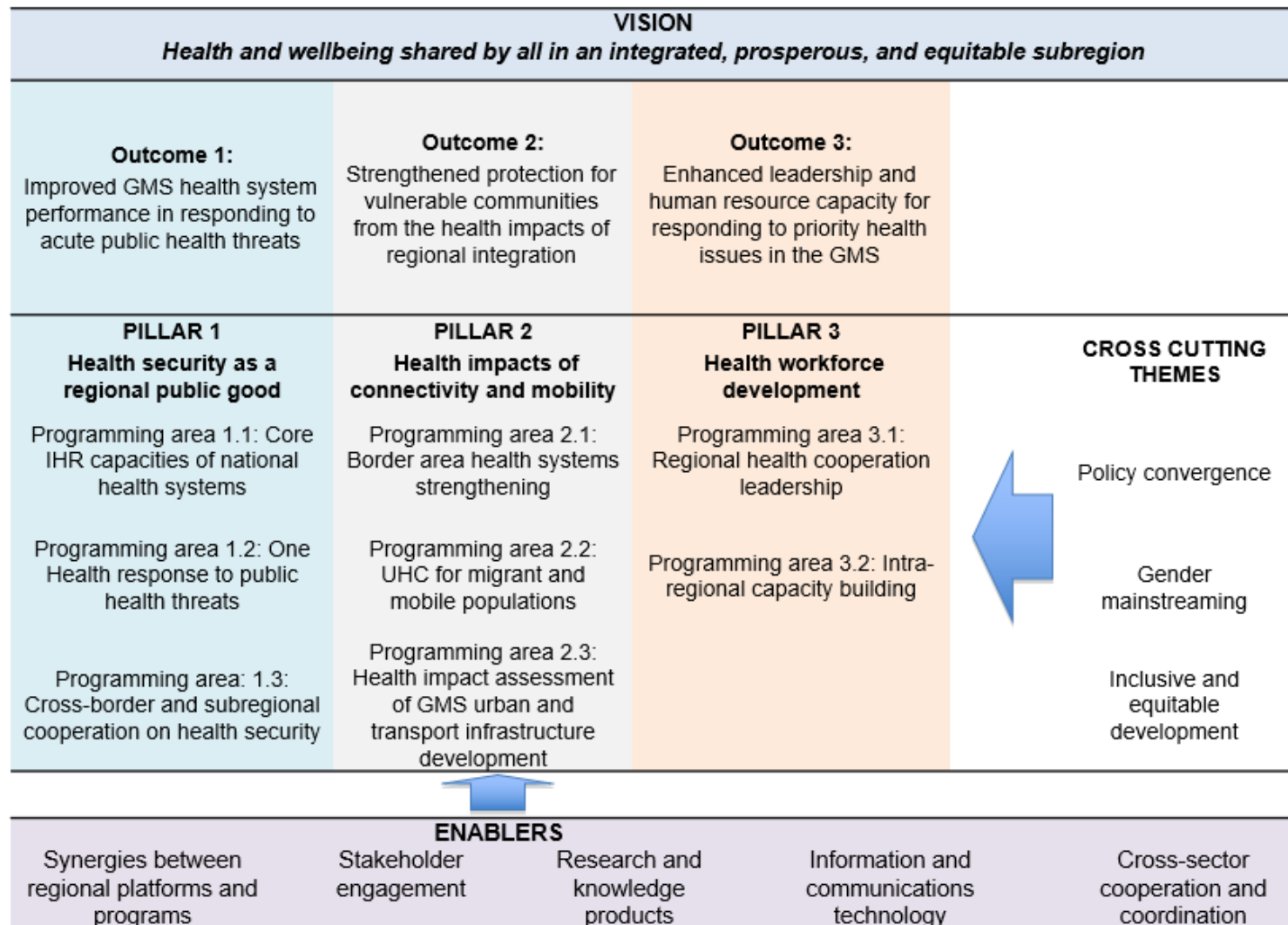
Human Resources Development

- Infectious diseases control, MCH and family planning, Traditional Chinese Medicine, nursing, hospital management, rural health
- Scholarships for medical and public health undergraduate, post graduate and doctor every year
- Short term trainings



National Health Plan (NHP) and GMS Health Cooperation

Greater Mekong Subregion Health Cooperation Strategy 2019–2023



GMS = Greater Mekong Subregion, IHR = International Health Regulations (2005), UHC = universal health coverage

PILLAR 1

In responding to acute public health threats

Strategic Framework for Prevention and Control of Infectious Diseases in China

➤ **Priority diseases**

- HIV/AIDS, TB, Schistosomiasis, HBV, Malaria, etc
- National disease control goal and program
- Strong political commitment and financial investment

➤ **EPI-targeted diseases**

- 12 infectious diseases since 2008
- Improve and maintain quality of immunization service

➤ **Other diseases**

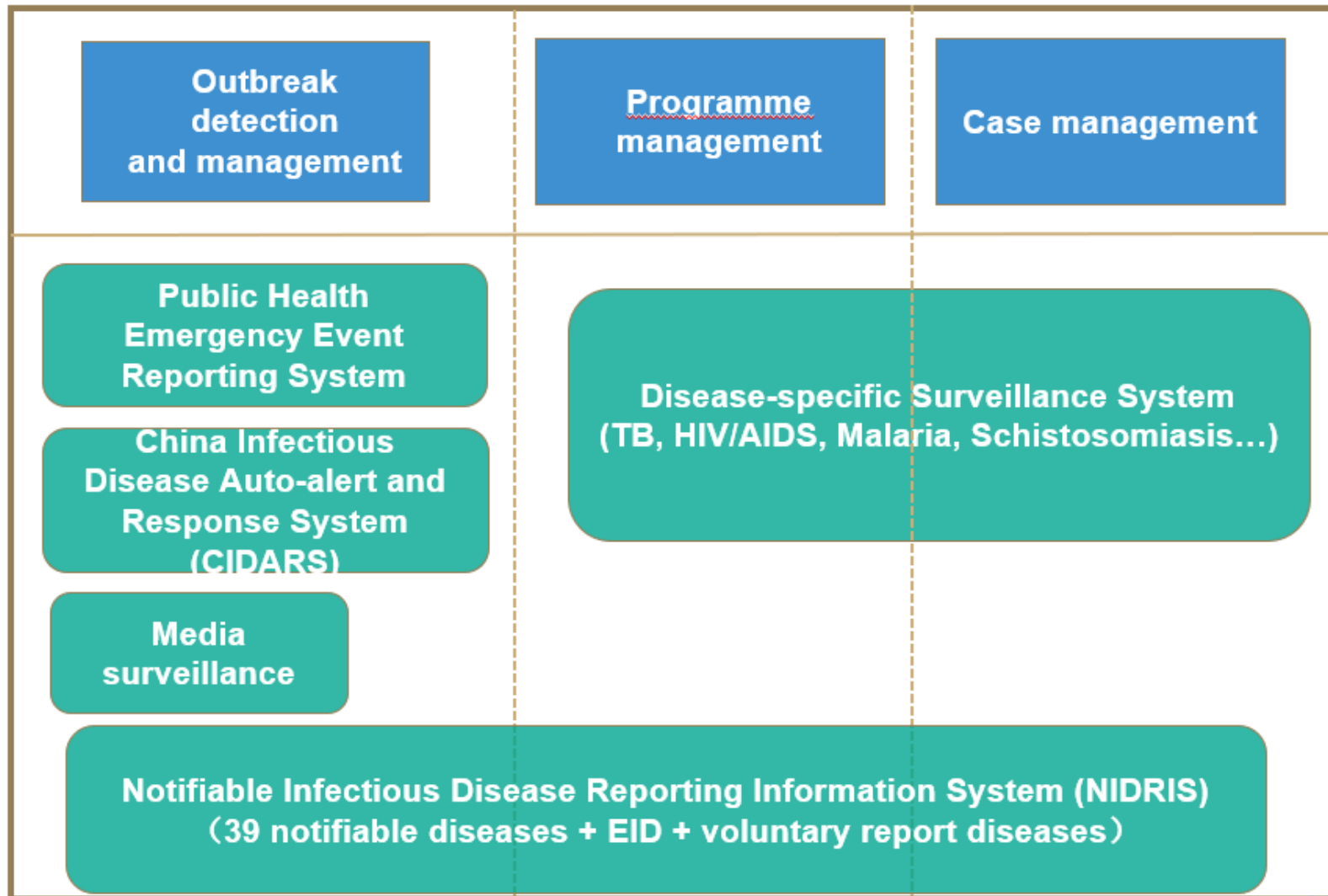
- Outbreak/epidemic detection and response
- Local program of prevention and control

➤ **Emerging diseases and unknown reason disease**

- Improve the capacity of detection, identification, investigation and control
- Enhance preparedness

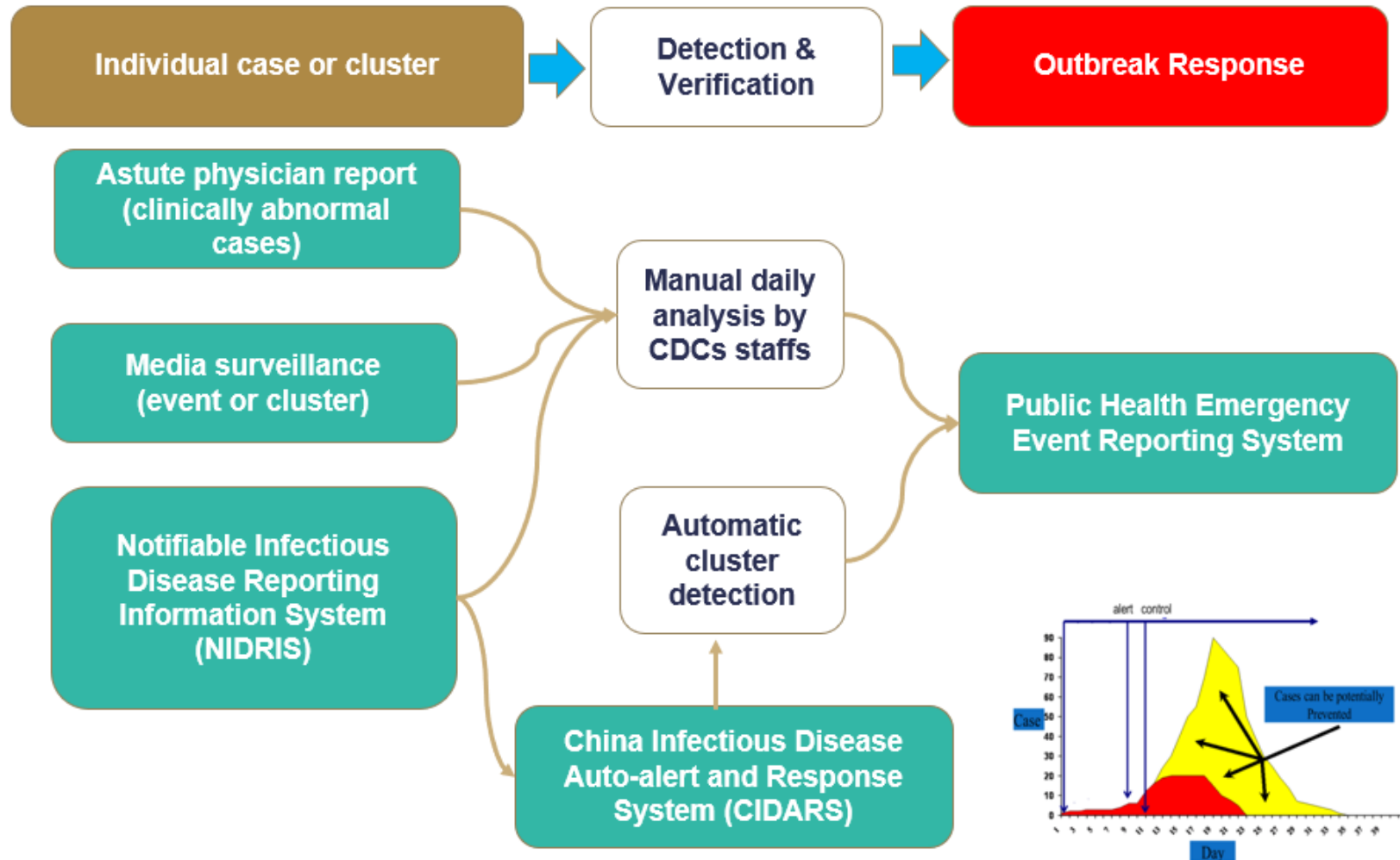
Control Measures of Infectious Disease

-Enhanced Framework of infectious diseases surveillance in China



Control Measures of Infectious Disease

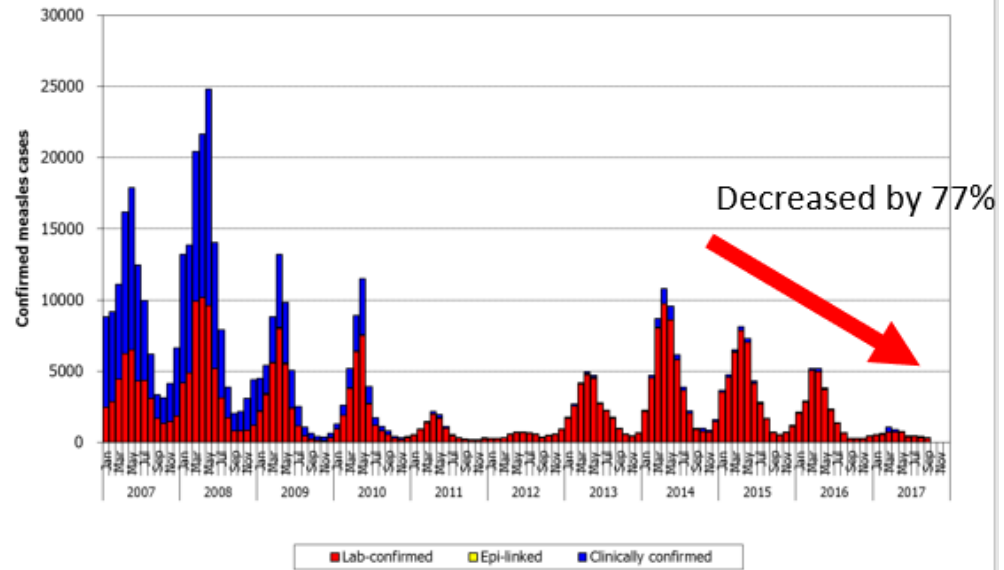
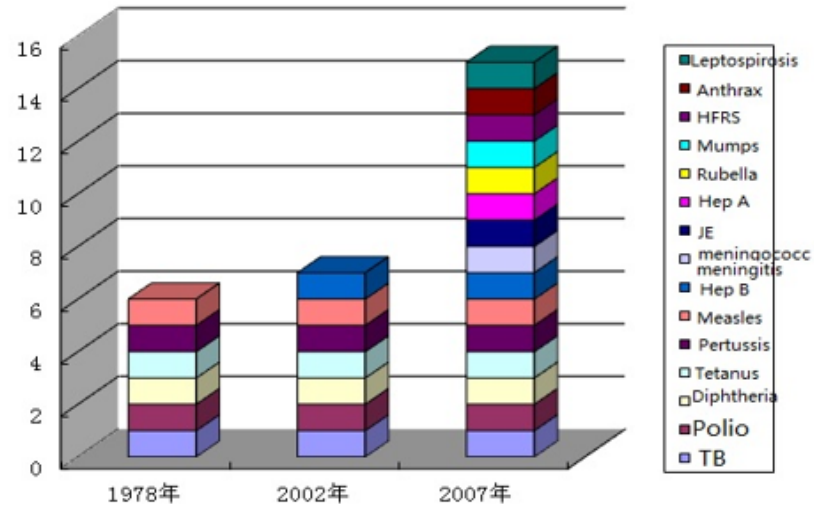
-Enhanced outbreak detection and management



Control Measures of Infectious Disease

-Vaccine Preventable Diseases Control

- National EPI program have been established
 - 5 vaccines and 7 diseases in 2002
 - 14 vaccines and 15 diseases involved since 2007
- Specific surveillance system, including AEFI, has been established



Control Measures of Infectious Disease

- EID Response and Capacity Building after SARS outbreak

- Establish and improve health emergency system
- Improve strategies for the prevention and control of acute infectious diseases and the "13th Five-Year plan"
- Establish infectious disease / public health emergency surveillance system, and promote nationwide risk assessment system
- Establish and continuously improve laboratory testing system and network
- Establish a joint muti-sector prevention and control mechanism to response to the threats of zoonosis
- Promote health education and risk communication
- Strengthen capacity building (training, drill, etc.)
- Develop international cooperation, especially regional cooperation, to enhance the ability of prevention and control in the region

Challenges of Infectious Disease Prevention and Control

- Weak foundation of laws and regulations on infectious diseases prevention
- Underestimation of burden of infectious diseases
- Communicable disease surveillance system is imperfect
 - Some important diseases or clinical syndromes (such as severe respiratory infection, bloody diarrhea, etc.) are not included in the surveillance system
 - EID surveillance and early detection mechanism is insufficient
- Infectious disease laboratory capacity is not enough to meet the demand
 - Clinical laboratory services is weak, independent clinical laboratory development lag
 - Service function of public health laboratories should be expanded
- Applied and basic research is still weak
- Face the threat of imported diseases, such as malaria

PILLAR 2

Health impacts of connectivity and mobility

China's UHC progress: services coverage

- Since 2009, devoted to equalize the national basic public health service
- Fiscal input for public health services package: 50 Yuan per capita

Basic public health services package (Free)

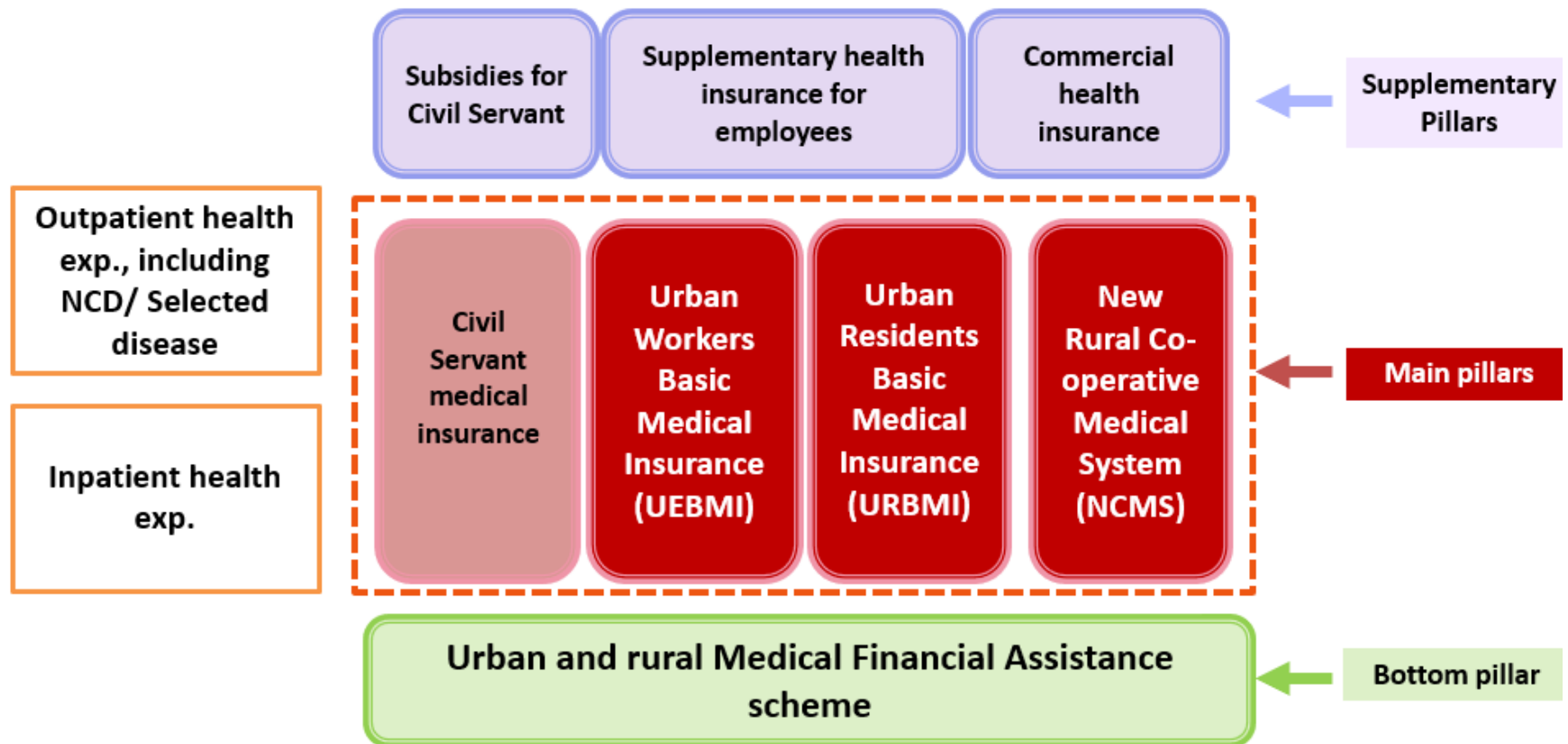
1. Health records management
2. Health education and promotion
3. immunization
4. Health management of infants and children under 6
5. Maternal care
6. Health management for the aged people
7. Health management for hypertension, diabetes
- II**
8. Health management for sever mental disorders
9. Health management for TB patient
10. Reporting and response for infectious disease and public health emergency
11. Health inspection
12. Health management with TCM

Major public health services package (Central & Local fiscal input)

- Hepatitis B vaccination for the adults
- Folic acid program for rural women
- *Cataract* surgery for the poor
- Subsidies for hospitalized delivery for rural pregnant women
- Prevention of *mother-to-child* transmission of *HIV*, *PMTCT*
- Improve drinking water and toilet
-

China's UHC progress: financial protection coverage

Multi-pillars of China's health security system



Healthy China 2030 Plan Outline

Domain	Indicators	2015	2020	2030
Health Status	Life expectancy (year)	76.34	77.3	79.0
	Infant mortality (‰)	8.1	7.5	5.0
	Under-five mortality (‰)	10.7	9.5	6.0
	Maternal mortality (1/100,000)	20.1	18.0	12.0
	People meeting the fitness standards defined in the National Physical Fitness Standards (%)	89.6 (2014)	90.6	92.2
Healthy Living	Health literacy (%)	10	20	30
	Frequent physical exercises (100 million)	3.6 (2014)	4.35	5.3
Health Services and Protection	Premature death rate from major chronic diseases (%)	19.1 (2013)	10% lower than 2015	30% lower than 2015
	Practicing or assistant physicians per 1,000	2.2	2.5	3.0
	Out-of-pocket payment as a share of total health expenditures (%)	29.3	Around 28	Around 25
Health Environment	Percentage of days with good air quality in cities at prefecture or above level (%)	76.7	> 80	Continuous improvement
	Percentage of surface waters at or above level III	66	> 70	Continuous improvement
Healthcare Industry	Total size of healthcare industry (trillion Yuan)	-	> 8	16

13th Five-Year Plan on National Migrant Population Health and Family Planning Services Management

Indicators	2015	2020	Nature
Basic Public Service			
Basic Public Health Service Coverage for targeted migrant population	86%	90%	Predictable
Health Education Coverage of migrant population	84%	95%	Predictable
Immunization coverage rate of migrant children	Over 90%	Over 90%	Binding
Prenatal examination rate of migrant pregnant women	79%	85%	Binding
Physical examination rate of migrant children under 3	70%	85%	Predictable
Basic Family Planning Service Coverage for targeted migrant population	87%	90%	Predictable
<u>Informatization</u>			
Family Planning Services Information assistant investigation response rate of trans-provincial migrant population	Over 90%	Over 90%	Binding
Registration rate of the entire migrant population in the database	Over 90%	Over 90%	Binding

Challenges of Migrant Population

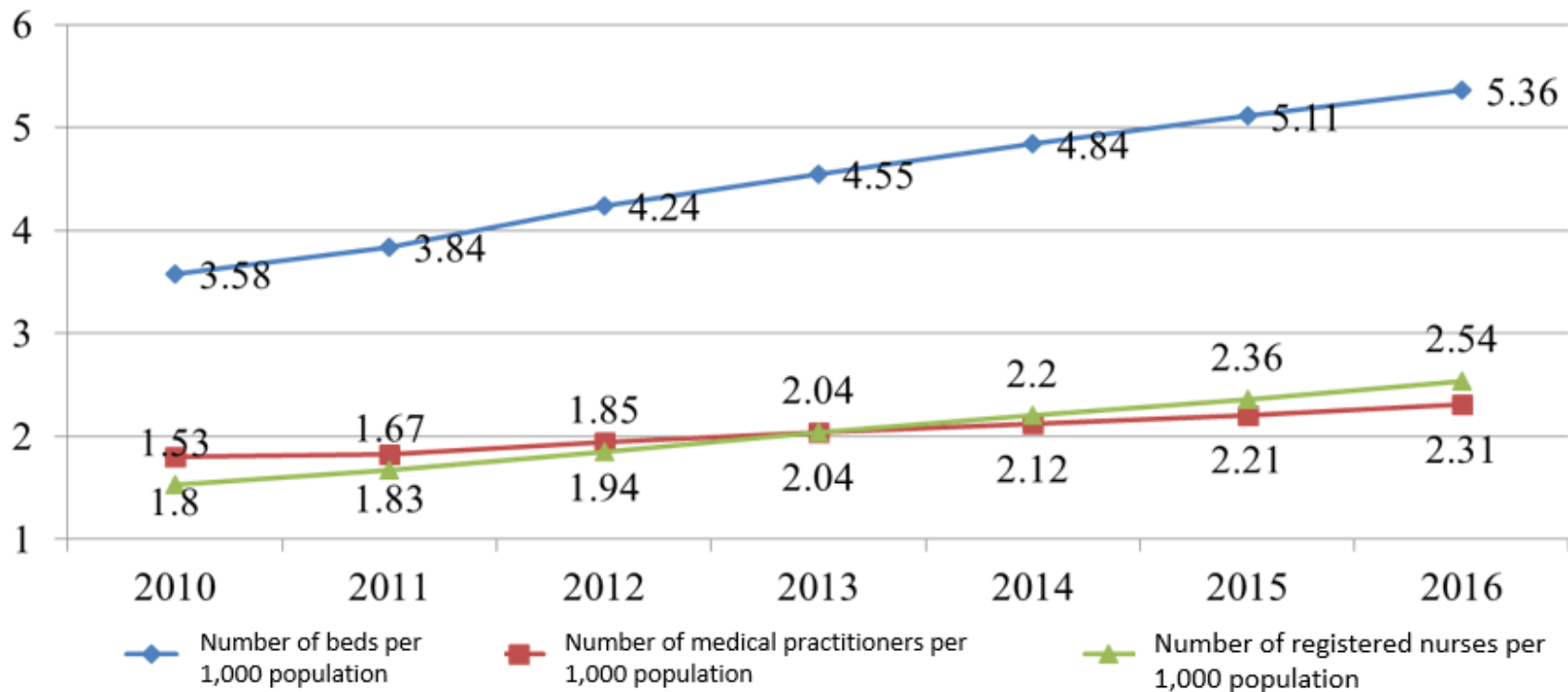
- In 2015, the total of migrant population in China is 247 million (18% of the whole population), in which 75% are moving from rural areas to cities. It is estimated that in 2020 the total of migrant population still remain over 200 million.
- Most Migrants are young adults who are more likely to lack of health literacy and awareness, and their physical and mental health issues are more likely to be ignored by the society.
- Great challenges to public health system, and increasing chances of infectious diseases transmission.
- Maternal and Child Healthcare Management and Vaccination.

