

1st Meeting of the Greater Mekong Subregion Working Group on Health Cooperation (WGHC-1)

**Luang Prabang, Lao PDR
13-14 December 2017**

Introduction

1. The 1st Meeting of the GMS Working Group on Health Cooperation (WGHC-1) was held on 13-14 December 2017 in Luang Prabang, Lao Peoples Democratic Republic. WGHC-1 was co-organized by the Ministry of Health of Lao PDR and the Asian Development Bank (ADB). The meeting was attended by participants from the six GMS countries (Cambodia, Peoples Republic of China (PRC), Lao PDR, Myanmar, Thailand and Viet Nam), representatives of development partners (World Bank, World Health Organization (WHO), International Organization for Migration (IOM), and ADB), and civil society organizations (CSOs). A list of participants is in [Appendix 1](#).
2. The Meeting was chaired by Dr. Founkham Rattanavong, Deputy Director General, Department of Planning and International Cooperation, Ministry of Health of Lao PDR, and co-chaired by Ms. Azusa Sato, Health Specialist, Human and Social Development Division, Southeast Asia Department, ADB. A copy of the provisional agenda is in [Appendix 2](#).

Opening Session

3. Mr. Shunsuke Bando, Senior Country Specialist, ADB Resident Mission in Lao PDR, introduced the importance of the Lao PDR's health policy for sustaining national economic growth. He mentioned that ADB has recently approved Lao PDR's Country Partnership Strategy (CPS) 2017-2020 that emphasizes, among others, the importance of the GMS Program to support Lao PDR's transformation from a landlocked to a land-linked country. The CPS has identified three strategic priorities, one of which is enhanced human development, particularly improved access to health services. He mentioned the results of the extraordinary meeting of the former Working Group on Human Resource Development (WGHRD) held in July 2017 and the recent 22nd GMS Ministerial Conference held in September 2017 concerning the creation of the WGHC. He noted the significance of the meeting, the results of which would be reported to the upcoming 6th GMS Summit next year. A copy of his opening remarks is in [Appendix 3](#).
4. In his welcome remarks, Dr. Founkham Rattanavong, Ministry of Health of Lao PDR, noted the importance of the meeting in the context of achieving the Sustainable Development Goals (SDGs) and in supporting regional cooperation in health. He appreciated the presence of participants from GMS countries, development partners, and CSOs. He emphasized the importance of the meeting in finding a common objective for improving the quality of health and human resources development in the GMS.

Session 1: Regional Health Cooperation Under the GMS Program

5. Ms. Pinsuda Alexander, Economist, Regional Cooperation and Country Coordination Division, Southeast Asia Department, ADB, gave an overview of the GMS Economic Cooperation Program for the benefit of participants attending a GMS meeting for the first time. She provided the context for the creation of the new Working Group on Health Cooperation and how it has evolved from the former GMS WGHRD. She mentioned the findings of the review of the GMS Strategic Framework and Action Plan for HRD which recommended, among others, the creation

of the WGHC, given the strong performance and demand for the health subsector as shown in the existing regional cooperation program and projects. She outlined the next steps following the establishment of the WGHC, including the processing of a proposed technical assistance (TA) on Strengthening Health Cooperation in the GMS, preparation of a draft GMS Health Cooperation Strategy and the initial pipeline of regional cooperation projects, as well linkages with other GMS working groups such as those on tourism, agriculture, and environment. A copy of her presentation is in [Appendix 4](#).

Session 2: Defining GMS Health Cooperation

6. Ms. Sato, ADB, explained that the objective of the session was to discuss the role and purpose of the WGHC and the GMS Health Cooperation Strategy. She expounded on the idea of working together to harness the benefits from limited resources towards achieving shared health goals. She outlined the proposed approach for GMS Health Cooperation, as follows:

- (i) establishing a working group on health cooperation and defining its terms of reference, scope of work, norms, and reporting arrangements;
- (ii) developing, endorsing and implementing a GMS Health Cooperation Strategy guided by a common vision and agreed milestones;
- (iii) knowledge sharing; and
- (iv) developing a regional projects list.

7. She emphasized that the WGHC and the strategy are broader than ADB, and meant to be a country-owned platform to support coordination of GMS health cooperation across all financing sources. It is expected that from the discussions, the meeting would reach agreement on the terms of reference (TOR) of the WGHC, provide inputs to the Health Cooperation Strategy, and share additional information on the regional health project pipeline. A copy of her presentation is in [Appendix 5](#).

Open Discussion:

8. In response to a query on how to align the regional approach in program planning with the national level, Ms. Sato stated that it is up to the countries to choose the pillars of the regional strategy that reflect the country strategy.

9. IOM noted that the pattern of labor migration in the GMS is irregular, lack documentation, and under the radar. Migrants are not able to access health care as a result. IOM noted that these are issues that the Working Group could work on and address through mainstreaming labor migration issues in health cooperation.

10. It was confirmed that the proposed GMS Health Cooperation Strategy would be aligned with the ASEAN strategy.

Session 3: The GMS Working Group on Health Cooperation

11. Mr. Randolph Dacanay, Consultant, ADB, recalled initial ideas on how to approach GMS health cooperation, which evolved from previous meetings of the WGHRD and the Health Subgroup. The current meeting would now validate ideas about the composition, TOR, scope of work, reporting mechanism, areas of collaboration and linkages of the WGHC. He discussed the rationale for the WGHC: i) serve as a platform for regional health cooperation; ii) strengthen

regional health cooperation; iii) institutionalize health as a regional public good; and iv) promote multilateral and bilateral cooperation on cross-border initiatives.