PILLAR 3

Health workforce development

Health Workforce Development in China

- By 2017, the total number of Health Personnel is 11.749 million, and the number of Health Technical Personnel is 8.988 million
- 33.8% of Health Technical Personnel owned Bachelor degree or above



13th Five-Year National Health and Family Planning Health Personnel Development Plan

Main Tasks

1. **Primary care health personnel** team building
2. Demand Orientation, Strengthening **urgent and scarce health personnel** cultivation
3. Improving Literacy, strengthening **health professionals** capacity building
4. Prioritize Prevention, strengthening **Public health workers** capacity building
5. Innovation-driven, enhancing **high level and management health personnel** building
6. Serve society, enhancing **health services industry** personnel building
7. **Family Planning and TCM** health personnel development

Indicator s	Unit	2015	2020
Total quantity	thousands of people	1069.5	≥1255
Physicians & Physician Assistants	per 1,000 population	2.22	≥2.50
Registered Nurses	per 1,000 population	2.37	≥3.14
Public Health Workers	per 1,000 population	0.64	≥0.83
General Practitioners	per 10,000 population	1.38	≥2

GMS Health Cooperation in Future

GMS Health Cooperation in future

To maintain public health security, improve public health capacity, and to promote common prosperity, we expect to enhance the collaboration on:

- Continuing strengthening multilateral communication and information sharing mechanism
- Implementing main infectious disease joint prevention and control projects
- Facilitating personnel exchange, conducting result-focused training program
- Establishing multilateral health emergency response mechanism
- Filling the gaps and avoid overlap

谢谢!
Thank you!

共筑健康丝路 共享健康发展
Towards a Health Silk Road

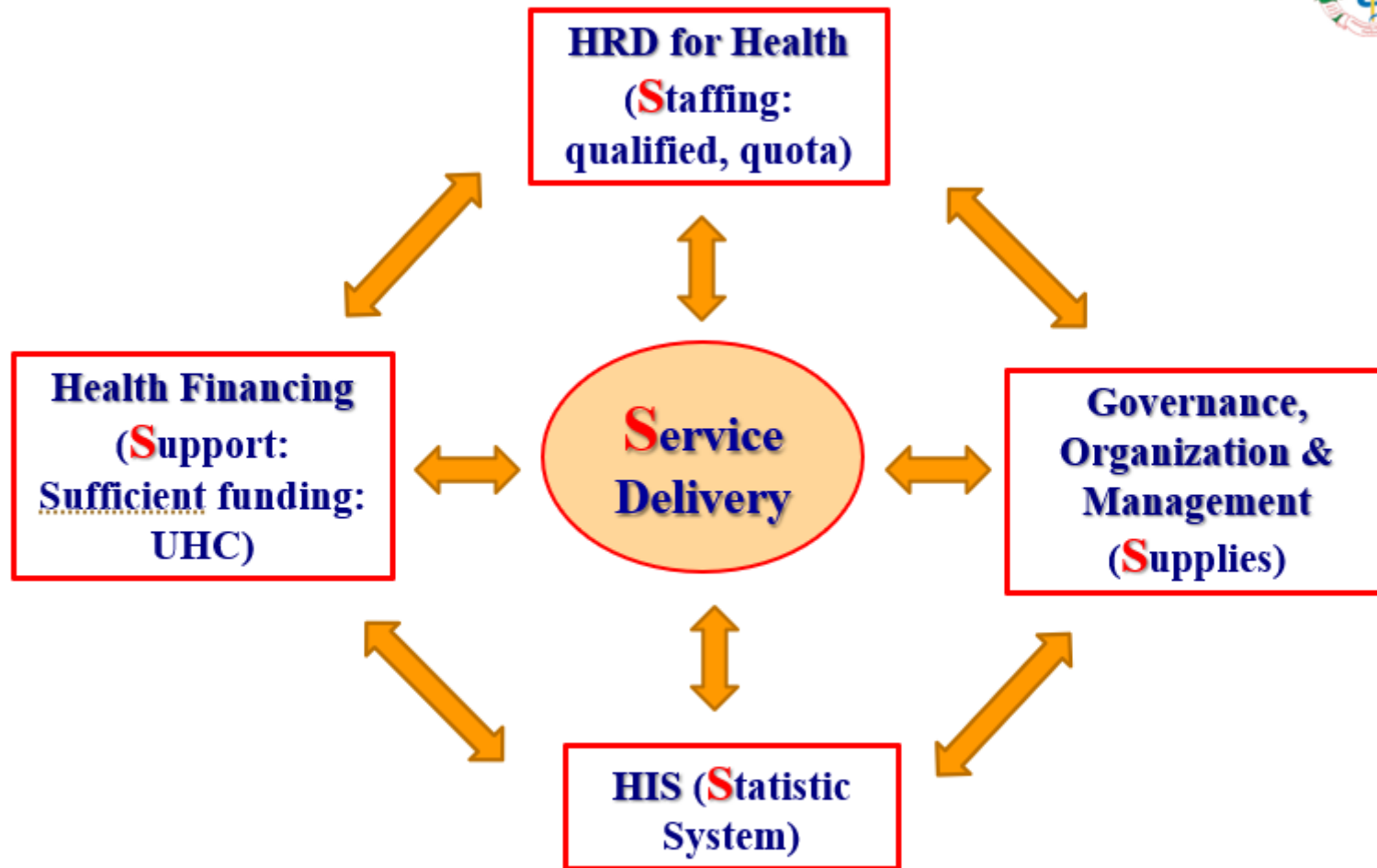
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Priority Areas for GMS Health Cooperation

Yangon, Dec., 2018



Health Sector Reform Priorities

Challenges for Regional Health Cooperation



- Open Borders, More Travel, More Migration (Shortening travel time and linkage)
- Conditions for Emergence and re-emergence of communicable diseases, including new viruses, lack of laboratory capacity, genetic engineering with limited capacity to handle emergencies
- Increasing Antibiotics Drug Resistance
- Increasing Risk Behavior due to changing income and social values and globalization

Opportunities for Regional Health Security



- Strong GMS Leadership Cooperation
- Technical & legal standards: *IHR, APSED, CDC law and border regulations*
- Improved Health Security capacity in each country:
 - *Early Warning Systems in Place*
 - *Improved Diagnostic Capacity*
 - *Improved Human Resource Development*

Health Cooperation on CDC



- Continue to improve systems for detection, assessment, response and management of communicable diseases.
- Control of disease needs to be mainstreamed within the community and within provincial health structures.
- Coordinate national human resources capacity for detection, risk assessment and response to communicable disease.
- Cross border cooperation and regional responses on communicable diseases to facilitate cooperative action on epidemics and health emergencies.

“increased system capacity to protect against diseases and public health threats through improved technical and laboratory capabilities, human resources, surveillance and emergency response”.

Potential Areas for Health Cooperation

1 Surveillance and Response

- Improving disease surveillance and response
- Improving disease reporting systems
- Improving epidemic responsiveness

2 Regional and Cross Border Cooperation

- Continue to target IHR/APSED
- Networking of country with regional health system and health services

3 CDC

- Community based CDC (from people for people & by people)
- Integrated communicable disease control: including TB, Malaria, HIV
- Infectious disease risk assessment (Environmental and social change; Industry and development issues)

Potential Areas for Health Cooperation



4 Human and animal health

5 Vector control

6 Dengue control and prevention

7 Clinical issues

- Improved communicable diseases case management
- Improved clinician training and responsiveness for CD and IPC
- Improved Health Centre capability
- Improved PHC for communicable diseases/NTDs

Potential Areas for Health Cooperation



8 Safer drugs, drugs quality, pharmaceuticals management drugs and medicines

9 Capacity development

- Continue to improve training system for skills development and individual and organisational capacity building
- ASEAN and GMS leadership on health Cooperation

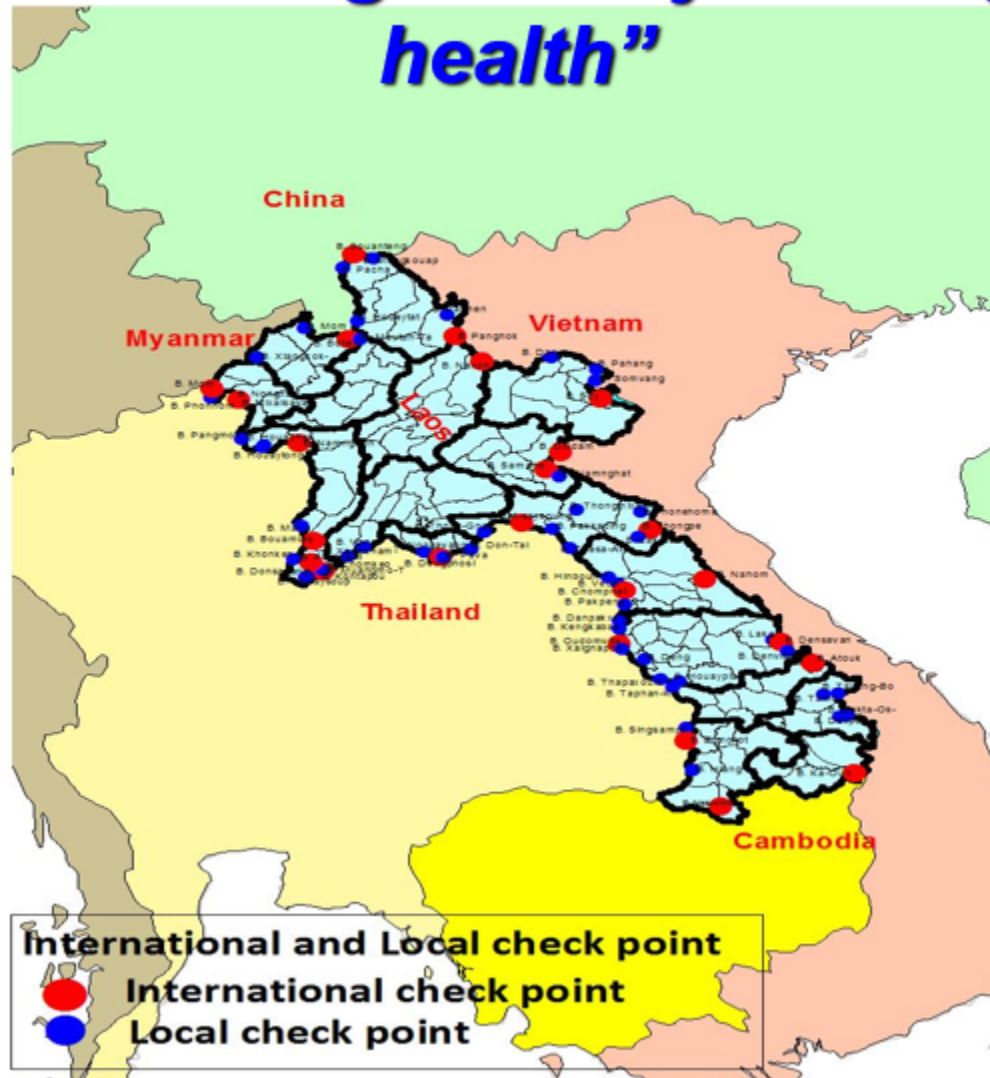
10 Migrant health and mobile populations

- Improved targeting of at risk groups
- Social research and information sharing

“By 2030, end the epidemics of AIDS, TB, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases”

***“your health is good as your neighbors’
health”***

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**Country Presentation:
National Health Plans - GMS Health
Cooperation Strategy**

Viet Nam

HARMONIZING NATIONAL HEALTH PLANS AND GMS HEALTH COOPERATION STRATEGY

	Pillar 1: Health Security as Regional Public Goods
<p>What are the priority areas in the NHP concerning regional and cross-border collaboration</p>	<ul style="list-style-type: none"> - Five Year NHP 2016-2020: CDC; Int. & reg. collaboration; - IHR/APSED Master Plan
<p>Which <u>programme</u> areas of NHP are responsible to support each strategic pillar of the GMS-Health Cooperation Strategy</p>	<ul style="list-style-type: none"> - Cross border, <u>multisectoral</u> collaboration, health quarantine, EPI - IHR/APSED (Preparedness, Surveillance, Lab, <u>Zoonoses</u>) - One Health, GHSA - GMS Health Security Project

HARMONIZING NATIONAL HEALTH PLANS AND GMS HEALTH COOPERATION STRATEGY

	Pillar 1: Health Security as Regional Public Goods
Which GMS Health Cooperation programme areas can be linked to your NHP	<ul style="list-style-type: none"> - IHR - One Health - Cross border
Which GMS Health Cooperation programming areas are not yet addressed in your NHPs	<ul style="list-style-type: none"> - None
What support can the country provide to implement the GMS Health Cooperation Strategy through its NHP	<ul style="list-style-type: none"> - Policy support - Human resource - Financial priority

HARMONIZING NATIONAL HEALTH PLANS AND GMS HEALTH COOPERATION STRATEGY

	Pillar 2: Health Impact of connectivity and mobility
What are the priority areas in the NHP concerning regional and cross-border collaboration	<ul style="list-style-type: none"> - NHP: UHC, local health development - IHR/APSED
Which <u>programme</u> areas of NHP are responsible to support each strategic pillar of the GMS-Health Cooperation Strategy	<ul style="list-style-type: none"> - Local healthcare for disadvantaged areas sector development program - GMS Health Security Project - IHR/APSED (Cap.; Lab.) - One Health, GHSA - Health Insurance coverage

HARMONIZING NATIONAL HEALTH PLANS AND GMS HEALTH COOPERATION STRATEGY

	Pillar 2: Health Impact of connectivity and mobility
Which GMS Health Cooperation programme areas can be linked to your NHP	<ul style="list-style-type: none"> - Border health system strengthening - UHC - Health Impact Assessment (HIA)
Which GMS Health Cooperation programming areas are not yet addressed in your NHPs	<ul style="list-style-type: none"> - None
What support can the country provide to implement the GMS Health Cooperation Strategy through its NHP	<ul style="list-style-type: none"> - Policy support - Human resource - Financial priority

HARMONIZING NATIONAL HEALTH PLANS AND GMS HEALTH COOPERATION STRATEGY

	Pillar 3: Health Workforce development
What are the priority areas in the NHP concerning regional and cross-border collaboration	<ul style="list-style-type: none"> - NHP: Increase int. cooperation and integration; appropriate allocation and use of human resources
Which <u>programme</u> areas of NHP are responsible to support each strategic pillar of the GMS-Health Cooperation Strategy	<ul style="list-style-type: none"> - Health Professional Education and Training Project (HPET) - Health Human Resource Development Program - NHP: enhance the quality and quantity of medical workforce, especially for remote areas - FETP

HARMONIZING NATIONAL HEALTH PLANS AND GMS HEALTH COOPERATION STRATEGY

	Pillar 3: Health Workforce development
Which GMS Health Cooperation programme areas can be linked to your NHP	<ul style="list-style-type: none"> - Regional health diplomacy and cooperation - Intra-regional capacity building (exchange, education, <u>etc</u>)
Which GMS Health Cooperation programming areas are not yet addressed in your NHPs	<ul style="list-style-type: none"> - None
What support can the country provide to implement the GMS Health Cooperation Strategy through its NHP	<ul style="list-style-type: none"> - Policy support - Human resource - Financial priority

Thank you!

Appendix 6: Development Partners' Presentations



GMS WG on Health Cooperation Meeting

10-11 December 2018
Yangon, Myanmar



WORLD ORGANISATION FOR ANIMAL HEALTH *Protecting animals, preserving our future*

OIE's priorities align with the GMS Health Cooperation Strategy

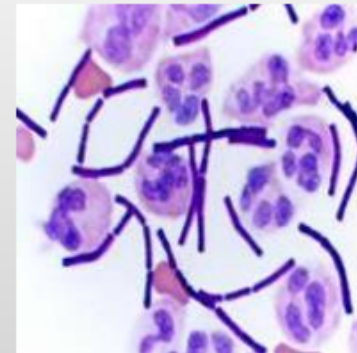
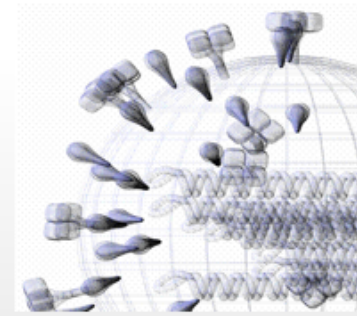
GMS Health Cooperation Programming Area	Agencies Programming Interests	Resources / Technical Assistance / Activities to support
Pillar 1: Health security as a regional public good		
Programming area 1.1: Core IHR capacities of national health systems	Strengthening National Animal Health Services	<ul style="list-style-type: none"> ● OIE PVS Pathway ✓ Evaluation/Gap Analysis missions, Veterinary Legislation Support, Sustainable laboratories, Laboratory/Veterinary Education Twinning Program, Recommendations and guidelines on Veterinary Education and Veterinary Paraprofessionals
	Collaboration between Public Health and Animal Health Services	<ul style="list-style-type: none"> ● One Health Integration - IHR-PVS National Bridging Workshop ● Support to and participation in WHO Joint External Evaluations
	Capacity building for Animal Health Services	<ul style="list-style-type: none"> ● Regional Seminars for OIE National Focal Points, ● Regional Workshops/Trainings on thematic issues or disease specific
Programming area 1.2: One Health response to public health threat	Implementation of One Health concept	<ul style="list-style-type: none"> ● Development of One Health Roadmap (FAO-OIE-WHO) ● Global/Regional Tripartite Collaboration and Coordination mechanism
	Antimicrobial Resistance	<ul style="list-style-type: none"> ● Global Action Plan and OIE AMR Strategy ✓ Awareness Raising, Surveillance and research, Good governance, International standards ✓ AMU data collection, FAO-OIE laboratory network
	Rabies	<ul style="list-style-type: none"> ● Support member countries in their efforts to achieve the Global target "Zero by 30" ● OIE Reference Centre Network ● OIE Vaccine Bank
	Influenza	<ul style="list-style-type: none"> ● OFFLU network ● OIE Reference Laboratories
	Other zoonoses	Tuberculosis, Zoonotic Parasitic diseases,
	Other TADs	African Swine Fever, Foot and Mouth Disease, <u>Peste des Petits Ruminants</u>
	Public-Private Partnership	● Guidelines for PPP in the veterinary domain (under development) and regional workshops
Programming area: 1.3: Cross-border and subregional cooperation on health security	Information sharing	WAHIS+
	International Standard Setting	<ul style="list-style-type: none"> ● OIE Code and Manuals ● SPS/STDF ● OIE Observatory
	Bilateral/Multilateral platform	<ul style="list-style-type: none"> ● OIE Regional Commission ● Regional GF-TADs, Regional Tripartite, RSOs/RSUs, SEACFMD
	Value Chain analysis	Accumulated data on animal movements, Animal quarantine services

Programming area 1.1: Core IHR capacities of national health systems

Zoonoses: One Health Concept

Importance of the zoonotic potential of animal pathogens

- 60% of human pathogens are zoonotic
- 75% of emerging diseases are zoonotic
- 80% of agents with potential bioterrorist use are zoonotic pathogens



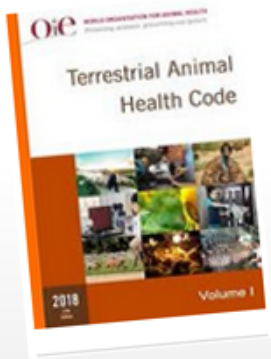
OIE PVS and WHO IHR Linkages

‘Equivalent’ systems targeting international:

animal health

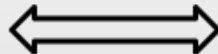
and

public health



**BOTH
TARGET
Global
Health
Security**

OIE Code



International Health Regulations (IHR)

PVS Pathway



IHR Monitoring & Evaluation Framework

PVS Evaluation



Joint External Evaluations (with PVS experts)



PVS Gap Analysis



Support to the NAPHS – planned

Performance of Veterinary Services (PVS Pathway)



OIE PVS Pathway: ASEAN members



Country	OIE PVS Evaluation	OIE PVS Gap Analysis	OIE PVS Legislation	OIE PVS Follow-up Evaluation	OIE PVS specific Follow-up	OIE Twinning Project
Brunei	Jun 2008	Jun 2013				
Cambodia	July 2007	Jan 2011	Jun 2007	May 2018		
Indonesia	May 2007	Oct 2010				(Lab twinning)
Lao PDR	Mar 2007	Jun 2012	Jan 2012	Aug 2011	Laboratory	
Malaysia	Feb 2016	Jul 2017				Lab twinning
Myanmar	Oct 2009	Dec 2010		Jan 2015	Laboratory	
Philippines	May 2008	Jul 2010	Mar 2018	Nov 2016	PVS aqua One Health PVS	
Singapore	-					
Thailand	May 2012	Jan 2014				Lab twinning VEE twinning (VSB twinning)
Vietnam	Oct 2006	Jun 2010	Aug 2009	Mar 2010		Lab twinning (VSB twinning)

One Health Integration (IHR/PVS)



IHR and PVS National Bridging Workshops

- To explore in depth overlapping areas and develop, where relevant, appropriate bridges to facilitate coordination between sectors to operationalise “One Health”
- Based on results of both PVS Pathway and IHR Monitoring and Evaluation Framework (Joint External Evaluations - JEE)

	2016	2017	2018	2019 (TBC)
IHR JEE	Bangladesh, Cambodia , Viet Nam	Laos , Maldives, Mongolia, Myanmar , Sri Lanka, Thailand , RO Korea, Indonesia, Australia, Bhutan	Japan, Singapore Philippines <u>Zew Zealand</u>	DPR Korea Nepal Brunei Malaysia PNG
IHR-PVS Bridging WS		Pakistan, Sri Lanka, Indonesia	Bhutan	Lao PDR Myanmar Philippines Bangladesh

● Regional Training Seminar for OIE National Focal Points



- Appointed by the OIE Delegate for the 8 areas
- Training seminar organized in every other year

Animal diseases notification	Animal production food safety
Wildlife	Animal welfare
Aquatic animal disease	Communication
Veterinary products	Veterinary Laboratories

● Regional Workshops for OIE Initiatives for Veterinary Education

- Day 1 Competencies
- Veterinary Education Core Curriculum



2nd OIE Regional Workshop for VEEs & VSBs, 2018, Japan



4th OIE Sub-Regional Workshop for VEEs & VSBs for ASEAN, 2014, Vietnam

Programming area 1.2: One Health response to public health threat

“Tripartite” Collaboration



- **Tripartite Concept Note (April 2010)**

Sharing responsibilities and coordinating global activities to address health risks at the animal-human-ecosystem interfaces

- **High Level Technical Meeting (Mexico October 2011)**

Identified three priority topics - zoonotic influenza, rabies and AMR – as ‘entry points’

- **Tripartite’s Commitment (October 2017)**

Providing multi-sectoral, collaborative leadership in addressing health challenges

- **MOU regarding cooperation to combat health risks at the animal-human-ecosystem interface (30 May 2018)**

Joint activities under the MOU will include:

- Supporting the Interagency Coordination Group on AMR
- **Engaging with countries to reinforce national and regional human health, animal health and food safety services**
- Improving inter-agency collaboration and joint responses to emerging, re-emerging and neglected infectious diseases
- Addressing food safety challenges requiring a multi-sector approach



Dr Tedros Adhanom Ghebreyesus (WHO)
Dr Monique Eloit (OIE)
Mr Jose Graziano da Silva (FAO)
(Paris, 30 May 2018)

“One Health” Concept



A global strategy for managing risks at the
Animal – Human - Ecosystems interface



Tripartite agreement of 3 Directors General

3 Priorities



Zoonotic influenzas

⇒ OFFLU, OIE/FAO
expertise network on
animal influenza

**Antimicrobial
resistance**

WHO Global Action Plan
FAO Action Plan
OIE Strategy

Rabies
Global control of canine
rabies

Global Target
“Zero by 30”

OIE strategy on AMR

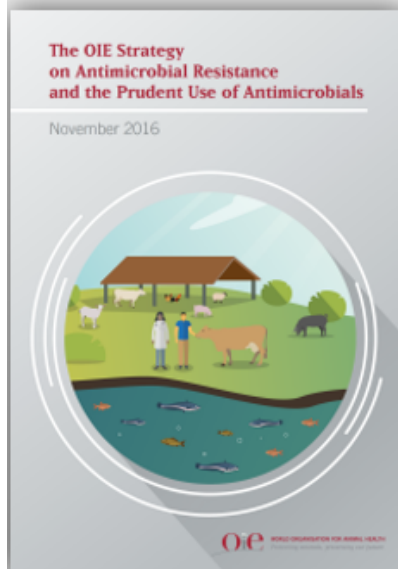
Context

- 2015 **Global Action Plan** (GAP) on AMR and the Tripartite Partnership (WHO-FAO-OIE)
- **OIE Resolutions on AMR** in 2015 & 2016



Strategy

Consolidated work programme under **4 key objectives** aligned with the GAP



Improve awareness and understanding

Strengthen knowledge through surveillance and research

Support governance and capacity building

Encourage implementation of international standards

Support the implementation of National Action Plan on AMR

- Global Database on the Antimicrobial Usage for Animals



- Workshop on Monitoring of Quantities and Usage Patterns of Antimicrobial Agents Used in Animals

- ◆ Identify the supply chain of antimicrobials
- ◆ Discuss how the relevant stakeholders can contribute in the antimicrobials data collection
- ◆ Support development of national monitoring systems for the quantities and usage patterns of antimicrobials



Philippines
2-3 Aug 2018



Lao PDR
14-15 Aug 2018



Cambodia
29-30 Aug 2018



Myanmar
3-4 Aug 2018

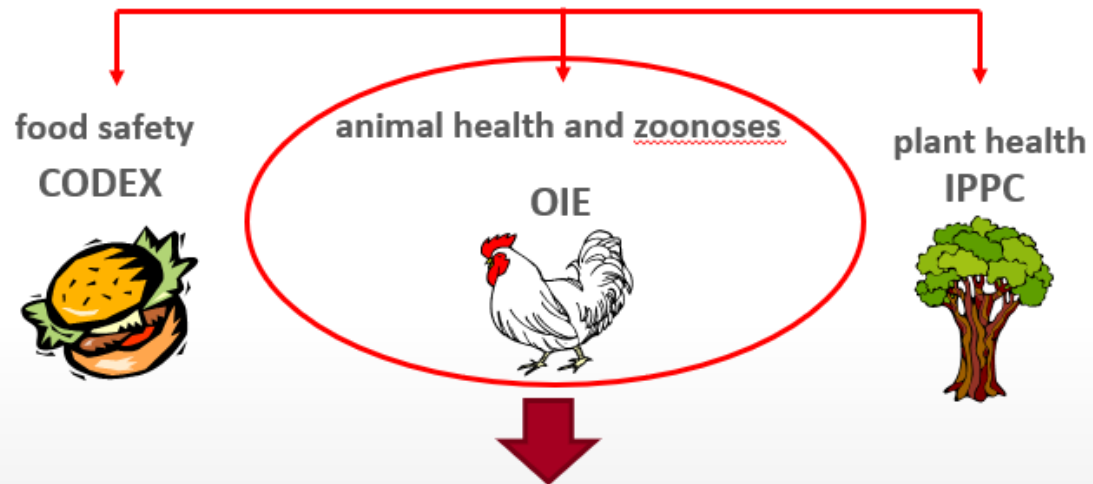
- OIE Regional Short-term Training on AMR with OIE Collaborating Centre in Japan



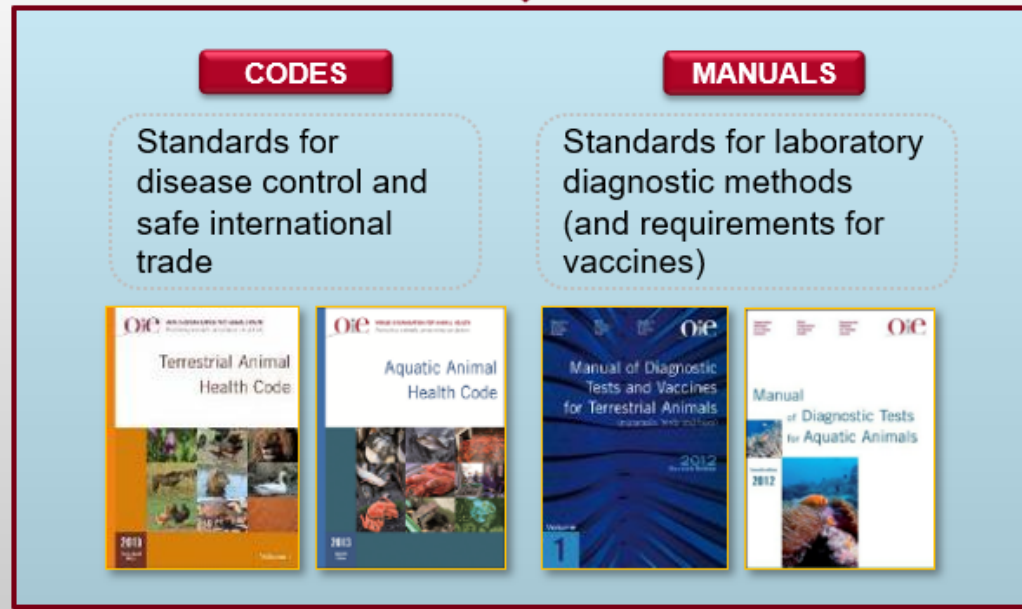
Programming area 1.3:
Cross-border and subregional cooperation on health security



International Standard-Setting Organisations



WTO SPS Agreement recognises OIE as a reference organisation for international standards on **animal health including zoonoses**



GF-TADs

Global Framework for Progressive control of Transboundary Animal Diseases

- Joint FAO/OIE initiative, launched in 2004
- The only available coordinating mechanism for promoting synergies and avoiding duplication

Regional Priority Diseases	ASEAN Southeast Asia	SAARC South Asia	SPC Pacific	East Asia
FMD	○	○	preventative activities	○
Avian influenza	○	○		○
Swine diseases	○			○
PPR		○		○
Rabies	○	○		○



Recent and Upcoming OIE events relevant to GMS

Date	Title	Place	Target
Sep 2018	Regional Workshop on Vector Borne Disease	RO Korea	Asia
Oct 2018	Regional Workshop on Neglected foodborne and zoonotic parasitic diseases in Asia (WHO-OIE-FAO)	Laos	Asia
Oct 2018	Second OIE Global Conference on AMR in Animals and Regional meeting on AMR and Asian Side Meeting	Morocco	Global
Nov 2018	2 nd Regional Workshop on VEEs and VSBs	Japan	Asia
Dec 2018	Regional Workshop on Rabies in ASEAN (WHO-OIE-FAO)	Vietnam	ASEAN
Apr 2019	8 th Asia-Pacific Workshop on Multi-sectoral Collaboration at the Animal-Human-Ecosystems Interface (WHO-OIE-FAO)	Thailand	Asia
Apr 2019	PVS Pathway Orientation Training Workshop for South East Asia (+ Timor <u>Leste</u> and PNG)	Thailand	ASEAN+
TBC	Regional Workshop on the implementation of NAP on AMR (WHO/WPRO-OIE-FAO)	TBC	East/South East Asia
Oct 2019	Sub-regional Workshop on Public-Private Partnership Initiatives		Asia
2 Sep	Regional Workshop on Implementation of OIE Standards	Japan	Asia
3-6 Sep	31 st OIE Regional Conference for Asia, Far East and Oceania		

Thank you for your attention



Name of the speaker

Oie WORLD ORGANISATION FOR ANIMAL HEALTH
Protecting animals, preserving our future

12, rue de Prony, 75017 Paris, France
www.oie.int
media@oie.int - oie@oie.int



GMS Health Cooperation Working Group

IOM Support TO HCWG Program Areas

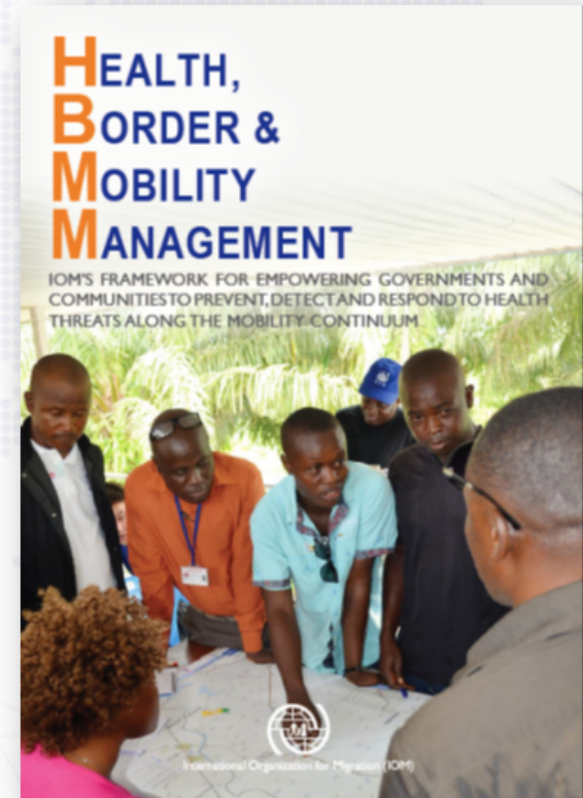




Pillar 1 – Health security as a regional public good

1.1 Core IHR capacities of national health systems

- GMS has highly porous borders with high levels of irregular movements
- Port of Entry SOPs, training, infrastructure and equipment
- Health, Border and Mobility Mapping framework



FLOW MONITORING: IN-/OUTFLOWS OF MYANMAR NATIONALS TO AND FROM THAILAND



OVERVIEW | NOVEMBER 2018

152,134

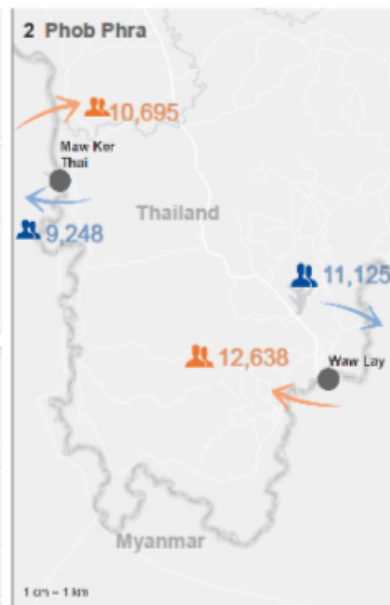
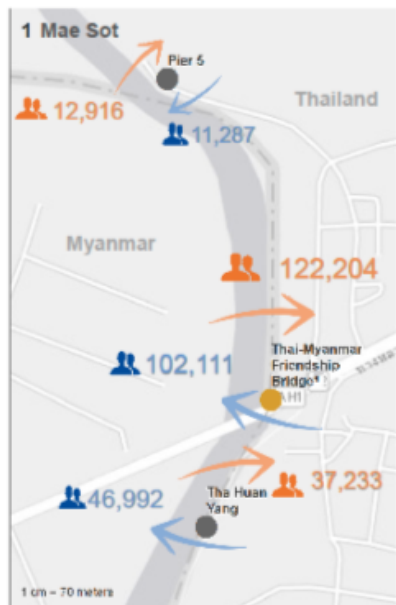
Overall movements tracked by IOM Flow Monitoring Points (FMPs) of Myanmar nationals between Thailand and Myanmar in Mae Sot and Phob Phra districts during November 2018

Cross Border Movement Border Crossing Points

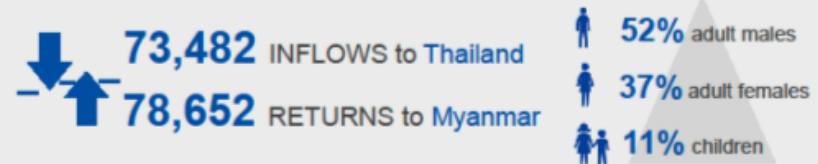
- Border Crossing Point**
- Official (Yellow circle)
 - Unofficial (Grey circle)
- Inflow
 Outflow

Data source: Government of Thailand (138) & IOM (139), IOM Operational

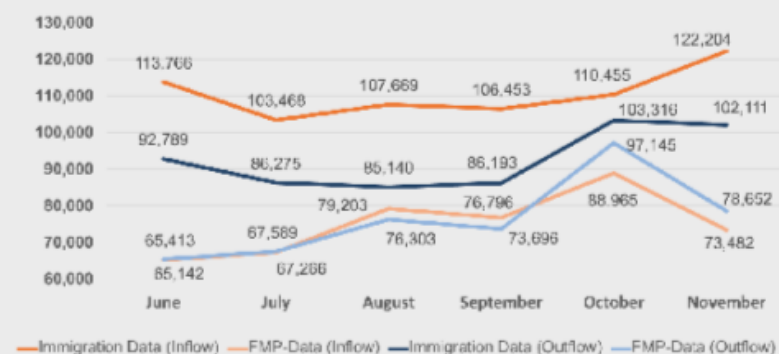
The maps for border crossing points and border areas on these maps do not imply a view and neither is it necessarily IOM.



The total number of movements at the 4 DTM Flow Monitoring Points (FMPs) consist of:



Monthly Trend of In-/and Outflows



*The data of the official crossing point (Friendship Bridge) was provided by the Immigration Bureau of Thailand in Tak Province

1.2 One Health response to public health threats

- An IOM review of pandemic preparedness plans including GMS countries found that only 1 GMS country included migrants in their PPP



Missing: Where Are the Migrants in Pandemic Influenza Preparedness Plans?

KOLITHA WICKRAMAGE, LAWRENCE O. GOSTIN, ERIC FRIEDMAN, PHUSIT PRAKONGSAI, RAPEEPONG SUPHANCHAIMAT, CHARLES HUI, PATRICK DUIGAN, ELIANA BARRAGAN, AND DAVID R. HARPER

Background

Influenza pandemics are perennial global health security threats, with novel and seasonal influenza affecting a large proportion of the world's population, causing enormous economic and social destruction. Novel viruses such as influenza A(H₂N₉) continue to emerge, posing zoonotic and potential pandemic threats.¹ Many countries have developed pandemic influenza preparedness plans (PIPPs) aimed at guiding actions and investments to respond to such outbreak events.²

Migrant and mobile population groups—such as migrant workers, cross-border frontier workers, refugees, asylum seekers, and other non-citizen categories residing within national boundaries—may be disproportionately affected in the event of health emergencies, with irregular/undocumented migrants experiencing even greater vulnerabilities. Because of a combination of political, sociocultural, economic, and legal barriers, many migrants have limited access to and awareness of health and welfare services, as well

TABLE 1. Analysis of PIPPs from 21 low- to middle-income countries in the Asia-Pacific region

Country and publication date of PIPP	WHO region*	Migrant and mobile population groups defined within PIPP?	Border control measures?***	Cross-border animal health measures?****
Bangladesh (2009)	SEAR	No	Yes	No
Bhutan (2011)	SEAR	No	Yes	No
Cambodia (2006)	WPR	No	Yes	Yes
China (2006)	WPR	No	No	No
Cook Islands (2007)	WPR	No	Yes	No
Fiji (2006)	WPR	No	Yes	No
India (2009)	SEAR	No	Yes	No
Indonesia (2006)	SEAR	No	Yes	No
Laos (2006)	WPR	No	Yes	No
Maldives (2009)	SEAR	Yes	Yes	No
Mongolia (2007)	WPR	No	No	Yes
Myanmar (2006)	SEAR	No	Yes	No
Nepal (2005)	WPR	No	Yes	No
Palau (2005)	WPR	No	Yes	No
Papua New Guinea (2006)	WPR	Yes	Yes	Yes
Philippines (2005)	WPR	No	No	Yes
Sri Lanka (2012)	SEAR	No	Yes	No
Thailand (2013)	SEAR	Yes	Yes	Yes
Timor Leste (2006)	SEAR	No	Yes	No
Tonga (2006)	WPR	No	Yes	No
Vietnam (2011)	WPR	No	Yes	Yes

1.2 One Health response to public health threats

Support to Program Areas

- Review current plans for managing mobility aspects of PHEIC
- Mainstreaming migrant inclusion in one health planning and approaches
- Mobility pathways and linkages need to be assessed and preparedness plans made prior to any outbreak
- Technical Assistance for humanitarian border management and mobility

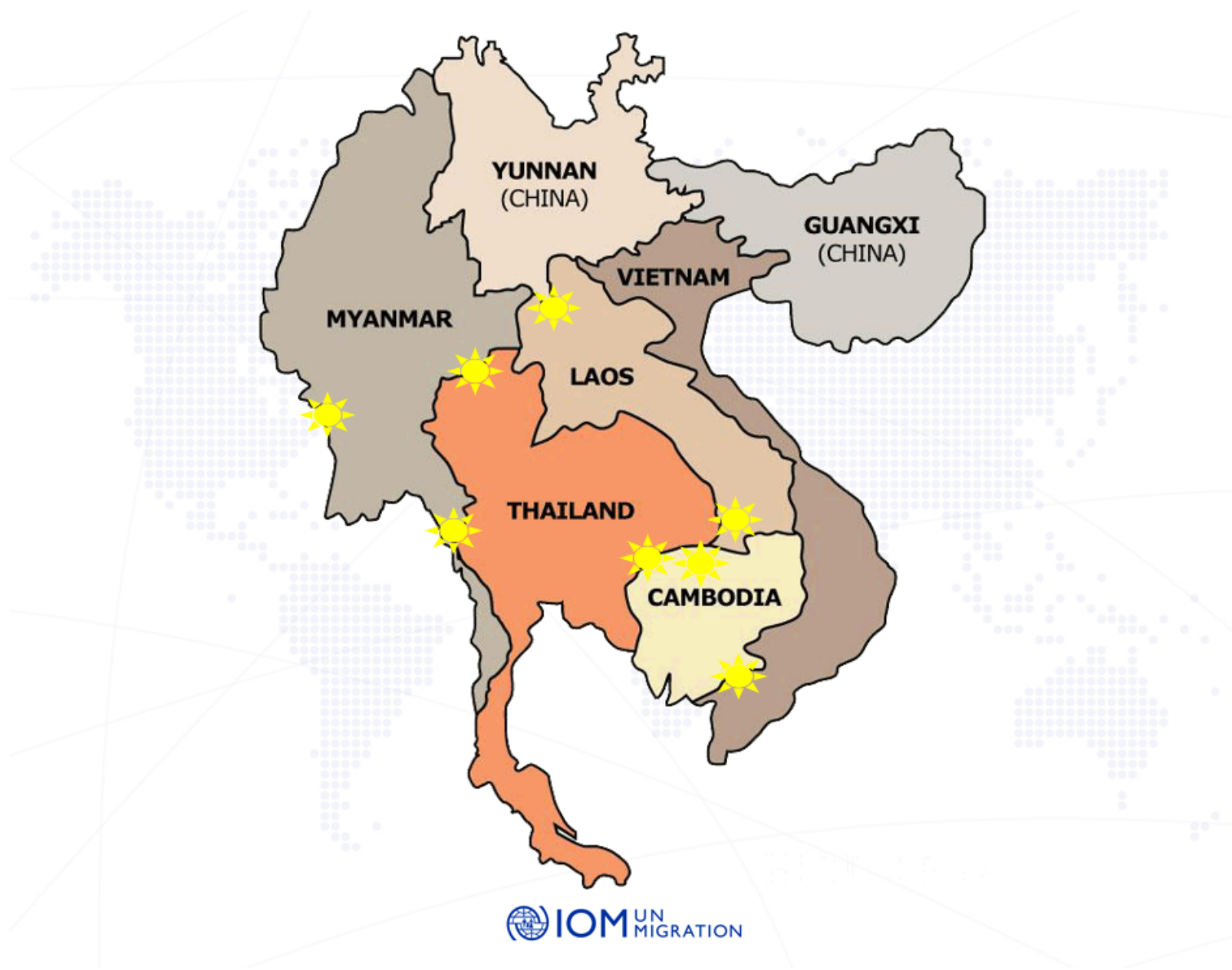


Pillar 2 – Health impacts of connectivity and mobility

2.1: Border area health systems strengthening

Recent/Current/Planned IOM Activities

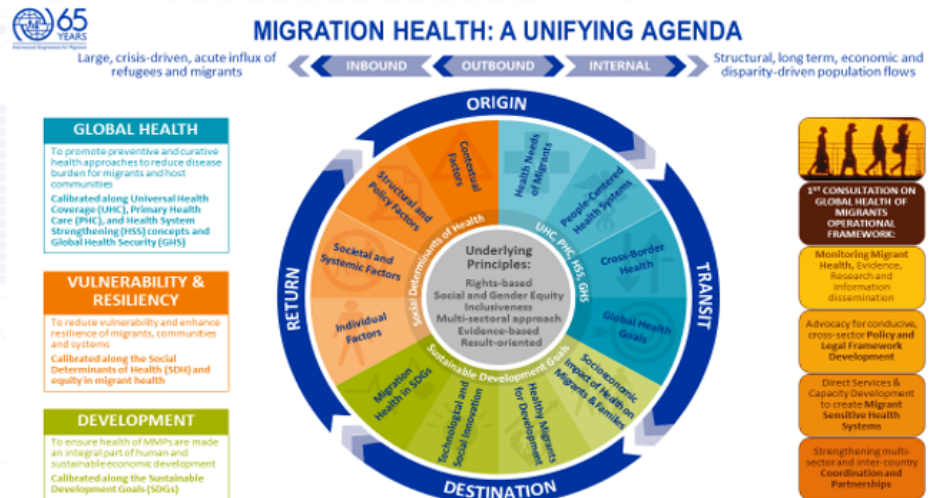
- **CAM:**
 - active case finding for TB in Poipet – 2019-2021;
 - malaria among MMPs in worksites and border areas 2016-2018
- **LAO:**
 - situational analysis of migrant health in construction of Boten-Vientiane railway – 2018;
 - MMPs in worksites and border areas 2016-2018
- **MYM:**
 - HIV, TB, Malaria in South East Myanmar including support to EHO; 2008-2020
 - State Level Health System Strengthening in Rakhine State – 2016-2020
- **THA:**
 - Systematic TB Screening among refugee camps in Thai-Mym border; Community Based Malaria Outreach and Education 2019-2020
- **VNM:**
 - Operational Research on TB services in border areas - 2019



2.2: UHC for migrant and mobile populations

Migrant Health

- Monitoring Migrant Health
- Policy and Legal Frameworks
- Migrant Friendly Health Systems
- Networks, Partnerships and Multisectoral Engagement
- Health financing for migrants



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POPULATION MOBILITY AND MALARIA



Review of International, Regional and National Policies and Legal Frameworks that Promote Migrants and Mobile Populations' Access to Health and Malaria Services in the Greater Mekong Subregion (Cambodia, Lao People's Democratic Republic, Myanmar, Thailand and Viet Nam)

POPULATION MOBILITY AND MALARIA



























Review of International, Regional and National Policies and Legal Frameworks that Promote Migrants and Mobile Populations' Access to Health and Malaria Services in the Greater Mekong Subregion (Cambodia, Lao People's Democratic Republic, Myanmar, Thailand and Viet Nam)



Review of International, Regional and National Policies and Legal Frameworks that Promote Migrants and Mobile Populations' Access to Health and Malaria Services in the Greater Mekong Subregion

Memorandum of Understanding between GMS countries on labour, trafficking and health

	YEAR	CAMBODIA	LAO PDR	MYANMAR	THAILAND	VIET NAM
Labour Co-operation	2002					
Cooperation in the Employment of Workers	2003					
Cooperation in the Employment of Workers	2003					
Cooperation against Trafficking in Persons in the GMS	2004					
Cooperation to Combat Trafficking in Persons, especially Women and Children	2005					
Cooperation in Preventing and Combating Trafficking in Persons and Protection of Victims of Trafficking	2010					
Joint Action to Reduce HIV Vulnerability Related to Population Movement	2011					
Health Cooperation	2013					
Trilateral Cooperation for Health: Burma, Thailand and United States Cross-Border Partnership	2013					

Social Protection and Labour Laws and Policies enabling migrants access to health services

HEALTH CHECKS & PRE-DEPARTURE ORIENTATION

	CAMBODIA	LAO PDR	MYANMAR	THAILAND	VIET NAM
Outbound migrants	<ul style="list-style-type: none"> • Sub-decree 190; 2011 • Prakas No.046/13; 2013 • Prakas No.251; 2013 	✘	<ul style="list-style-type: none"> • Law on Overseas Employment; 1999 	Main country of destination N/A	✘
	↓ Information for migrants on employment rights, access to health and OHS		↓ Migrants shall undergo medical assessments		

SOCIAL SECURITY & OCCUPATIONAL HEALTH & SAFETY

	CAMBODIA	LAO PDR	MYANMAR	THAILAND	VIET NAM
Inbound migrants (regular)	<ul style="list-style-type: none"> • Labour Law; 1997 	<ul style="list-style-type: none"> • Labour Law; 2013 • Social Security Law*; 2013 	✘	<ul style="list-style-type: none"> • Labour Protection Act; 1998 • Workmen's Compensation Act; 1994 	<ul style="list-style-type: none"> • Decree on Labour Contract; 2013
Internal migrants	<ul style="list-style-type: none"> • Labour Law; 1997 	<ul style="list-style-type: none"> • Labour Law; 2013 • Social Security Law; 2013 	<ul style="list-style-type: none"> • National Health Plan 2011- 2016 	<ul style="list-style-type: none"> • Labour Protection Act; 1998 • Workmen's Compensation Act; 1994 	<ul style="list-style-type: none"> • Decree on Labour Contract; 2013

Gaps on Social and Labour Laws and Policies



- ✓ Need for adequate policy regarding **pre-departure training** for migrants



- ✓ Social protection legislation and policies **exclude undocumented migrants**



- ✓ Inadequate implementation of laws regarding **provision of healthcare** for migrant workers



- ✓ **Limited occupational health and safety** regulations

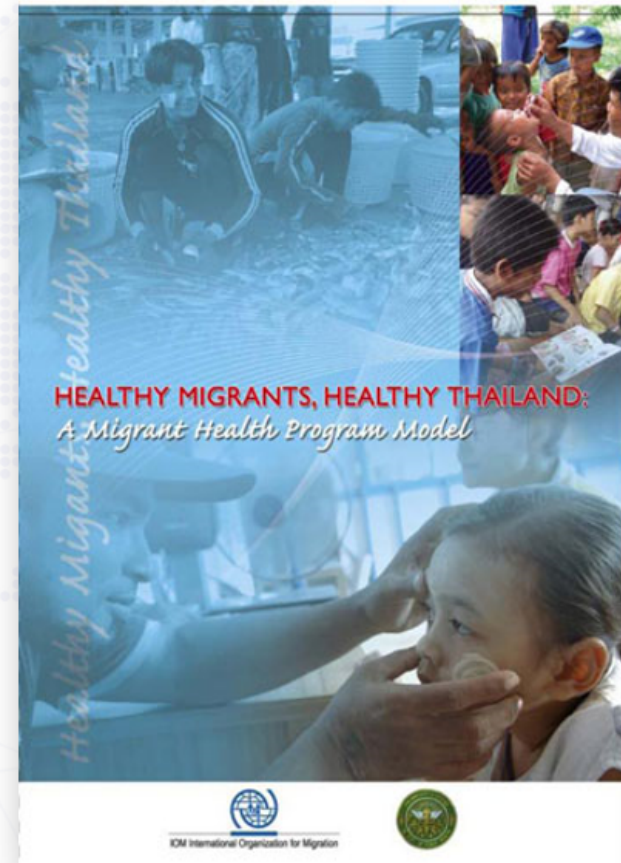


- ✓ **Low ratification** of relevant international conventions

2.2: UHC for migrant and mobile populations

Migrant Health Operational Frameworks

- Monitoring Migrant Health
- Policy and Legal Frameworks
- Migrant Friendly Health Systems
- Networks, Partnerships and Multisectoral Engagement
- Health financing for migrants



IOM-WHO-MOPH Thailand Migrant Health Programme



Tak and Chiang Rai Province (Sep 2002 - 2006) USAID

Mae Fah Luang District of Chiang Rai Province (Mar 2004 - 2007) EU

Ranong and Samutsakorn Provinces of Thailand (Sep 2005 - 2008) UNTFHS of the Japanese Government

Ranong, Phang Nga & Phuket Provinces (Mar 2005 – Jun 2006) WHO, Irish Government & OCHA

Migration for the benefit of all...

Migrant Health Project Design

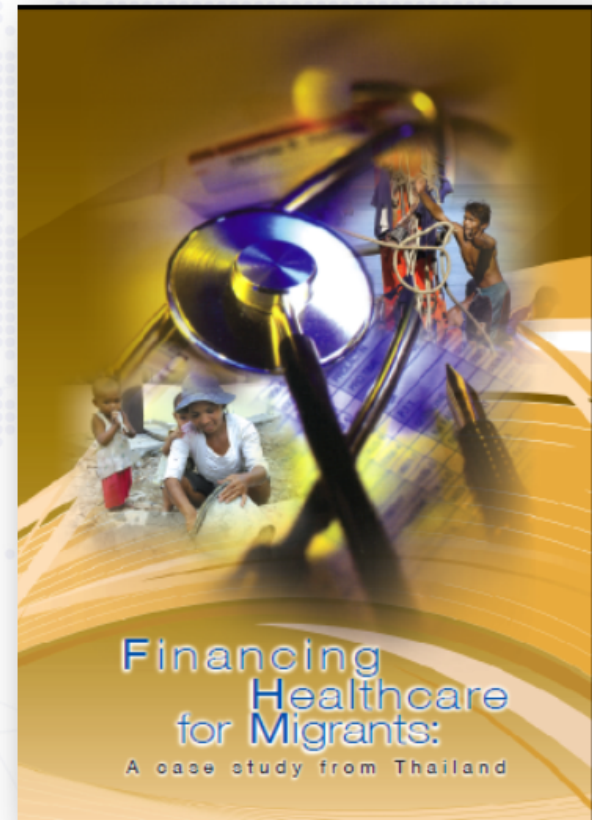


Migration for the benefit of all...

2.2: UHC for migrant and mobile populations

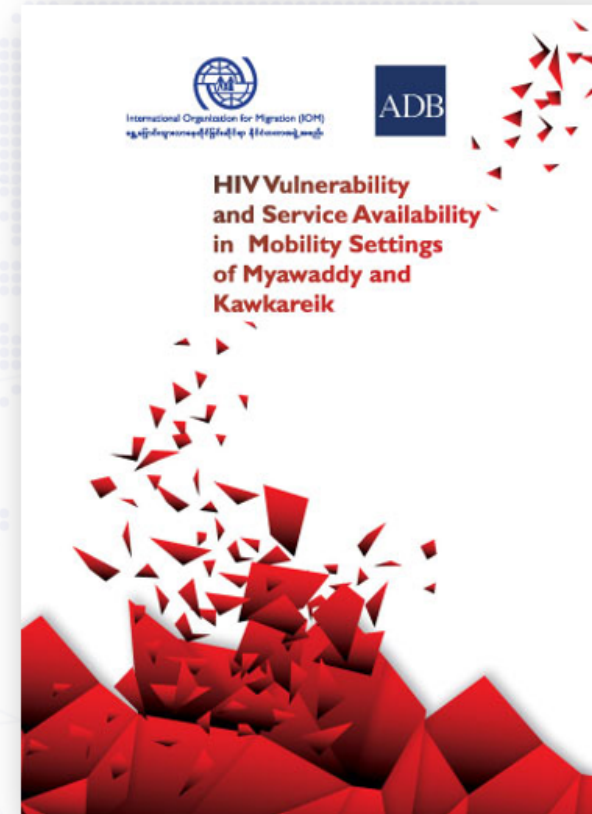
Migrant Health Operational Frameworks

- Monitoring Migrant Health
- Policy and Legal Frameworks
- Migrant Friendly Health Systems
- Networks, Partnerships and Multisectoral Engagement
- Health financing for migrants



2.3: Health impact assessment of GMS urban and transport infrastructure development

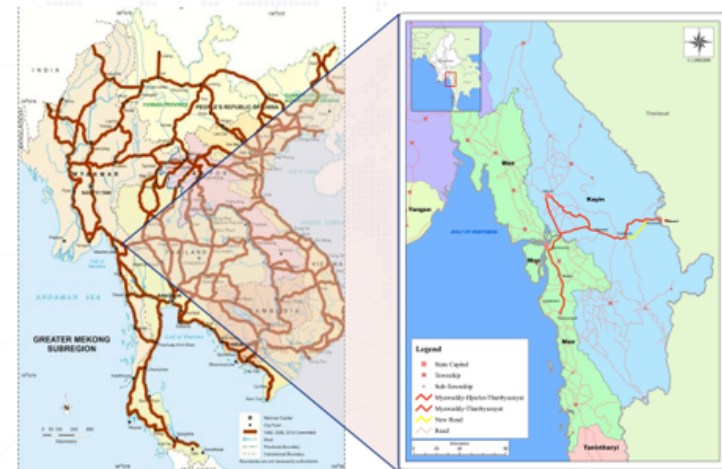
- **MYM:** HIV Vulnerability and Service Availability in Mobility Settings of East West Economic Corridor
- **Laos:** Migrant Health Situational Analysis on Boten-Vientiane Railway
- **GMS:** “For Life With Love” Toolkit for addressing HIV and Mobility in transport and construction projects



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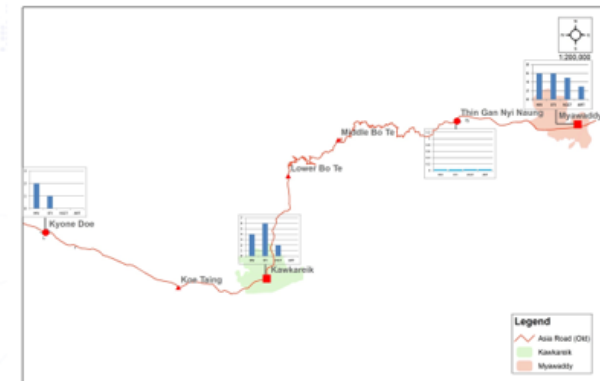
Monitoring Migrant Health



2.3: Health impact assessment of GMS urban and transport infrastructure development

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Health Facilities Mapping of Myawaddy and Kawkaeik



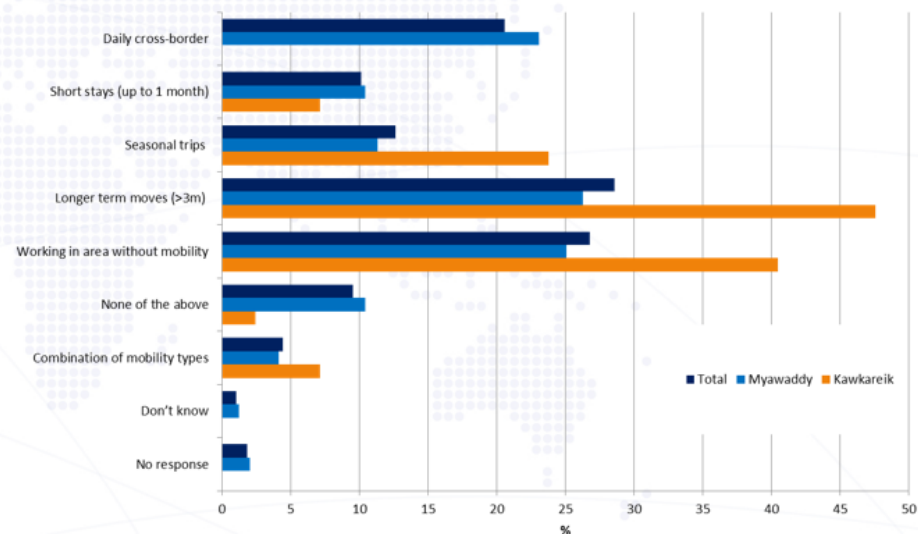
Condom Availability Distribution Map (Myawaddy)



2.3: Health impact assessment of GMS urban and transport infrastructure development

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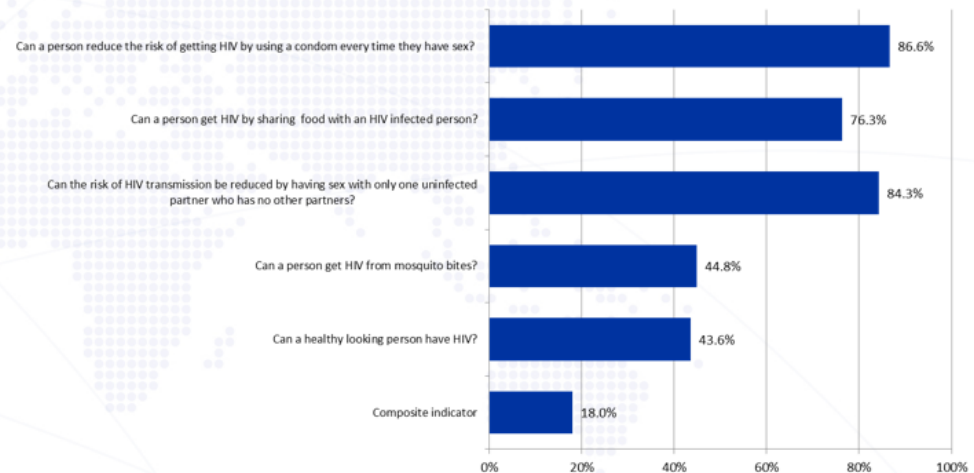
• Migrant Profiles



2.3: Health impact assessment of GMS urban and transport infrastructure development

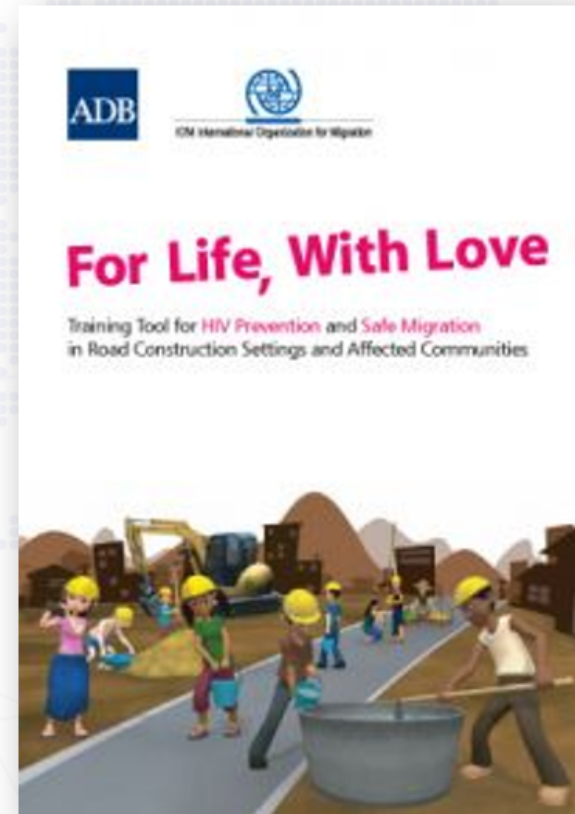
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- HIV knowledge



2.3: Health impact assessment of GMS urban and transport infrastructure development

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Let's reduce HIV vulnerability together.
We care about you - you should care about yourself!

ForLife, WithLove



Jim - "People think I'm flirtatious and fun-loving, but I'm always very careful. I've heard health workers talk about using condoms to protect oneself from HIV and other STIs. I carry condoms with me. It should not be a big deal - I can always give them to my friends if they need them. It's better to protect yourself now, before it's too late."

Thom - "I love my husband very much and have never thought of cheating on him, not even once. We never used condoms when we had sex. I thought it would be all right as we are a married couple. But I contracted HIV from my husband. If I could tell anyone right now, I would tell them to always use condoms when having sex, even with your own husband."

Dieo - "I'm determined to get a job in the city to earn some money for my family, so everyone in my family will have a better life. I have a boyfriend like other people, but we have not yet had sex. I have never had sex with anyone. I've been waiting for the right time when we are both ready to take responsibility."

Tom - "I never thought it would happen to me, because I know a lot about HIV and give other people advice about it. I did not realize that just one mistake can lead to HIV infection. But I was drunk and didn't know what I was doing. From now on, I have to take good care of myself and help others not to make the same mistake."

Misty Jo - "I'm in a difficult situation because I got pregnant before I was ready to have a child. I admit that I didn't think about using condoms. I just knew that condoms could prevent HIV and HIV didn't concern us. I didn't think about condoms also stopping an unwanted pregnancy."

Joy - "When I fell down, I thought I had nothing left, and my friends told me to try injecting drugs. I thought I would like to try it. I knew it would be OK, that I wouldn't catch HIV, if I used a new needle. I didn't know that sharing injecting equipment with other people could also lead to HIV infection. Luckily Tom arrived in time to stop me. Now I know that drugs don't solve anything."

**ForLife,
WithLove**

Animated cartoon about HIV and safe mobility produced with inputs from migrants



Pillar 3 – Health Workforce Development

3.1: Regional health cooperation leadership

Existing Regional Health Cooperation Mechanisms

- JUNIMA
- ASEAN
- RAI2E (malaria) \$243m: 2018-2020
- TB RCM - \$10m: 2019-2021
- MBDS
- CSO Networks
- HCWG
-

Recommendations

- Ensure coordination with existing mechanisms rather than establishing new ones
- Support development of national migration health units to coordinate the coordination (as recommended by 2nd Global Consultation, WHA, WHO GAP)

3.2: Intra-regional capacity building

IOM Support to Migrant Health Coordination and Policy Development

CAM – situational analysis on migrant health; national consultation; policy development 2017-2019

MYM – establishment of migrant health desk in IRD, coordination framework endorsed 2016-2018, need for policy development

THA – 2017-2019 planning for national stakeholder consultation on migrant health with HSRI, MOPH

VNM – national situational analysis planned in 2019

Proposed activities

- Support to establishing national migration health coordination structures
- Support to national and regional migration health policy development (including cross-regional collaboration)
- GMS Curriculum – orientation on Migrant Health for health officials
- Training of immigration and border officials in key migrant health concepts
- Standardization of pre-departure health screening and orientation; migrant health access insurance



MIGRATION HEALTH: A UNIFYING AGENDA

Large, crisis-driven, acute influx of refugees and migrants

INBOUND

OUTBOUND

INTERNAL

Structural, long term, economic and disparity-driven population flows

GLOBAL HEALTH

To promote preventive and curative health approaches to reduce disease burden for migrants and host communities

Calibrated along Universal Health Coverage (UHC), Primary Health Care (PHC), and Health System Strengthening (HSS) concepts and Global Health Security (GHS)

VULNERABILITY & RESILIENCY

To reduce vulnerability and enhance resilience of migrants, communities and systems

Calibrated along the Social Determinants of Health (SDH) and equity in migrant health

DEVELOPMENT

To ensure health of MIMPs are made an integral part of human and sustainable economic development

Calibrated along the Sustainable Development Goals (SDGs)



1ST CONSULTATION ON GLOBAL HEALTH OF MIGRANTS OPERATIONAL FRAMEWORK:

Monitoring Migrant Health, Evidence, Research and information dissemination

Advocacy for conducive, cross-sector Policy and Legal Framework Development

Direct Services & Capacity Development to create Migrant Sensitive Health Systems

Strengthening multi-sector and inter-country Coordination and Partnerships

H1 Migration Health Assessment & Travel Health Assistance



- for various categories of **migrants**, including resettling refugees, immigrants, temporary migrants, labour migrants and displaced persons, either before departure or upon arrival

H2 Health Promotion & Assistance for Migrants

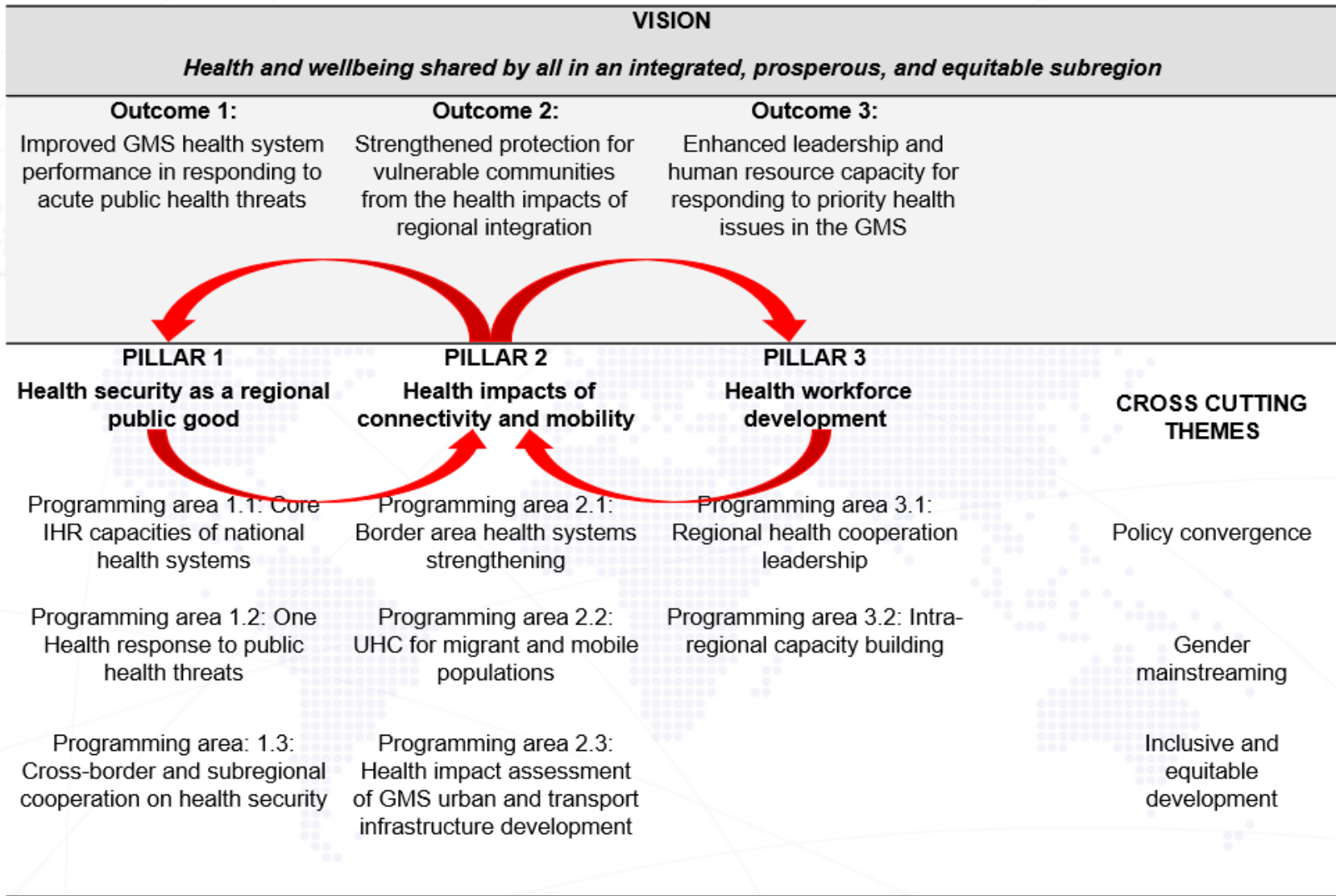


- promoting **migrant sensitive health systems** (focus especially on labour and irregular migrants and host communities) by advocating for **migrant-inclusive health policies**, and enhancing capacities

H3 Migration Health Assistance for Crisis Affected Populations



- assisting **crisis-affected populations**, governments and host communities, linking displacement, movement, migrations and the strengthening of primary health care systems



Summary of Support to HCWG Program Areas

Relevant Program Areas for IOM

- 1.1
- 1.2
- 1.3
- 2.1
- 2.2
- 2.3
- 3.1
- 3.2

All!
Without migrant health, there is no Universal Health

Areas of Support

- Technical Assistance
 - Situational analysis
 - Policy development
 - Health assessments (incl. pre-departure screening; mobility impact assessments)
 - Health service strengthening
- Operational support
 - Health service delivery
 - Piloting migrant health approaches
- Migration data and research
- Capacity building
- Multisectoral linkages with health, immigration, labour, foreign affairs, UN etc
- Coordination support with other mechanisms (eg Global Compact on Migration)

Healthy Migrants for Healthy Communities





Raks Thai Foundation at GMS WGHC Meeting

10 December 2018

Raks Thai Foundation

Member of CARE International

Raks Thai's Strategy for Migrant Program

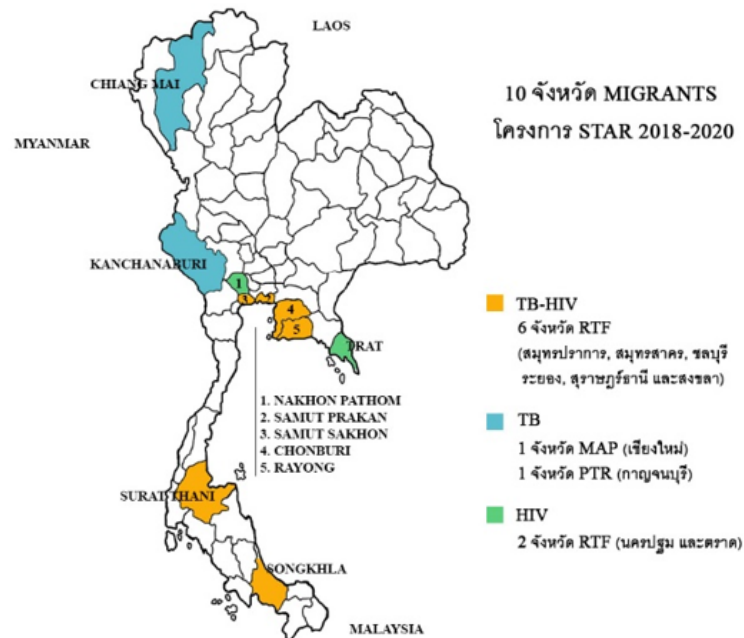
Migrants in Thailand enjoy quality of life, rights, equity and able to determine their choices of living, focusing on

- Health (HIV, TB, Malaria), SRHRs, and OSH
- Reducing Trafficking in person, Forced labour, and labour rights violation
- Education for Migrant Children
- Social inclusion in all aspects

Raks Thai program implementation for Migrants



1. Stop TB and AIDS through RTTR (STAR) 2018-2020 supported by the Global Fund



Raks Thai program implementation for Migrants



2. TB Regional grant 2019-2021 supported by the Global Fund through UNOPS, same implementing areas as STAR exclude HIV implementing site.

3. Regional Artemisinin Initiative to Elimination (RAI2E) 2018-2020 supported by the global Fund through UNOPS in seven provinces.

Raks Thai program implementation for Migrants



- 4. Local Capacity Initiative project (Sep2015- Sep2018) to build capacity of CSOs partners from Thailand, Lao PRD, and Vietnam to Advocate for HIV, supported by USAID**
- 5. Project to coordinate CSOs in lower Mekong region on HIV prevention and treatment (coordination and referral).**

Strategic Pillar 1:

Health Security as a regional public good



- Supported accessibility to healthcare services for migrants through the Migrant Fund Initiative (M-Fund) by Dreamlopmments, LTD; piloting at border province of Tak
- Evidence based information from 10 sites under STAR to advocate for migrant accessibility to Migrant Health Insurance announced by Thai MoPH

Strategic Pillar 2:

Health Impact of connectivity and mobility



- **Cross- border collaboration under signed MOU between GO of two countries.**
 - ✓ **HIV**
 - **Practicing cross border referral form agreed by the two countries for migrant patients with CSOs from the origin country**
 - **Sharing information IEC materials on HIV prevention at cross- border meeting.**

Strategic Pillar 2:

Health Impact of connectivity and mobility



- ✓ **MAL- Collaboration among twin city for cross border (Thailand – Myanmar, Thailand –Lao PDR and Thailand –Cambodia) through**
 - **Exchange information on epidemic/outbreak of malaria along the border**
 - **Sharing of IEC key messages/materials/tools**
 - **Consultation meeting between both countries Thailand- Cambodia, Thailand –Lao PDR, and Thailand- Myanmar (twin city)**
 - **Collaboration for referral mechanism among stakeholders**
 - **CSO platform to advocate for Regional Steering Committee**
 - **Case follow up for treatment according to a development of agreed standard procedure**
 - **Focal point of each country**

Strategic Pillar 2:

Health Impact of connectivity and mobility



- ✓ **TB – Develop cross border collaboration among provinces along Tanaosri border with Myanmar through**
 - **Implement systematic screening and referral for TB and MDR-TB among cross-border population**
 - **Develop TB Bilingual (Thai-Myanmar) IEC materials for risk communication and for improvement of community awareness**
 - **Information sharing among stakeholders**
 - **Referral mechanism – agree on focal point for collaboration**

Strategic Pillar 3:

Health Workforce development



- **Built multi country CSOs' capacity for HIV advocacy and established network.**
- **Trained migrant health volunteers and migrant health workers to provide health prevention service and basic-counselling in community and link with government health service facilities.**
- **Co-developed Thailand's 3X4 facility-based S&D reduction package with national program**
 - **2009 Stigma Index**
 - **2012 S&D survey in health setting**
 - **2015 - 2016 pilot project Stigma and discrimination related to HIV in 6 community hospitals in three provinces**
 - **2017 – present S&D + CQI**



Thank you

Raks Thai Foundation

Member of CARE International



Overview of U.S. Government Global Health Security Engagement in Myanmar

Dr. Nu Nu Khin

Program Management Specialist

USAID/Burma

December 10, 2018

Background of Global Health Security (Strategic Pillar I: IHR)

- 58th WHA adopted the IHR in May, 2005
 - Entered into force on 15 June, 2007
 - Purpose and scope of IHR-to **Prevent**, **Detect**, and **Response** to the international spread of disease that are commensurate with and restricted to public health risks
 - U.S Government support through existing health programs and technical assistance to address health security issues and support Government of Myanmar
- P**reventing and reducing the likelihood of outbreaks and other public health hazards
 - D**etecting threats early can save lives
 - R**apid, effective response requires multi-sectoral, national and international coordination and communication

Prevent and reduce likelihood of outbreaks and other public health hazards

- **AMR package-** supporting scale-up of & strengthening pharmacovigilance for TB medications and strengthen TB case identification and treatment adherence to prevent drug resistance (through Challenge TB project) 2014-2019, DFDA (malaria and TB 2009-2019) TES (Malaria) (2011-till now)
- **Zoonotic Disease package-** Policy and good practice developed to reduce the risk of emergence and spread of zoonotic diseases, including risk communication, and outbreak preparedness and response (through FAO since EPT 1 (2009-2013) and EPT2 (2015-2019)
- **Biosafety and biosecurity package-Improving** biosafety in the NHL-certifying biosafety cabinets and developing local capacity for certification (through U.S CDC), strengthen infection control in HF (through Challenge TB)2015-2019
- Immunization Package-Provide TA for immunization- Measles, polio, HPV through CDC, support GAVI at the Global level

Detecting threats early can save lives

- **National Health Laboratory-** Support NHL for HIV and improved biosafety (through CDC), for emerging infectious diseases and influenza (through WHO since EPT I (2009-2013) and EPT2 (2015-2019))
- **Real Time Surveillance-** Providing diagnostic reagents to the NHL and building capacity to detect key diseases including MERS, coronavirus, ZIKA and influenza (CDC)
- **Risk-based surveillance** of zoonotic disease, and real-time epidemiology and laboratory capacity for outbreak response (through FAO)
- Supporting **CEU and NHL** to support planning, surveillance and response (through WHO)
- Strengthening capacity of the DMR to detect emerging infections
- GHSA workforce- supporting **the local universities** to build capacity of **One Health**

Rapid, effective response requires multi-sectoral, national and international coordination and communication

- GHSA Emergency Operation Centers- Providing TA during outbreaks (CDC), and support to WHO/FAO for one Health outbreak response (through EPT program)
- Providing TA to Myanmar CDC, FETP together with ADB (human, animal sides)

Emerging Pandemic Threats Project (I &II) (2009-2019)

Main Aim-To improve the capacity of > 20 focus countries in Africa and Asia to prevent, detect and respond to infectious disease threats to fulfill the key objectives of the Global Health Security Agenda and the IHR.

Implementing partners

1. **WHO**
2. **FAO**
3. **Predict**
4. **OHW**



Coordination meeting on H1N1 led by Union Minister of Health and Sports , 30 July 2017, at University of Public Health, Yangon

EPT 2 Project Partners

I. WHO-

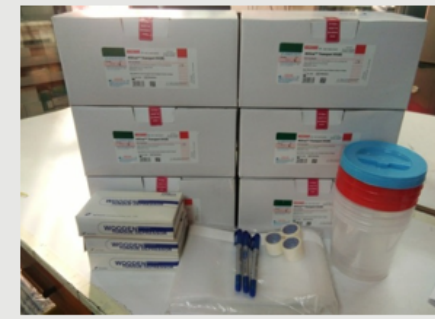
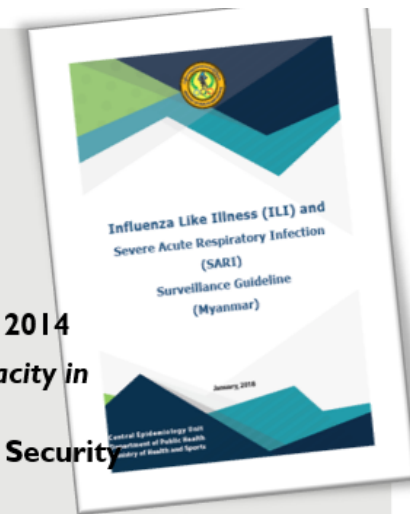
-USAID grants to WHO for “H7N9 Human Surveillance Strengthening” since February 2014

-*Joint External Evaluation of International Health Regulations assessed the country core capacity in preparedness, detection and response to public health threats*

-Based on findings & recommendations of JEE, five-year National Action Plan for Health Security developed in collaboration with relevant ministries and partners in Sep 2017.

-finalization of NAPHS activity matrix and costing held in Naypyidaw 26-28 Feb 2018.

- ILI-SARI surveillance guideline finalization, printing & dissemination
- Essential lab reagents and consumables to National Influenza Centre for influenza detection



EPT 2 Project Partners (cont:)

3. FAO

- Multi-sectoral coordination for effective zoonotic disease prevention, response and control;
- Understanding of drivers for spread and emergence of avian influenza and other emerging zoonoses;
- Epidemiology and laboratory capacities and networking for real time bio-surveillance and outbreak response;
- Policy and good practice developed to reduce the risk of disease emergence and spread and
- National preparedness and response system strengthened.



EPT 2 Project Partners (cont:)

2. Predict

- **Detect and characterize new and known viruses** of epidemic and pandemic potential in high-risk communities;
- **Identify biological, behavioral, and ecological factors influencing the risk** of viral spillover, amplification, and spread;
- **Determine potential targets for intervention** based on high-risk human behaviors and practices that amplify disease transmission in hotspots for viral evolution, spillover, amplification, and spread.



EPT 2 Project Partners (cont:) (Pillar 2&3: Regional networking & Health Workforce Development)

4. OHW (University of Minnesota)

One Health workforce will include cadres of animal, human, and environmental health professionals from a wide range of disciplines who share common training, degrees, approaches, vocabularies, and techniques regarding the detection, response, prevention, and control of zoonotic and infectious disease threats

Definition of OH: “The collaborative effort of multiple disciplines working locally, nationally, and globally to attain optimal health for people, animals, and the environment”.

Shorter Def: “ Working together”

OHW in SEA (SEAOHUN)

- Indonesia OHUN
- Thailand OHUN
- Vietnam OHUN
- Malaysia OHUN
- Myanmar OHUN



SEAOHUN Myanmar OH Orientation Workshop, Feb 2018

FOOTER GOES HERE



USAID
FROM THE AMERICAN PEOPLE

Thank you for your kind attention

WHO PROGRAM PRIORITIES THAT ALIGN WITH GMS HEALTH COOPERATION STRATEGY (2019-2023)

WHO TEAM

10-11 December 2018

Novotel, Yangon



STRATEGIC PILLARS					
Pillar 1: Health security as a regional public good		Pillar 2: Health impacts of connectivity and mobility		Pillar 3: Health workforce development	
PROGRAMMING AREAS					CROSS CUTTING
1.1: Core IHR capacities of national health systems	2.1: Border area health systems strengthening	3.1: Regional health cooperation leadership			
1.2: One Health response to public health threats	2.2: UHC for migrant and mobile populations	3.2: Intra-regional capacity building			
1.3: Cross-border and subregional cooperation on health security	2.3: Health impact assessment of GMS urban and transport infrastructure development				
ENABLERS	Synergies between regional platforms and programs	Stakeholder engagement	Research and knowledge products	Information and communications technology	Cross-sector cooperation and coordination



To address

- the programming areas under the **GMS Health Cooperation Strategy** that **WHO's priorities align with, and**
- the **resources WHO can bring to support WGHC activities under these programming areas**



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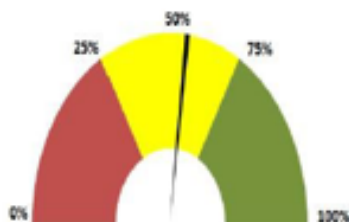
Targets in WHO General Programme of Work 2019-2023

In 2015, the world agreed to a bold set of Sustainable Development Goals.

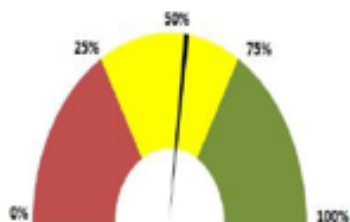
*The **World Health Organization** has a catalytic impact on these Goals.*

In its **General Programme of Work 2019-2023**, WHO pledged to monitor the world's progress – and the Secretariat's own contribution – towards **three ambitious SDG-based goals**.

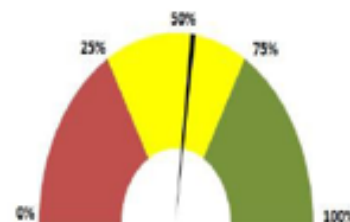
1 billion HEALTHY LIVES



1 billion more people with UHC



1 billion SAFER LIVES



To date, WHO has catalyzed:



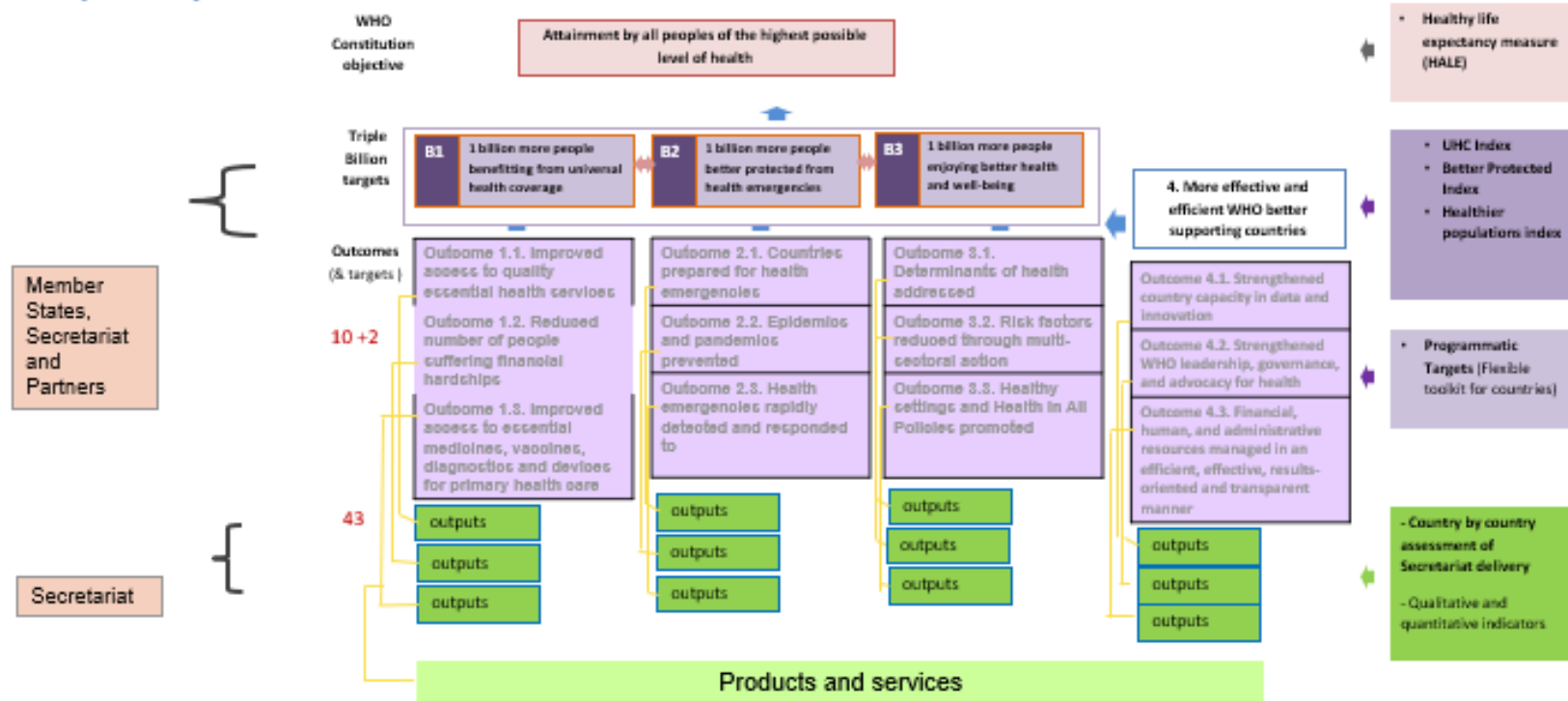
**World Health
Organization**

GPW 13 Results Framework

Accountability/ Responsibility

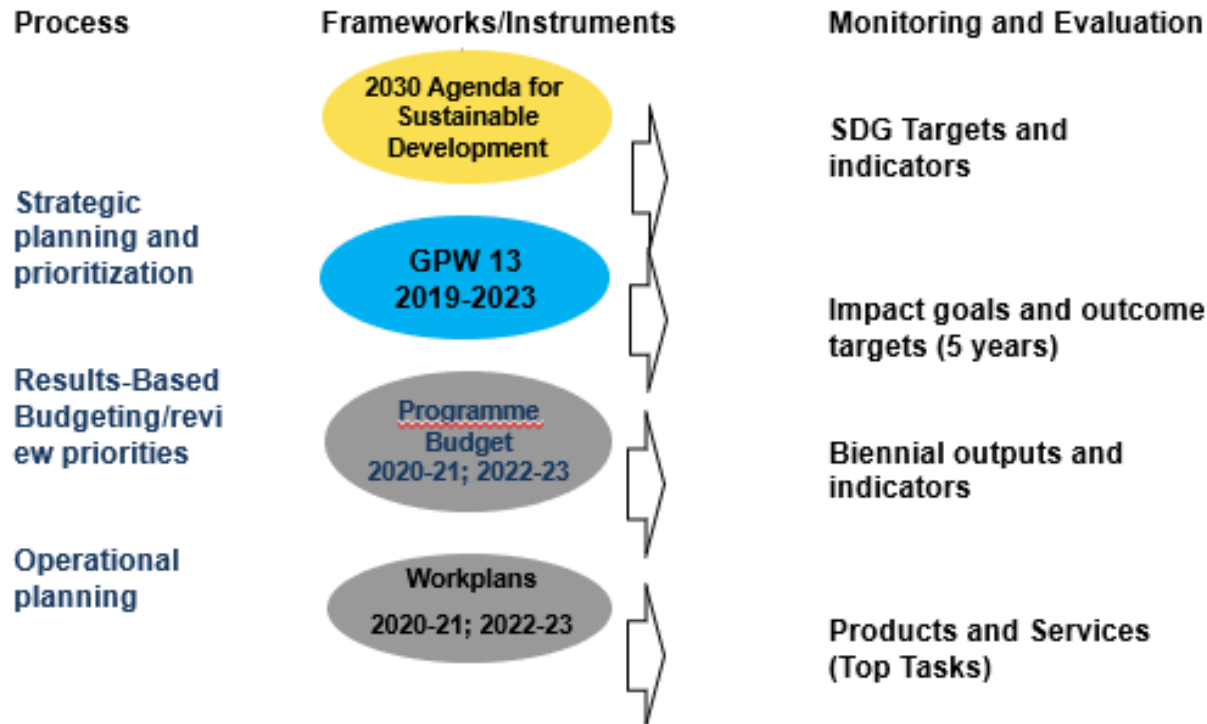
Theory of Change

Measurement



World Health Organization

Planning in WHO: Frameworks and Processes



Categories of Global Goods

Classification

Sub- classification

Norms and standards

Scientific and technical normative products

Data

- Products that support decision making
- Global goods advocacy

Research

- Global priority setting and facilitation of priority research/R&D
- Translation of research findings into policy and practice

Multilateral global goods

Technical Contribution to multilateral global goods (e.g. Nagoya Protocol)

Secretariat function

Global technical networks (e.g. GOARN, IHR, INFOSAN)

Innovation

- Horizon scanning
- Prioritize/scale-up innovations (science, tech, social, business, financial)



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Pillar 1: Health security as a regional public good

Programme areas

1.1: Core IHR capacities of national health systems

- Regular **assessment** and strengthening of Member States' IHR capacities through support **National Action Plan** for Health Security development and implementation

1.2: One Health response to public health threats

- National **One Health strategic plan** development and implementation

1.3: Cross-border and subregional cooperation on health security

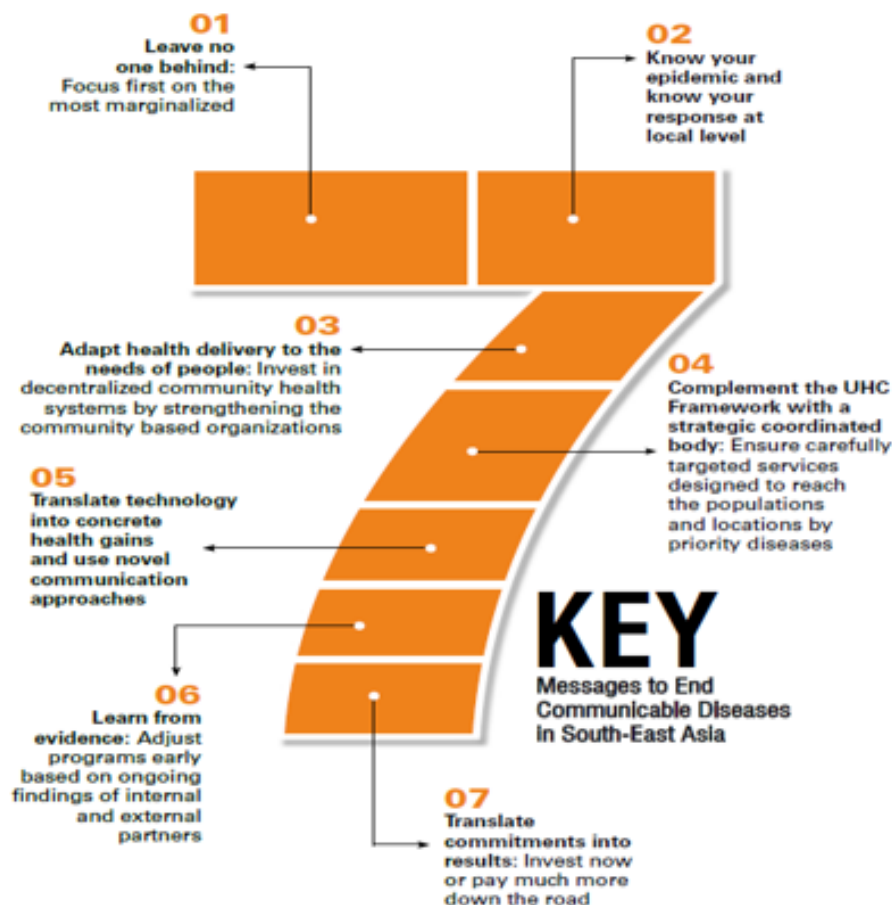
- Cooperative **health security activities** between cross-border countries and regional strengthened. Eg., Thailand-Myanmar bilateral high officials meeting for workplan 2019-2021 development



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Ending Communicable diseases in WHO SEAR

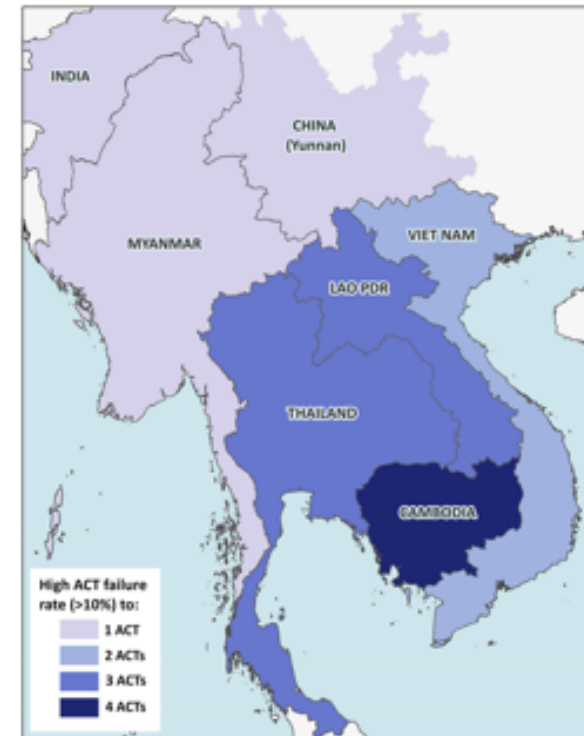
- **WHO SEAR Flagship areas**
- **Measles** elimination and **rebellia** control by 2020
- Prevention of **NCDs** through multisectoral policies and plans with focus on “best buys”
- The unfinished MDGs agenda: Ending preventable **maternal, newborn and child** deaths with focus on **neonatal** deaths
- UHC with focus on **human resources** for health and **essential medicines**
- Building national capacity development for preventing and combating **Antimicrobial Resistance**.
- Scaling up capacity development in **emergency** risk management in countries
- Finishing the task of **eliminating diseases** on the verge of elimination (Kala-azar, leprosy, lymphatic Filariasis and Yaws)
- Accelerating efforts to end **TB** by 2030



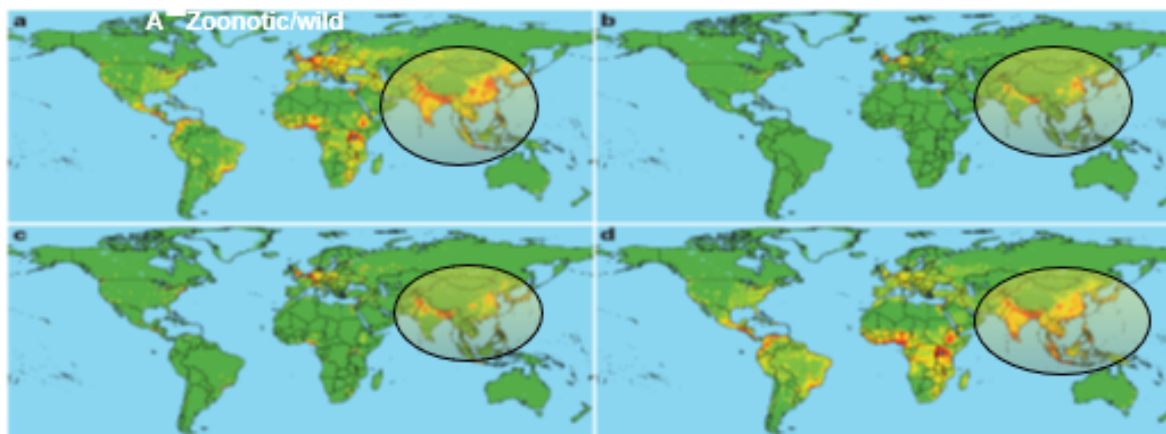
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Antimicrobial Resistance

- WHO multisectoral collaboration on AMR- One health Approach-WHO, OIE, FAO
- Global Action Plan for AMR, AMR Action Plan for countries
- Population movements with sizeable number of migrant and mobile and military/border security force constantly posing the health threats



Asia-Pacific Region: A major hotspot of EID and tropical diseases



Zoonotic influenza
Zika virus
Dengue
Japanese encephalitis
Monkey malaria
Scrub typhus
Schistosomiasis
Melioidosis
Trichinellosis
Ophisthorchiasis
Cysticercosis

Global trends in emerging infectious diseases

Kate E. Jones¹, Nikkita G. Patel², Marc A. Levy³, Adam Storeygard^{4†}, Deborah Balk^{5†}, John L. Gittleman⁶ & Peter Daszak⁷

Vol 451 | 21 February 2008 | doi:10.1038/nature06536



World Health Organization

Pillar 2: Health impacts of connectivity and mobility			
PROGRAMMING AREAS	CROSS CUTTING	Suggested WHO priorities and resources	
2.1: Border area health systems strengthening	Policy convergence	<ul style="list-style-type: none"> • Access to quality assured medicines and effective utilization • migrant sensitive health systems • Innovative health financing • Cross- border harmonization of service delivery (e.g. malaria and TB), surveillance and health communication 	<ul style="list-style-type: none"> • Country and regional: • Technical assistance, oversight, monitoring and evaluation, documentation, advocacy
2.2: UHC for migrant and mobile populations	Gender mainstreaming	<ul style="list-style-type: none"> • coverage and quality to unique health problems, including reproductive and child health, mental illness, and trauma from injuries and torture 	
2.3: Health impact assessment of GMS urban and transport infrastructure development	Inclusive and equitable development	<ul style="list-style-type: none"> • Improved methodologies for health and environmental impact assessments - identify best practices, training & capacity building, inclusive in policies for all sectors, ensure enforcement through legal frameworks, incentives for HIA for the private sector • Include investments in health in development projects at subnational level 	
<ul style="list-style-type: none"> • Synergies between regional platforms and programs * Stakeholder engagement *Research and knowledge products * Information and communications technology * Cross-sector cooperation and coordination 			



Mobility Network in Aisa

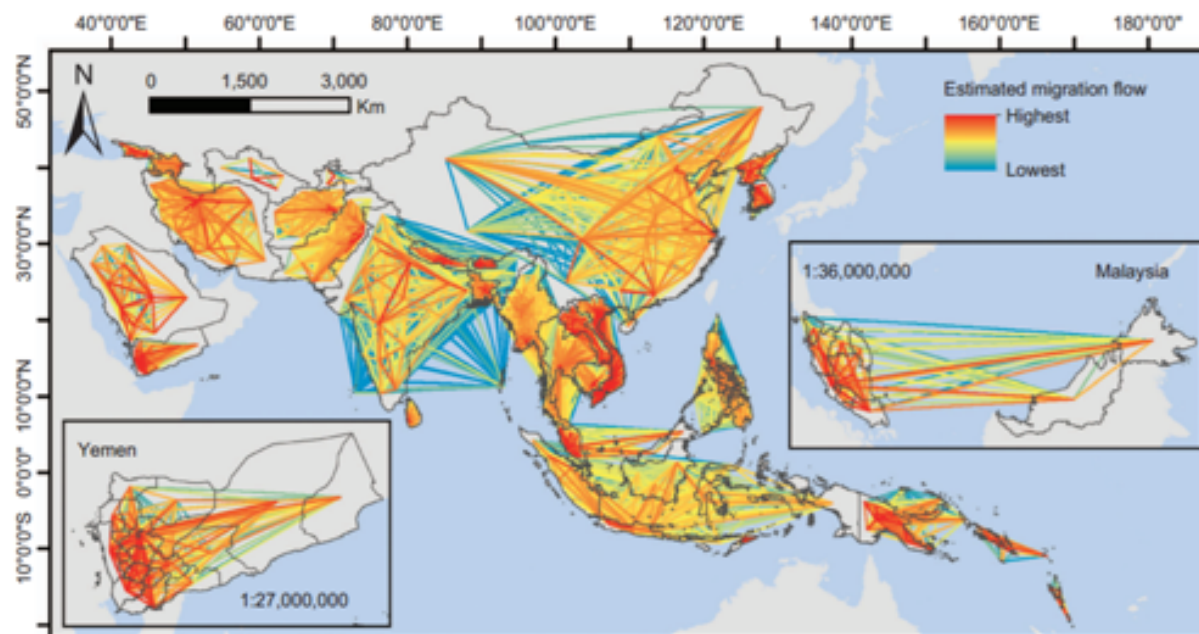
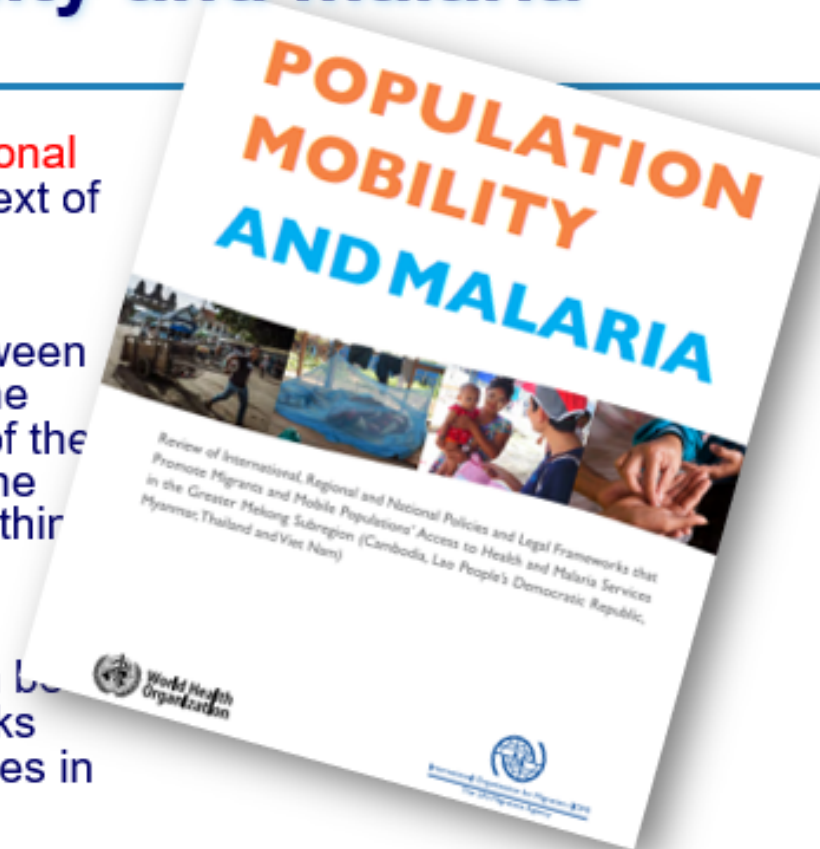


Figure 5. Estimated internal human migration flows between subnational administrative units for every malaria endemic country in Asia (Supplementary Table 1). Coordinates for all three panels refer to GCS WGS 1984. For illustrative purposes, subnational unit boundaries are shown only in the insets and the colour ranges used to represent the flows are country-specific (refer to Supplementary Fig. 2a,b for additional close-up views of internal migration flows in Asia).



Population mobility and malaria

- Review of **international, regional and national policies and legal frameworks** in the context of migrant's access to malaria service.
- This report was a collaborative effort between technical experts from IOM, which took the lead in the development and production of the report, with essential contributions from the WHO and relevant Ministries of Health within the Greater Mekong Sub-region (GMS).
- An example of **joint collaboration** that can be expanded to include identifying bottlenecks with migrants and access to health services in general (UHC).



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Key events

- On 22 September 2017, a WHA side event '**Promoting migrant health – striving for peace and decent life for all**', aimed to mainstream health into the global migration and development agenda, including in the **Global Compact for Migration**.
- To achieve the vision of the **2030 Sustainable Development Goals (SDGs)** – to leave no one behind, to strive for peace and decent life for all – it is imperative that the health needs of migrants be adequately addressed in the **Global Compact for Safe, Orderly and Regular Migration (GCM)**.
- During the forthcoming **WHO Executive Board in January 2019**, Draft Global Action Plan to Promote the Health of Refugees and Migrants (2019-2023) will be discussed.



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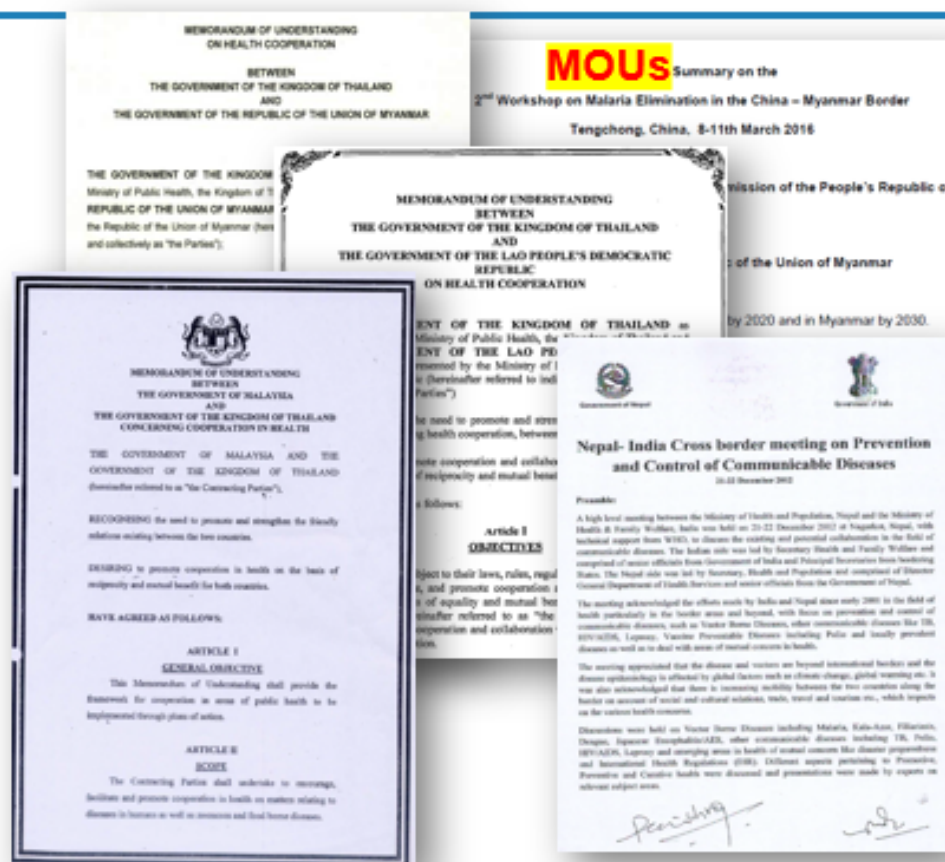
Pillar 3: Health workforce development		
<u>Programme areas</u>	3.1: Regional health cooperation leadership	<ul style="list-style-type: none"> • China-Myanmar Cross border meeting- development of cross border malaria strategy, discussion on the <u>cross border malaria control/elimination</u> activities • Data sharing platform hosted by WHO Mekong Malaria Elimination Hub- shared public health goods among GMS • Regional workshop on pharmaceutical activities- regulatory, substandard and falsified drugs • Therapeutic efficacy studies, and regional review meetings • GMS partners coordination meeting • WHO Mekong WR's network- bioregional network
	3.2: Intra-regional capacity building	
Enablers	Information and communications technology	
	Cross-sector cooperation and coordination	



Cross border collaboration

Areas of Cooperation

- Communicable Diseases + other
- Notification and surveillance
- Drug resistance, entomology
- Outbreak control
- Access for cross border populations
- Referral
- Information sharing
- Research
- Training and capacity



World Health Organization

Opportunities

- Ministerial Call for Action to elimination malaria before 2030
- Political commitments and global interest



Mark Henley/WHO
 "This signing represents a landmark in the Greater Mekong Subregion (GMS). I am proud to say that Myanmar stands ready to beat malaria once and for all, together with my counterpart ministers in the GMS"
 - Dr Myint Hwe, Union Minister for Health and Sports, Myanmar

14/07/2016, 8 December 2017

Ministerial Call for Action to Eliminate Malaria in the Greater Mekong Subregion before 2030

MALARIA FREE MEKONG

We, the Ministers of Health and delegates attending the High Level Meeting to Accelerate Elimination of Malaria in the Greater Mekong Subregion, May 19-20, 8 December 2017.

ACKNOWLEDGING the commitment of the governments of all countries in the Greater Mekong Subregion (GMS) to the United Nations Sustainable Development Goals, adopted in September 2015, including the target to eliminate malaria by or before 2030, as reflected in the 2014 Declaration of the 5th East-Asia Summit in Singapore, the Strategy for Malaria Elimination in the Greater Mekong Subregion (2015-2030), GMS countries' national malaria strategic plans, and the respective administrative commitments of the GMS Lead and other development partners providing financial, technical and programme support.

EMPHASIZING the urgent attention of policy makers and partners, civil society and the public, to the fact that though the burden of malaria has been substantially lowered in many areas of the GMS, the malaria burden is concentrated in some areas, including development project sites, hard to reach areas, and international borders with at risk populations, which require significant human, financial and development inputs, may need the continued high commitment of malaria eliminating further spread of multi-drug resistance, and may jeopardize the 2030 GMS regional malaria elimination goals as well as national goals.

RECOGNIZING that malaria vectors contribute to malaria vulnerability, including but not limited to challenges from health systems, drainage plans in construction and urban management, utility, and waste and sanitation management, development projects not accounting for health impact as well as climate change, and that the malaria burden is primarily borne by the economically and otherwise vulnerable households and communities, underscoring the importance of sustained multi-sector action to advance elimination of malaria.

NOTING that malaria multi-drug resistance, including resistance to artemisinin-based combination therapies (ACT), threatens regional and international health security, requiring urgent implementation of the Strategy for Malaria Elimination in the Greater Mekong Subregion (2015-2030).

NOTING that in light of the threat posed by multi-drug resistance, the strategic strategy was endorsed in 2015 to ensure sustained commitment of malaria to elimination, specifically with the goal to eliminate Plasmodium falciparum from the GMS by 2020 and all malaria parasites by 2030 as the main objective should be made for rapid implementation of changes in the Strategy for Plasmodium falciparum control.

NOTING that new interventions (malaria vaccines, submicroscopic and faster diagnostic methods) continue to be available in some GMS countries, especially in the private health sector, which may help sustain the development of malaria multi-drug resistance, and that such multi-drug resistant ACTs and malaria rapid diagnostic tests continue to drive up the prevalence rates, prevent malaria access to malaria diagnosis and appropriate case management, and hamper surveillance and control use of artemisinin.

RECOGNIZING that the strengthening of malaria surveillance systems and the expansion of case and surveillance surveillance, management and response, and key requirements for malaria elimination, is in the first place not progressing as fast as required.

NOTING the situation in the Region from malaria response that are identified in response that are specific national needs (GMS).

RECOGNIZING also that active coordination in other mechanisms, leading to expansion of efforts, sufficient funding of intervention and efforts to meet capacities and needs, and new financing in operational research in public programming.

RECOGNIZING that strong collaboration with other key relevant sectors of government as well as with the private enterprise sector and affected communities is essential for effective implementation and sustainability of the Strategy for Malaria Elimination in the Greater Mekong Subregion (2015-2030) as well as the national strategic plans, needs in terms of demand funding, ready access to affordable quality pharmaceuticals, community treatment, multi-sector action to reduce vulnerability, access to malaria surveillance for diagnosis, malaria and rapid response, and cross-border collaboration.

AND ACKNOWLEDGING the international visibility and interest that the malaria problem in the GMS has attracted, and the expectation of partners and the public to see action.

COMMITTING OURSELVES TO THIS GOAL to accelerated action, specifically including the following essential high-level steps:

- REAFFIRM** the One Region, One Strategy vision, setting priorities for malaria elimination in the GMS, with strong country ownership.
- REVISIT** national and subnational financing through:
 - Continuing to full implementation of national policies and sector budgets.
 - Committing our national governments to allocate domestic budgetary allocations for malaria elimination efforts.
 - Using global and regional partners to sustain financing for malaria elimination.
- REINFORCE** our multi-sector response to every country to ensure that policies are effectively translated into the ground, multi-sectorial actions at every level of administration, with monitoring and action to scale best monitoring and surveillance systems ensuring information exchange and joint actions along borders where required.
- EMPHASIZE** using innovative communication tools to engage and educate health workers among communities in malaria elimination, and provide a set of universal health coverage (UHC) – the best possible prevention, diagnosis and care to all persons at risk of malaria, including development project sites, hard to reach areas and international borders with at risk populations.
- STRENGTHEN** existing malaria drug supply management systems to ensure that all interventions, submicroscopic and faster diagnostic methods, as well as ACTs, are of good quality, effective and quality assured, and to target investment both in the public and private sector in any of the GMS countries, and that some scale of malaria needs require in-country action.
- STRENGTHEN** malaria surveillance into a one integration in each GMS country, including effective information collection, analysis and dissemination systems, and build to case-based surveillance for malaria elimination where appropriate and feasible as soon as possible.
- STRENGTHEN** national malaria elimination strategies and interventions and the contribution of partners and organizations and adopt best practices in surveillance and intervention through utilization of national leadership and support from WHO and support from other partners, and for example, national malaria elimination committees.
- WORK** together with relevant partners at a sub-region to:
 - Develop and implement cross-border malaria elimination strategies and action plans that consistently address the malaria burden needs and challenges of populations at risk of malaria living in border areas and cross-border malaria and region populations.
 - Under the concept of UHC, ensure that everyone is eligible for and can be reached by malaria prevention and diagnosis and treatment interventions, including the provision of free malaria services to malaria and region populations, at-risk, priority groups and other vulnerable populations.
 - Exchange and coordinate data on malaria, including but not limited to reports on inter-border malaria cases and drug resistance.
 - Build collaboration among Member States in scaling and sustaining "good practice" and to strengthen technical and managerial expertise in malaria elimination.
 - Provide collaborative research and share best practice strategic countries.
 - Strengthen continuous monitoring of the sub-region progress through the regional surveillance system for malaria, coordinated by WHO.
 - Ensure that all malaria efforts are fully coordinated and shared in international standards, and translate operational research findings into policy and action.
 - Establish an independent sub-regional malaria elimination oversight body, represented by GMS countries, for when WHO would not be available.
 - Ensure that all major development activities are assessed to health impact assessment and that projects include measures to minimize malaria transmission, including provision of malaria related services and access to diagnosis and treatment for all persons at risk of malaria.
 - Investigate to explore regulatory pathways aimed at improving the efficacy and quality of the regulatory review for new antimalarial treatments and diagnostic tests.
 - Strengthen GMS regulatory functions through increased convergence and national mechanisms to increase the accountability of quality assured malaria commodities, including case monitoring surveillance.

We call upon all leaders, policy-makers, partners, civil society and the public in the Greater Mekong Subregion and around the world to endorse and support this Call for Action to Accelerate Efforts to Eliminate Malaria in the Greater Mekong Subregion before 2030.

WORKING TOGETHER, WE WILL DEFINITELY ELIMINATE MALARIA IN THE GREATER MEKONG SUBREGION BEFORE 2030.

H.E. Min Aung Myint
 Union Minister for Health and Sports
 Myanmar

H.E. Min Htet Kywe
 Minister of Health
 Laos

H.E. Min Htet Kywe
 Minister of Health
 Cambodia

H.E. Min Htet Kywe
 Minister of Health
 Thailand

H.E. Min Htet Kywe
 Minister of Health
 Vietnam

H.E. Min Htet Kywe
 Minister of Health
 China

H.E. Min Htet Kywe
 Minister of Health
 Myanmar



Suggestions for

- the programming areas under the GMS Health Cooperation Strategy that WHO's priorities align with, and
- the resources WHO can bring to support WGHC activities under these programming areas



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The road towards malaria elimination is long and difficult...unless cross border issues are addressed



... but together we can make it!
Thank you!



**World Health
Organization**

OVERVIEW OF HEALTH SECURITY INITIATIVE IN EAST ASIA AND PACIFIC REGION

2nd GMS Working Group on Health Cooperation Meeting
Yangon, December 10-11, 2018



WORLD BANK GROUP

What are we doing?

Objective

- To strengthen financial and institutional capacity of selected countries to ensure sustainability of health security in East Asian and Pacific region (EAP)

3 Intermediate Outcomes

- Generate evidence on health security financing and institutions to inform policy and planning at national and regional levels
- Strengthen financial and institutional capacities for health security through technical assistance
- Increase political and economic commitment to improve regional health security

Country level & Regional level

Cambodia, Indonesia, Lao PDR, Myanmar, Vietnam

IO I: Generate evidence on health security financing and institutions to inform policy and planning at national and regional levels

- **Develop Health Security Financing Assessment Tool (HSFAT) methodology that includes institutional assessment**
- **Conduct Health Security Financing Assessments and disseminate results in 5 countries**

IO II: Strengthen financial and institutional capacities for health security through technical assistance

A. Support Governments in developing national multisectoral pandemic preparedness and response plans, in collaboration with WHO and partners

B. Provide technical assistance in financial and institutional capacity building

- Develop training materials on health security financing, including contingency financing, Public Finance Management (PFM) and One Health coordination structures and convert the materials into online flagship course on health security financing
- Conduct series of capacity building workshops for policymakers, technical staff and DPs on health security financing, institutional strengthening and Pandemic Emergency Financing Facility (PEF) readiness at the country level
- Improve the One Health concept by incorporating animal health in Agriculture Public Expenditure Reviews conducted by the Bank

IO III: Increase political and economic commitment to improve regional health security

A. Increase political and economic commitment for health security

- Update simulation exercise protocol to include fund flow and its delivery (with WHO)
- Conduct regional simulation exercise in collaboration with WHO, ADB, and ASEAN at the regional level, focusing on funding flow and economic risks
- Build the capacity of the Technical Task Force in advocacy and building political commitment in their respective governments and organizations
- Conduct regional knowledge exchange and learning events on health security planning, including pandemic preparedness and health security financing

B. Development and dissemination of regional economic case analysis and policy briefs to increase political commitment for health security financing

- Conduct and disseminate regional economic risks/economic case analysis in 5 countries
- Support preparation of policy notes to help priority countries integrate and adequately prioritize financing for universal health security into national fiscal framework, Mid Term Expenditure Framework (MTEF), and sector budgeting and planning

THANK YOU

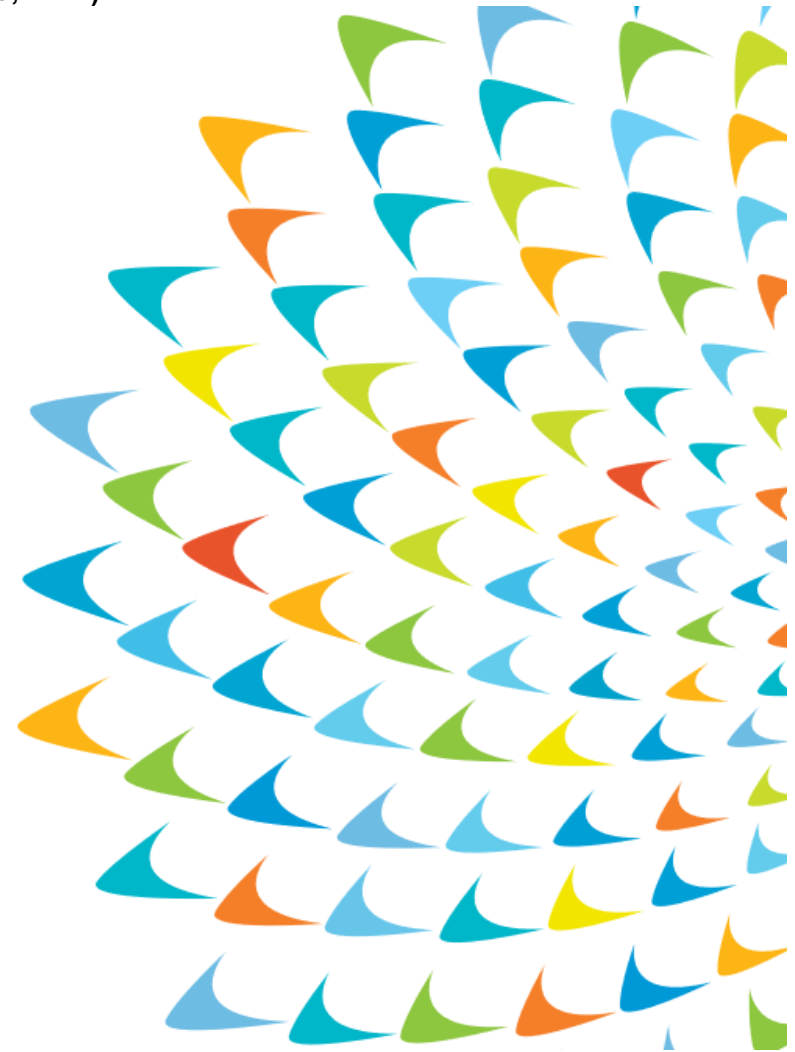


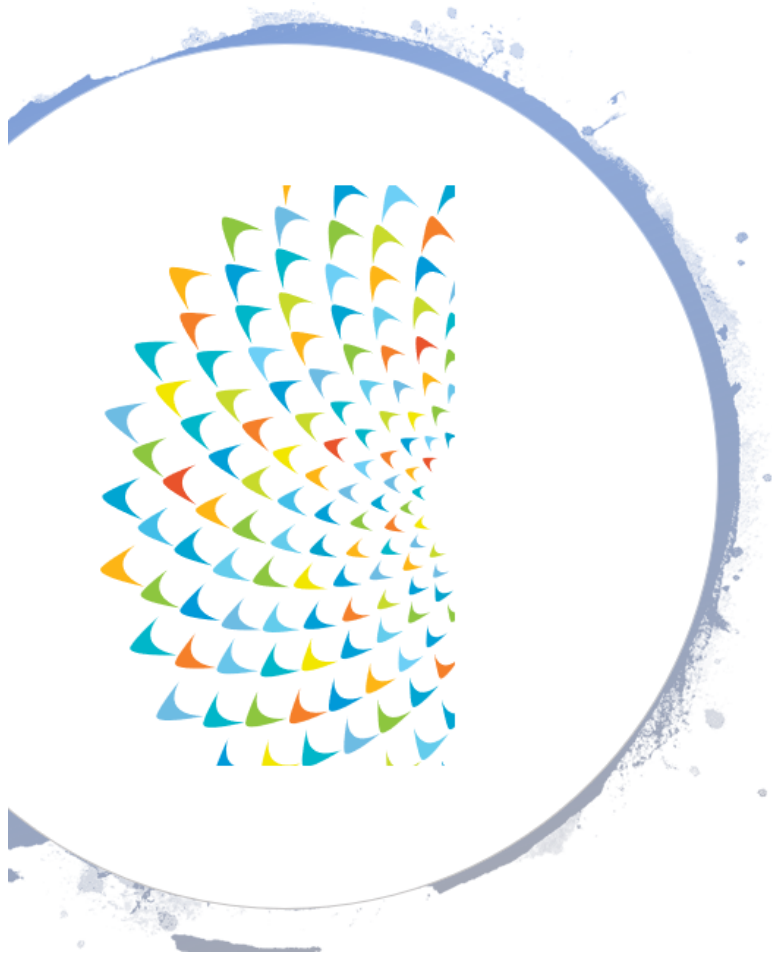
WORLD BANK GROUP

**Appendix 7: Presentation on Ongoing ADB Support and Knowledge Support and Technical Assistance
(by Ms. Azusa Sato, ADB)**

ADB's support in GMS
Health

December 2018





Overview

- Migrant health care project
- KSTA Strengthening Regional Health Cooperation
- Other ADB updates in the region on health

Migrant health care project

Increasing connectivity in GMS



> **500** economic, industrial and border zones across GMS

~ **50 million** people affected

~ **10 million** workers

Sustainable communities with sustainable businesses

- In Thailand, 3.6m migrants from neighbouring countries make up 5-6% of the labour force
- migrant labor produces US\$ 2 billion per annum, or 6.2% of Thai GDP
- Migrants generally arrive healthy but can develop health problems during long-term residence in host countries

Border zones including Special Economic Zones (SEZ) are driven by migrant workers. However they often exclude access to health care



The regional SEZ Mandate

- “Develop a path” for ASEAN Economic Community (AEC), improve quality of life, promote investment

Incentives to develop SEZs

- Non-tax incentives - allow foreign workers skilled and unskilled
- Government investment¹: for example from 2015 to 2016 Thailand invested 10,000mn Baht in transportation, customs and border checkpoints, industrial estates and zones, utilities

The health impact

- Increasing numbers of migrants seeking work, which increases the importance of health access in SEZ
- The health needs of migrants are varied: health insurance for documented & undocumented workers; infectious/emerging diseases, accidents, workplace injuries; readiness of facilities to cope with demand

Aiding migrant health will promote SEZs and ASEAN goals

Benefits of supporting migrant workers

- Strengthen SEZ, address ASEAN Migrant Health Consensus (2017)
- Mitigate financial outlays arising from an unhealthy migrant workforce in SEZ
- Mitigate the reputational risks of a “failing” SEZ because of health expenditures or challenges



Impact of SEZ on migrant workers

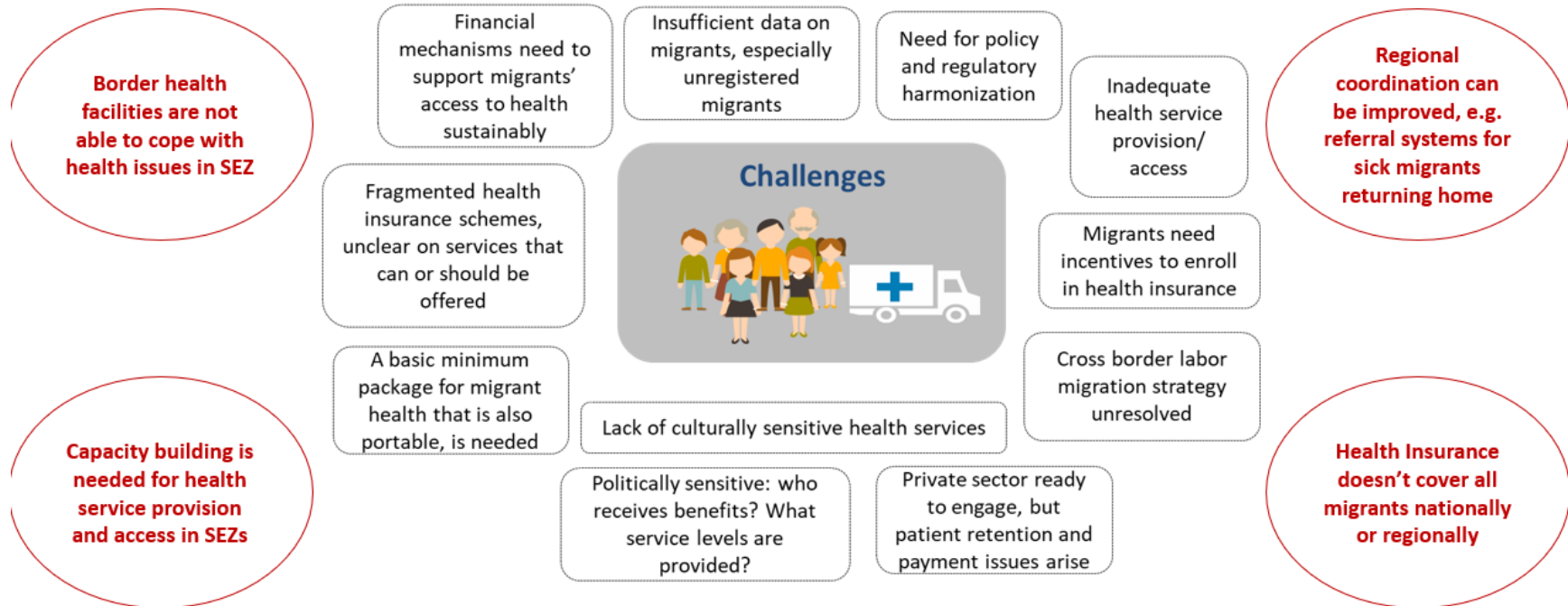
- An assessment on Health Problems in SEZ's (2016) identified the following health burdens, all with potential to cause significant delays in SEZ, impact trade volumes and incur financial outlays:
 - Communicable diseases: Malaria, TB, STI's
 - Industry: work injury, road and traffic injury
 - Lifestyle: hypertension, diabetes, alcohol abuse, cancer, mental health, work place health
 - Environmental health: pollution, hazardous waste



Key Takeaway: For SEZ to be successful, all countries need to cooperate on addressing health challenges impacting the migrant workforce

Supporting migrant health is a common challenge for all countries

Key challenges identified in Roundtable 1 (August 2018)



The Proposal: The Migrant Health Cooperation (Nov 2018)

- **Vision:** Healthy and productive migrants
- **Objective:** Through a cooperation framework between Government and Stakeholders, address migrant health access and service provision in SEZ, through information sharing, national policy alignment, and migrant health investment strategies

Output 1:

3 pilots to upgrade a cluster of health facilities in border economic zones/SEZs to serve as major access point for health services

Pilot 1 Cluster of health facilities between Thai-Mya border

Pilot 2 Cluster of health facilities between Thai-Laos border

Pilot 3 Cluster of health facilities between Thai-Cam border

**Output 2:
Health Package**

**Output 3:
Capacity Building**

**Output 4:
Health Insurance**

Next Steps for Migrant Health Project

1. Green Light

- “Green Light” for project feasibility and concept development (November)
- Cambodia to provide confirmation on involvement (December)

2. Concept Development

- **Concept development** (December 2018-March 2019)
- TA for feasibility assessment, research pieces (ADB) (January-March 2019)

3. Feasibility

- **Feasibility assessment** (by July 2019)
- Concept notes refined (by July 2019)
- Results of feasibility assessment: follow up roundtable (August 2019)

4. Pilot Implementation

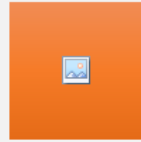
- **Project preparation (pilot)** commences (October 2019)

5. Project Implementation

- Refinement based on pilot, then beginning of **implementation** (October 2020+)

KSTA

Update on Knowledge Support and Technical Assistance



Output 1: WGHC functioning

Output 2: GMS Health Cooperation Strategy developed and implemented

Output 3: Knowledge development and exchange promoted



Implementation period: Sept 2018-Sept 2020



Supported by 1 Analyst and 3 consultants (public health, regional coordination, finance)

Impacts the Technical Assistance is Aligned withHealthy lives ensured and well-being for all at all ages promoted (Sustainable Development Goal 3)^a

Results Chain	Performance Indicators with Targets and Baselines	Data Sources and Reporting Mechanisms	Risks
Outcome Regional health cooperation in GMS strengthened	By 2022: a. At least two new regional health projects in the most recent Regional Investment Framework 2018–2022 included (2017 baseline: 0)	a. Regional Investment Framework 2018- 2022	DMCs and development partners have insufficient funding for regional health cooperation initiatives

Design and Monitoring Framework in TA report

Output 1 indicators

<p>Outputs 1. GMS WGHC functioning</p>	<p>By 2018: 1a. Functional GMS WGHC (terms of reference, membership, reporting arrangements) formed (2017 baseline: not applicable)</p> <p>By 2020: 1b. Annual WGHC meeting with at least 30% women participants conducted (2017 baseline: 0)</p> <p>1c. MOU on health cooperation signed by six GMS countries (2017 baseline: not applicable)</p> <p>1d. 30 government officials (with at least 30% women participants) have increased knowledge and implementation skills for regional health cooperation initiatives through joint exercises and workshops (2017 baseline: 0)</p>	<p>1a. Summary report of GMS WGHC launch</p> <p>1b.–c. Summary reports of GMS WGHC meetings</p> <p>1d. WGHC secretariat annual progress reports</p>
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Output 2 indicators

<p>2. GMS health cooperation strategy developed and implemented</p>	<p>By 2019: 2a. One 5-year (2019–2023) GMS health cooperation strategy, including strategies addressing regional gender-related health concerns, endorsed by GMS leaders, disseminated, and uploaded (2017 baseline: not applicable)</p> <p>By 2020: 2b. Annual gender-responsive regional work plan based on the GMS health cooperation strategy formulated and uploaded (2017 baseline: 0)</p>	<p>2a.–b. Summary reports of GMS WGHC meetings, GMS website</p>
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Output 3 indicators

<p>3. Knowledge development and exchange promoted</p>	<p>By 2020:</p> <p>3a. WGHC description, meeting, and progress reports; learning portal; and success stories uploaded and regularly updated (2017 baseline: not applicable)</p> <p>3b. Five regional knowledge products developed and translated into every GMS country language, (2017 baseline: 0)</p> <p>3c. At least 15 government officials (with at least 30% female participants) have more knowledge of best practices in regional health cooperation supported through workshops (2017 baseline: 0)</p>	<p>3a. GMS website</p> <p>3b. Annual technical assistance project reports and knowledge products</p> <p>3c. Learning opportunity event summary report</p>
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Key activities in 2018 under KSTA

- Formation of GMS-WGHC secretariat
 - International Health Specialist based in Myanmar
 - Regional Coordinator based in Thailand Resident Mission
 - Finance and Administrative Specialist based in ADB HQ Manila
- Engagement of resource persons
 - to assist drafting the GMS Health Cooperation Strategy
 - to facilitate Roundtable Discussion on Regional Investment Framework for Migrant Health
- Roundtable on Regional Investment Framework for Migrant Health
- WGHC 2 Meeting



Next steps using KSTA

- Strategy endorsement
- Action plan – inc. monitoring and operational framework
- Migrant health project
 - Research pieces to shape project development
 - Resource people to support project development
- Ideas?

Other related work in the region

Cambodia High Level Technology support

1

Communicable disease information dashboard to consolidate three databases:

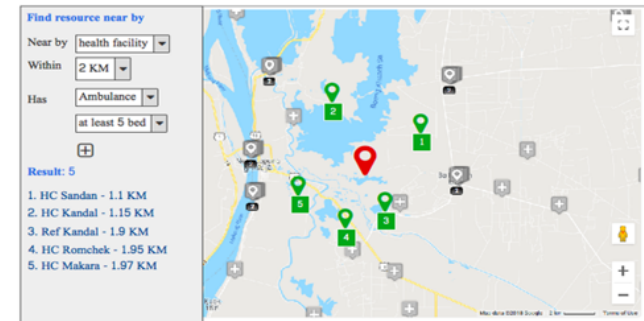
- Hotline ('115') which gives a weekly update on communicable diseases.
- laboratory report of key pathogens (Cam LIS)
- Surveillance system which notifies diseases from district hospitals, the Patient Management and Registration System (PMRS)



2

Health facility and resource mapping: a geographic portal with a search engine which maps various resources

- Personnel (doctors, nurses etc), vehicles (ambulances), and facilities (laboratories, health centers etc).



3

Health service hotline for migrants – expanded 115



A HEALTH IMPACT ASSESSMENT FRAMEWORK FOR SPECIAL ECONOMIC ZONES IN THE GREATER MEKONG SUBREGION

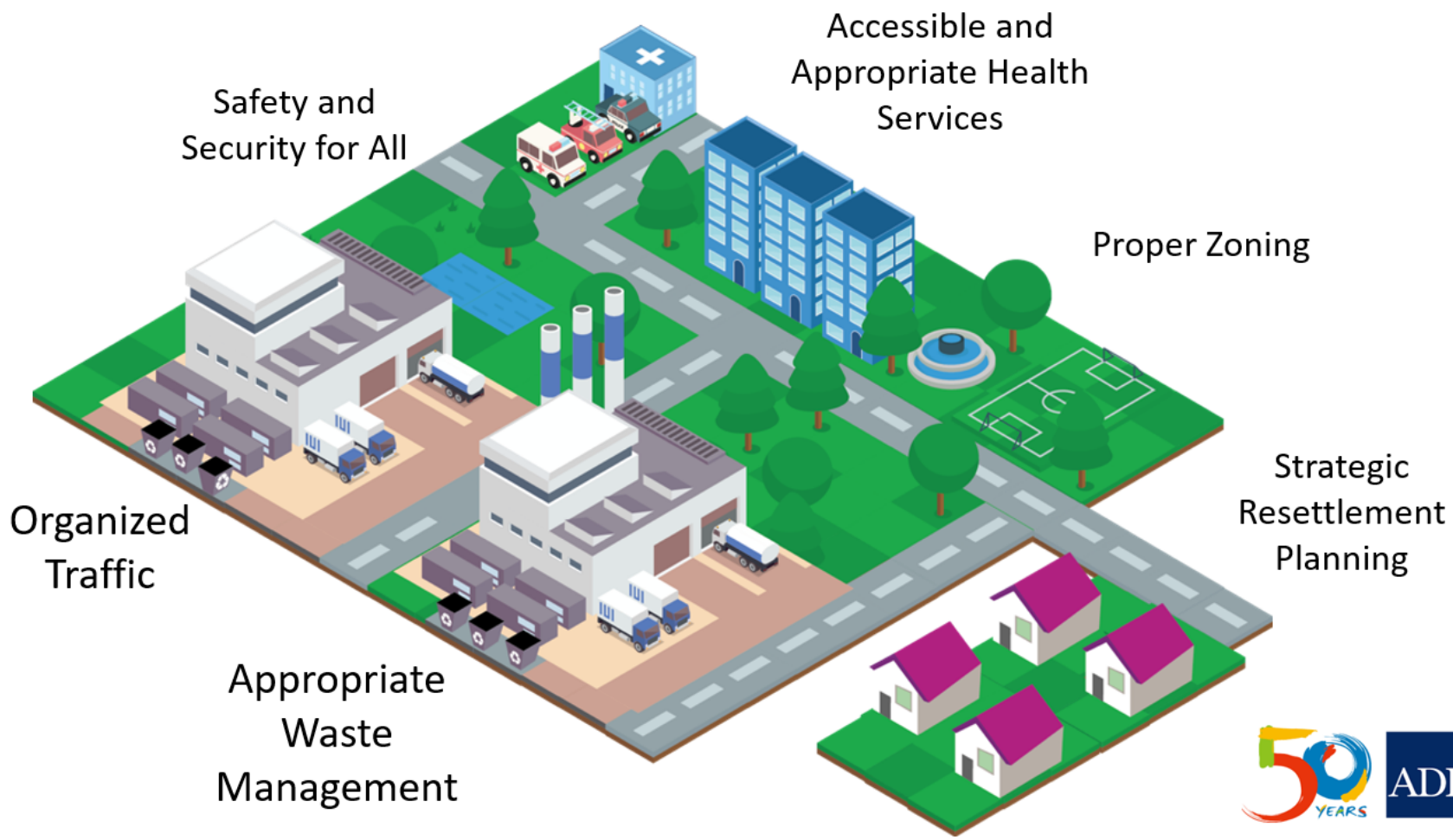
MAY 2018

ASIAN DEVELOPMENT BANK









ADB

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Health Economic Zone Highlights 2017+

April 2017	June 2017	Aug 2018	October 2017	November 2017	May 2018	August 2018	Dec 2018	2019 onwards
								
HIA Work for SEZ began in Lao PDR	HIA Work for SEZ began in Thailand	Draft health guidelines developed	Regional SEZ Forum Bangkok	GMS – HIA for SEZ framework published	HIA and SEZ Forum	Economic Corridor Forum	HIA integral part of GMS across sectors	

Thank you!

Appendix 8: Recap of Day 1 (by Dr. Kyi Thar, ADB Consultant)

- Myanmar and GMS countries delivered the opening remarks, cherished that WGHC has been functioning within a year. Countries addressed to initiate WGHC 2019 activities on time.
- ADB shared about Ha Noi Action Plan (2018-22), Regional Investment Framework (RIF) 2022. Health sector is described as an important element of ADB Strategy 2030 and WGHC was prioritize as cross-cutting synergies and linkage to other GMS programme.
- HC Strategy development progress, WGHC Regional TA and implementation mechanism were briefed. GMS Health Cooperation Strategies was successfully endorsed by country focal of WGHC members.
- As a next steps; RIF progress report will be submitted to GMS-SOM meeting, GMS-HC Strategies will be endorsed by GMS Health Ministers and WGHC assistance will delivered through the GMS Secretariat.
- During the countries sessions; Six panelists and country teams identified the priority areas for regional collaborations in the GMS among three strategic pillars. Majority of the programme areas under HC-Strategies were aligned with respective NHPs.
- Countries suggested that regional collaboration can be further strengthen for NCD, Laboratory capacity building, information technology, disaster and emergency health, cross-border and migrant health and Health Literacy Promotion.
- Development Partner Session: OIE and WHO described health system linkage and initiatives between IHR and Performance Based Veterinary Services (PVS). Tripartite collaboration and MOU between WHO, FAO and OIE Director Generals.
- IOM and Raks Thai described migrant health programme and linkage with communicable diseases and the global fund grants and further address twin cities referral approaches for migrant workers in between Thailand and neighboring countries.
- World Bank and USD described the health security support and joint collaboration initiatives for emerging infectious diseases and capacity building for human resource development.
- ADB described about updates on Migrant Health Care projects, Knowledge Sharing Technical Assistance to strengthen regional health cooperation, High level ICT support for Cambodia and ADB guideline for Health Impact Assessment. Vietnam expressed their interest on migrant health project.
- The countries exercised to update the RIF for 2022 and identified the priority activities for WGHC for 2019 and the results will be described in Day-2 session.

Appendix 9: WGHC 2019 Work Plan – Country Presentations

GMS Regional Health Cooperation Projects						
Country: <u>Cambodia</u>						
<p>1. Fill in information on potential/proposed regional health cooperation projects that would support the implementation of the GMS Health Cooperation Strategy. Briefly describe the project (impact, outcomes and outputs), countries covered, proposed year of implementation, cost estimate and potential funding source (i.e. government, development partners, bilateral aid agencies, private foundations and institutions, etc.).</p> <p>2. Identify which Strategic Pillars and Programming Areas of the draft GMS Health Cooperation Strategy the project is addressing. Strategic Pillar 1: Health security as a regional public good; Strategic Pillar 2: Health impacts of connectivity and mobility; Strategic Pillar 3: Health workforce development</p> <p>3. Regional projects refer to: (i) projects involving two or more GMS countries, (ii) single country projects with regional outcomes and impact.</p>						
Project Title	Pillar/Program in the Health Cooperation being addressed	Description (brief summary of impact/outcome /outputs)	Countries/ Provinces (for PRC) covered	Expected year of approval	Cost Estimate (\$million)	Potential funding source
Improvement of Designated Port of Entries	Pillar 2	Early detection and response of EIDs at PoE	Svay Rieng province (CAM) and Vietnam border province	2019	0.5m	JICA + ADB + WB (TA)
IT Innovation	Pillar 2	MMP accessing proper case management	CAM, LAO, THA, VIE	2020	3.0m	ADB+WB (TA)
Tourism and Health	Pillars 2 & 3	Prevention and control and proper case management	CAM, VIE, LAO	2020	0.5m	ADB (TA)
GMS Health Security Add Financing	Pillar 1	Build capacity and conduct of joint country response to EIDs; regional cooperation activities	CAM, LAO, MYA, VIE	2020	15m	ADB (grant)

GMS Regional Health Cooperation Projects

Country: Lao PDR

1. Fill in information on **potential/proposed** regional health cooperation projects that would support the implementation of the GMS Health Cooperation
2. Identify which Strategic Pillars and Programming Areas of the draft GMS Health Cooperation Strategy the project is addressing. **Strategic Pillar 1: Health**
3. Regional projects refer to: (i) projects involving two or more GMS countries, (ii) single country projects with regional outcomes and impact.

Project Title	Pillar/Program in the Health Cooperation being addressed	Description (brief summary of impact/outcome /outputs)	Countries/ Provinces (for PRC) covered	Expected year of approval	Cost Estimate (\$million)	Potential funding source
GMS Health Security Add Financing	Pillar 1		CAM, LAO, MYA, VIE	2021	15m	ADB (grant)
Hospital Accreditation	Pillar 2	Improving quality of healthcare along Silk Road belt and road initiative		2020	30m	ADB + PRC
Lab accreditation				2020	10m	WB
Prevention, control and elimination of NTDs	Pillars 1 & 3	schistosomiasis control; rabies; AMR		2019	30m	China, WHO, Koica, OIE

GMS Regional Health Cooperation Projects

Country: Myanmar

1. Fill in information on **potential/proposed** regional health cooperation projects that would support the implementation of the GMS Health Cooperation Strategy. Briefly describe the project (impact, outcomes and outputs), countries covered, proposed year of implementation, cost estimate and potential funding source (i.e. government, development partners, bilateral aid agencies, private foundations and institutions, etc.).
2. Identify which Strategic Pillars and Programming Areas of the draft GMS Health Cooperation Strategy the project is addressing. **Strategic Pillar 1:** Health security as a regional public good; **Strategic Pillar 2:** Health impacts of connectivity and mobility; **Strategic Pillar 3:** Health workforce development
3. Regional projects refer to: (i) projects involving two or more GMS countries, (ii) single country projects with regional outcomes and impact.

Project Title	Pillar/Program in the Health Cooperation being addressed	Description (brief summary of impact/outcome /outputs)	Countries/ Provinces (for PRC) covered	Expected year of approval	Cost Estimate (\$million)	Potential funding source
GMS Health Security Additional Financing	Pillar 1		CAM, LAO, MYA, VIE	2021	10m	TBC
Cross-border Referral Linkage for CDs	Pillar 2	to strengthen existing cross-border referral of migrant and returnees (MDRTB, HIV, malaria, etc.)	MYA-THA, MYA-China	2019	6m	TBC
HR for Health Development	Pillar 3	IHR, One Health, migrant health HIS	MYA, Thailand, PRC	2019	5m	ADB
Resilient One Health Approach	Pillars 1 & 3	rabies, FETP, influenza, outbreak response, DIS surveillance (cross-border), AMR	MYA	2019	12m	TBC
Prevention, control and elimination of NTDs	Pillars 1 & 3	schistosomiasis control; dengue prevention and control; lymphatic filariasis	MYA (crossborder)	2019	5m	ADB
Evidence-Based Migrant Health Policy Development	Pillar 2	strengthen MOHS capacity for migrant health in border areas	GMS	2019	1.2m	ADB

GMS Regional Health Cooperation Projects

Country: People's Republic of China

1. Fill in information on **potential/proposed** regional health cooperation projects that would support the implementation of the GMS Health Cooperation Strategy. Briefly describe the project (impact, outcomes and outputs), countries covered, proposed year of implementation, cost estimate and potential funding source (i.e. government, 2. Identify which Strategic Pillars and Programming Areas of the draft GMS Health Cooperation Strategy the project is addressing. **Strategic Pillar 1:** Health security as a regional public good; **Strategic Pillar 2:** Health impacts of connectivity and mobility; **Strategic Pillar 3:** Health workforce development

3. Regional projects refer to: (i) projects involving two or more GMS countries, (ii) single country projects with regional outcomes and impact.

Project Title	Pillar/Program in the Health Cooperation being addressed	Description (brief summary of impact/outcome /outputs)	Countries/ Provinces (for PRC) covered	Expected year of approval	Cost Estimate (\$million)	Potential funding source
Strengthening surveillance for major communicable diseases at border areas	Pillar I ; Programming area 1.1	Based on the needs of both sites, developing and implementing of joined action plan on surveillance strengthening for major communicable diseases, focusing on lab, HR training and information system	China(Yunnan)-Maymar border areas	2019-2022	1 \$million	ADB (TA)
UHC Training Program among GMS countries in China	PILLAR 2 Health impacts of connectivity and mobility Programming area 2.1: Border area health systems strengthening	Inviting Delegations from GMS countries coming to China, and implementing 2-weeks training programs and field visits in China. With a comprehensive introduction of China's experiences on achieving UHC, especially for the vulnerable groups (migrants), as well as field visits in Chinese health management department, health facilities, CDCs, aiming at sharing China's experiences and lessons towards UHC and providing technical support for Other GMS countries.	Laos, Cambodia, Vietnam, Myanmar, China	2019-2022	20 people per country, 4delegations, 1 million	ADB (TA)

GMS Regional Health Cooperation Projects

Country: Thailand

1. Fill in information on **potential/proposed** regional health cooperation projects that would support the implementation of the GMS Health Cooperation Strategy. Briefly describe the project (impact, outcomes and outputs), countries covered, proposed year of implementation, cost estimate and potential funding source (i.e. government, development partners, bilateral aid agencies, private foundations and institutions, etc.).
2. Identify which Strategic Pillars and Programming Areas of the draft GMS Health Cooperation Strategy the project is addressing. **Strategic Pillar 1:** Health security as a regional public good; **Strategic Pillar 2:** Health impacts of connectivity and mobility; **Strategic Pillar 3:** Health workforce development
3. Regional projects refer to: (i) projects involving two or more GMS countries, (ii) single country projects with regional outcomes and impact.

Project Title	Pillar/Program in the Health Cooperation being addressed	Description (brief summary of impact/outcome /outputs)	Countries/ Provinces (for PRC) covered	Expected year of approval	Cost Estimate (\$million)	Potential funding source
TB Regional Grant	Pillar 2 and 3	cross-border systematic screening and referral; information sharing	CAM, LAO, MYA, THA, VIE	2019-2021	~ 10m	The Global Fund (grant)
RAI2E	Pillar 2 and 3	exchange info on epidemic outbreak, follow-up treatment SOP, vector control, partnership at national and international levels	CAM, LAO, MYA, THA, VIE	2018-2020	~32m	The Global Fund (grant)
Advocacy and Involvement on GMS strategy Pillar 2.1 implementation Meeting	Pillar 2: Health Impact of connectivity and mobility/Programming area 2.1: Border area health systems strengthening	Impact: GMS strategy will be implemented Outcome: National action plan under GMS strategy will be developed Outputs: MOU for GMS policy implementation commitment	GMS countries member	2019	20,000	ADB/ other development

GMS Regional Health Cooperation Projects

Country: Thailand

1. Fill in information on **potential/proposed** regional health cooperation projects that would support the implementation of the GMS Health Cooperation Strategy. Briefly describe the project (impact, outcomes and outputs), countries covered, proposed year of implementation, cost estimate and potential funding source (i.e. government, development partners, bilateral aid agencies, private foundations and institutions, etc.).
2. Identify which Strategic Pillars and Programming Areas of the draft GMS Health Cooperation Strategy the project is addressing. **Strategic Pillar 1:** Health security as a regional public good; **Strategic Pillar 2:** Health impacts of connectivity and mobility; **Strategic Pillar 3:** Health workforce development
3. Regional projects refer to: (i) projects involving two or more GMS countries, (ii) single country projects with regional outcomes and impact.

Project Title	Pillar/Program in the Health Cooperation being addressed	Description (brief summary of impact/outcome /outputs)	Countries/ Provinces (for PRC) covered	Expected year of approval	Cost Estimate (\$million)	Potential funding source
Consultative meeting on cross border strategic on health program for migrant health	Pillar 2: Health Impact of connectivity and mobility/Programming area 2.1: Border area health systems strengthening	Impact: Health system and health workforce strengthening will improve access to and quality of health services, with attention to building parity in service capacity on either side of the border. Outcome: Regional framework under GMS strategy is imlemeted Outputs: Cross border strategic on health program for migrant health was developed	GMS countries member	2020	20,000	ADB/ other development
Workshop on establishing data sharing system and coordination mechanism including focal point at all level, national regional and provincial level in GMS to response disease outbreak at border areas	Pillar 2: Health Impact of connectivity and mobility/Programming area 2.1: Border area health systems strengthening	Impact: Timely response disease outbreak at border areas Outcome: Effective of coodination and machanism Outputs: Data sharing system and coordination mechanism including focal poin are established	Thailand and CLMV	2019-2023	30,000	ADB/ other development

GMS Regional Health Cooperation Projects

Country: Thailand

1. Fill in information on **potential/proposed** regional health cooperation projects that would support the implementation of the GMS Health Cooperation Strategy. Briefly describe the project (impact, outcomes and outputs), countries covered, proposed year of implementation, cost estimate and potential funding source (i.e. government, development partners, bilateral aid agencies, private foundations and institutions, etc.).

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3. Regional projects refer to: (i) projects involving two or more GMS countries, (ii) single country projects with regional outcomes and impact.

Project Title	Pillar/Program in the Health Cooperation being addressed	Description (brief summary of impact/outcome /outputs)	Countries/ Provinces (for PRC) covered	Expected year of approval	Cost Estimate (\$million)	Potential funding source
Regional simulation exercise on EID preparedness and responses among multi-sectors along border areas of Thailand and CLMV	Pillar 2: Health Impact of connectivity and mobility/Programming area 2.1: Border area health systems strengthening	Impact: Emerging Infectious Diseases are effectively prevented in border areas Outcome: Coordination mechanism among multi-sectors in place for timely outbreak response Outputs: simulation exercise on EID preparedness and responses implemented	Thailand and CLMV	2019-2023	45,000	ADB/ other development
Workforce development on preparedness and outbreak response of at border GMS counties	Pillar 2: Health Impact of connectivity and mobility/Programming area 2.1: Border area health systems strengthening	Impact: Health staff able to detect communicable diseases and all health risks and timely response when epidemic occurred Outcome: Capacity and knowledge of medical and public health staff improved. Outputs: Number of health staff are trained	Thailand and CLMV	2019-2023	60,000 each year/country	ADB/ other development
Develop capacity of referral system and emergency medical services at boeder areas of GMS and to improve cross-border referral system	Pillar 2: Health Impact of connectivity and mobility/Programming area 2.1: Border area health systems strengthening	Impact: Increase Live saving rate for patients referring to health care providers both in GMS countries and cross borders Outcome: Quality of both in-country and cross-border referral systems of GMS was improved Output: Cross-border referral systems was developed in GMS	Thailand and CLMV	2019-2023	60,000 each year/country	ADB/ other development

GMS Regional Health Cooperation Projects

Country: Viet Nam

1. Fill in information on **potential/proposed** regional health cooperation projects that would support the implementation of the GMS Health Cooperation Strategy. Briefly describe the project (impact, outcomes and outputs), countries covered, proposed year of implementation, cost estimate and potential funding source (i.e. government, development partners, bilateral aid agencies, private foundations and institutions, etc.).

2. Identify which Strategic Pillars and Programming Areas of the draft GMS Health Cooperation Strategy the project is addressing. **Strategic Pillar 1:** Health security as a regional public good; **Strategic Pillar 2:** Health impacts of connectivity and mobility; **Strategic Pillar 3:** Health workforce development

3. Regional projects refer to: (i) projects involving two or more GMS countries, (ii) single country projects with regional outcomes and impact.

Project Title	Pillar/Program in the Health Cooperation being addressed	Description (brief summary of impact/outcome /outputs)	Countries/ Provinces (for PRC) covered	Expected year of approval	Cost Estimate (\$million)	Potential funding source
GMS HS Additional Financing	Pillar 1			2020	20	ADB (Grant)
Development of three Medical Device QA/QC Centers in the GMS Region	Pillar 2/Program 1.1	Medical devices in hospitals are calibrated, evaluated and inspected to assure quality and safety, through which healthcare services will be improved in GMS region	GMS countries	2020	90 x 2 = 180	ADB and other potential development partners
Strengthening of Global Health Network to promote and sustain health security in the region	Pillar 3/Program 3.1 and 3.2	Develop Global Health Strategy, Establish Global Health Office, Build Global Health Diplomacy Network in the Region, Knowledge development and exchanged promoted	Viet Nam	2019	0.19	ADB
Research on the impact of trade on health in the GMS region	Pillar 2/Program 2.3	Health advocacy and guidance related to Trade and Health	GMS countries	2019	0.1	ADB

GMS Regional Health Cooperation Projects

1. Fill in information on **potential/proposed** regional health cooperation projects that would support the implementation of the GMS Health Cooperation Strategy. Briefly describe the project (impact, outcomes and outputs), countries covered, proposed year of implementation, cost estimate and potential funding source (i.e. government, development partners, bilateral aid agencies, private foundations and institutions, etc.).
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3. Regional projects refer to: (i) projects involving two or more GMS countries, (ii) single country projects with regional outcomes and impact.

Project Title	Pillar/Program in the Health Cooperation being addressed	Description (brief summary of impact/outcome /outputs)	Countries/ Provinces (for PRC) covered	Expected year of approval	Cost Estimate (\$million)	Potential funding source
GMS UHC	Pillar 1 & 2	Financing health care for migrants. Includes development of financing scheme, broadening UHC coverage to include migrants, developing and implementing service provision packages for migrants; UHC Training Program among GMS countries in China	MYA, LAO, THA (tbd)	2021	MYA 36m. Lao 16m (tbc)	ADB (loan/grant), China technical assistance
GMS Health Security Add Financing	Pillar 1		CAM, LAO, MYA, VIE	2021	60m USD (15m CAM, 15m LAO, 10m MYA, 20m VIE)	ADB (grant)
TA facility: Support for Human and Social Development in Southeast Asia. Improving UHC Coverage in Border Areas for MMPs Project	Pillar 2		CAM, LAO, MYA, THA, VIE	2019	2.0m	ADB (TASF)
High level technology solutions for communicable disease control in the Greater Mekong Subregion	Pillar 1 & 2	1. Dashboard of cross database systems 2. Health Facility and Resource Mapping 3. Health services hotline support to migrant mobile population	CAM	2018	140,000 USD	HLT/ADB

Appendix 10: WGHC 2018 Business Report (by Dr. Kyi Thar, ADB Consultant)



GMS-Working Group on Health Cooperation (WGHC)

Business report 2018

10-11 December 2018, Yangon, Myanmar
(WGHC Secretariat)

Engagement with the GMS Countries and WGHC members

- 1st WGHC meeting was chaired by Lao PDR in 2017

- TORs and responsibilities of WGHC members were finalized and the operational mechanism was developed

- WGHC members cooperate to: develop GMS-Health Cooperation Strategy, update ADB Regional Investment Framework (RIF), prioritize WGHC activities 2019 and provide technical support on existing ADB health projects

- WGHC Secretariat was established and approved by GMS countries

(Azusa Sato-Team Leader, Randy Dacanay -Regional coordinator, Kyi Thar -Public health specialist, Marissa Espiritu- logistic specialist)



- WGHC Members have endorsed the Health Cooperation Strategy

- Myanmar will continue as rotational chair for 2018-19 to oversee WGHC activities



ENGAGEMENT

Communication mechanisms of the WGHC



- Communication mechanism was established between WGHC Members and Secretariat
- WGHC Members contact details were regularly updated
(Country focal, Strategy Focal and two Core Members from GMS countries)

- WGHC is instrumental to establish other sub working groups for health in the GMS
 - *GMS working group for laboratory services*
 - *GMS working group for Infection Prevention*
 - *GMS Expert roster for surveillance and response (required to be revised)*

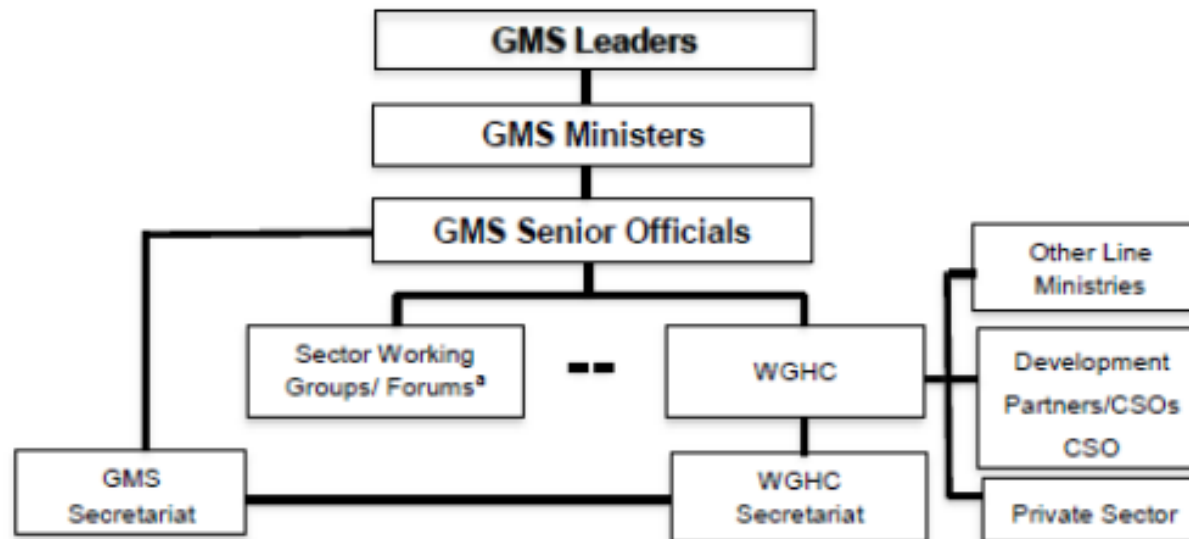
- WGHC coordinated with other GMS-working groups
- WGHC secretariats extended communications networks with other partners;
 - *ASEAN Health Cluster Meetings,*
 - *Global Fund RAI –RSC meetings,*
 - *JUNIMA meetings,*
 - *WHO-IHR/APSED meetings*
 - *PMAC*





Communication mechanisms of the WGHC

GMS Economic Cooperation Program Institutional Mechanism for Health Cooperation



CSO=Civil Society Organizations; GMS = Greater Mekong Subregion; WGHC = Working Group on Health Cooperation.

^a Sector Working Groups/Forums: 1.Subregional Transport Forum; 2.Tourism Working Group; 3.Working Group on Environment; 4.Cross-Border Transport Agreement National Transport Facilitation Committee; 5.Regional Power Trade Coordination Committee; 6.Working Group on Agriculture; 7.Urban Development Working Group; and 8.GMS Railways Association. *Source: Asian Development Bank*

WGHC members



Country	Country focal	Strategy focal	Core member	Core member
Cambodia	Dr. Lo <u>Veasnakiry</u>	Dr. Ly <u>Sovann</u>	Dr. Theme <u>Viravann</u>	Dr. <u>Sau Sokunna</u>
Lao PDR	Dr. <u>Founkham Rattanavong</u>	Dr. <u>Rattanaxay Phetsouvanh</u>	Dr. <u>Bouakhan Phakhounthong</u>	Dr. <u>Soulivanh Pholsena</u>
Myanmar	Dr. Than <u>Tun Aung</u>	Dr. <u>Kyaw Khaing</u>	Dr. <u>Tun Nyunt Oo</u>	Dr. <u>Nay Yi Yi Lin</u>
PRC	Ms. Shao <u>Meng</u>	Dr. <u>Yunping Wang</u>	<u>Dr. Nie Jian'gang</u> <u>Dr. Dong Xiaoping</u>	<u>Ms. Liang Huiting</u> <u>Ms. Jia Manhong</u>
Thailand	Dr. <u>Suriwan Thaiprayoon</u>	Dr. <u>Phusit Prakongsai</u>	<u>Miss Kanoktip Thiparat</u>	<u>Dr. Tanade Dusitsoonthornkul</u>
Vietnam	<u>Ms Nguyen Thi Minh Chau</u>	<u>Dr Dang Viet Hung</u>	<u>Mr Hoang Minh Duc</u>	<u>Ms Doan Phuong Thao</u>

Meetings facilitated and supported by WGHC Secretariat



GMS WGHC Working Group:

- **WGHC Business Meeting**
- **WGHC Strategy focal point meeting for strategy writeshop**
- **First and second Round Table discussion on Migrant Health Financing**
- **Ministerial level health collaboration meeting in between Myanmar and Thailand**
- **WGHC Secretariat also participated in the ASEAN Health Cluster Meeting Hosted by Myanmar and Global Fund RAI- RSC meetings**



Regional Meetings facilitated by WGHC Secretariat



GMS Working Group on Laboratory Services

- Regional Workshop for laboratory service and IPC (Mandalay)
- Regional Meeting on laboratory and Biosafety (Siem Reap)
- Regional Meeting on Anti Microbial Resistance (Yangon)



GMS Working Group on Infection Prevention Control

- Regional Workshop on Quarantine Services (Bagan)
- Regional Workshop on Nosocomial Infection (CAM)
- Regional Workshop on Health Care Waste Management (Lao)

Monitoring evaluation and reporting



- **WGHC-1 meeting outputs were reported to all WGHC members**
- **Regional Investment Framework was regularly updated in 2018**
- **Summary result framework and Indicators for Health Cooperation Strategy were drafted and consulting with countries for approval**
- **Project review missions and consultation missions were regularly conducted**
- **Project progress reports for GMS-HS projects were reviewed**
- **Meeting/workshop reporting were prepared**
 - **10 regional meeting reports**
 - **4 cross-border meeting reports**

Monitoring evaluation and reporting



- GMS WGHC and project activities were uploaded to the ADB- GMS website
- Update information of WGHC will be available at the following link

<https://greatermekong.org/2nd-meeting-gms-working-group-health-cooperation-wghc-2>

The screenshot shows the website for the Greater Mekong Subregion. The header includes the logo and navigation links: About, Countries, Focus Areas, Events, Projects, Statistics, and Contacts. The main content area is titled "2nd Meeting of the GMS Working Group on Health Cooperation (WGHC-2)" and includes the following information:

- Date:** 10 to 11 December 2018
- Location:** Yangon, Myanmar
- Description:** The Greater Mekong Subregion (GMS) Working Group on Health Cooperation will convene its second meeting (WGHC-2) on 10–11 December 2018 in Yangon, Myanmar.
- Agenda:** WGHC-2 is expected to review and formally endorse the final draft of the GMS Health Cooperation Strategy 2019–2023. The strategy provides a framework to guide the collective efforts of Mekong countries in tackling health issues affecting the subregion. Regional cooperation under the health cooperation strategy will focus on three priority concerns:
 1. improved GMS health system performance in responding to public health threats,
 2. strengthened protection for vulnerable communities from the health impacts of regional integration, and
 3. enhanced human resource capacity to respond to priority health issues in the GMS.
- Next Steps:** Formal endorsement of the strategy by the GMS Health Ministers is envisioned in early 2019.
- Last Updated:** 19 November 2018

A "Related" section on the right side of the page lists links for "Summary of Proceedings, Health Cooperation", "More on Health Cooperation", and "More Events".

Next steps and way forwards



- Finalize the action plan 2019 based on the priority regional activities
- Planned to organize the **GMS-Health Health Ministers' Meeting**
- **Health Cooperation strategy will be endorsed at the **GMS-Health Minister Meeting****
- Participate in other **GMS- Meetings** (*GMS-SOM, GMS-Economic Corridor Forum*)
- Expand collaboration with other development partners for sharing resources in the regional investment framework for health

WGHC

- Facilitate implementation of the **Health Cooperation TA**
- Explore additional potential funding sources for the new projects
- Facilitate regional and country consultation missions for the new projects
- Provide technical support and facilitate the regional meetings supported by ADB projects

WGHC
Secretariat

Thank you for your kind attention