12. He presented the proposed functions of WGHC as suggested by the countries at the July 2017 meeting in Bangkok: (i) develop and work for the endorsement of the GMS Health Cooperation Strategy; (ii) promote knowledge sharing and information exchange on regional health issues; (iii) undertake and oversee operational research and other knowledge products on health cooperation; (iv) ensure policy coherence and alignment of current regional and national policies and guidelines on health coordination and collaboration; (v) develop and promote a supportive policy environment for health cooperation; (vi) network with other GMS sector working groups such as those on transport and trade facilitation, agriculture, tourism, environment, and urban development; and (vii) develop a GMS regional health investment portfolio as input to the GMS Regional Investment Framework.

13. Mr. Dacanay also presented the proposed composition and representation in the working group, roles of members, and basic responsibilities of WGHC members. He mentioned that some countries have already nominated their respective core members and country focal for the working group as well as for the strategy development, and requested the other countries to submit their nominations by 15 February 2018. He clarified that the proposals and suggestions concerning the WGHC are still subject to refinements as may be decided by the countries. He also presented the functions of the WGHC Secretariat, its reporting mechanisms, and meeting arrangements. A copy of his presentation is in [Appendix 6](#).

Open Discussion:

14. Representative of Raks Thai Foundation emphasized two things, namely, (i) the role of the Secretariat as a central office that can function independently, and (ii) the participation of civil society organizations.

15. In response to Lao PDR's request for clarification as to whether the working group itself would undertake operational research, and networking with other working groups, Mr. Dacanay explained that the working group would not actually undertake research, but rather could guide related work undertaken by external consultants and experts. Ms. Alexander also noted that with regard to networking with other sector working groups, representatives of these other sectors could be invited to WGHC meetings to share information and knowledge regarding their sector interventions related to health to promote cross-over and cross-pollination of ideas and knowledge.

16. The Meeting agreed that CSO participation would add value to the work of the working group. However, this would need to be further defined at a subsequent project meeting, for example, whether national or international CSOs are to be involved.

17. PRC representative noted that countries' participation in the working group would need to be clearly defined (whether from the central government, or from Yunnan and Guangxi, in the case of PRC) and integrated into a further enhanced TOR.

18. Lao PDR would like to know more how to work better with other partners.

19. In response to the World Bank's query about the role of development partners in the WGHC, ADB noted that there are a lot of synergies and opportunities for collaboration with

development partners to support activities under the strategy. Lao PDR noted that there are different layers of coordination and collaboration between countries and development partners. Another comment was on the need to develop a system for integrating specific country needs and requirements not just to focus on any particular disease.

20. Ms. Alexander stressed that spatial and cross-border focus is not disease-specific. In other working groups, once they have decided on sector strategic pillars and priorities, development partners may be invited to participate in specific programs and projects.

21. Thailand noted that countries have bilateral health cooperation with other countries and that the WGHC is another platform for subregional health cooperation that is higher than bilateral cooperation but below ASEAN (i.e., regional) cooperation. The GMS Program has modalities for implementing actual projects besides policy coordination, hence the possibility of linkage with other sectors. Thailand recognized the GMS program's focus on border areas that is not disease specific.

22. To gather additional inputs and suggestions on the TOR as the meeting progressed, participants were invited to place their comments on sticky notes to be posted alongside the posters located at the rear end of the meeting room. All comments would be consolidated on the draft TOR, circulated to participants for their review and comments, and finalized by 31 January 2018.

Session 4: The GMS Health Cooperation Strategy: Validating the Framework

23. Mr. Alistair Briscoe, ADB Consultant, outlined the process for the development of the draft framework of the GMS Health Cooperation Strategy, a process involving extensive country consultations to capture ideas and inputs for incorporation in the strategy in addition to those resulting from previous GMS health-related meetings. He presented the three proposed strategic pillars of the draft framework and the corresponding proposed program areas and cross-cutting themes, namely: (i) health security as a regional public good; (ii) border area and migrant health; and (iii) health human resource. A copy of his presentation is in [Appendix 7](#).

24. Mr. Briscoe's presentation was followed by caravan exercises to validate the proposed framework by drawing out ideas and inputs from the participants who were divided into different groups per strategic pillar, and assisted by facilitators. Each group then reported to the plenary a summary of their discussions per pillar.

25. After the group presentations and plenary discussions, Ms. Sato noted that the ideas resulting from the caravan would be studied carefully with the end in view of coming up, not with an ambitious strategy and plan, but rather a realistic and doable one.

Session 5: The GMS Health Cooperation Strategy – A Window into the Future

26. This session featured group discussions on imagined newsworthy and groundbreaking milestones on health cooperation that might highlight the WGHC activities and achievements in the years ahead up to the year 2022. This exercise was done to capture the participants' ideas and insights on priority issues and topics that they thought the strategy might address, and could be featured in newsworthy articles and releases to share with the public.

Session 6: GMS Health Cooperation – Identifying Milestones for Success

27. Working backwards, from the desired common vision and overarching goals for GMS Health Cooperation, participants mapped out various steps and milestones to be achieved over the period 2018-2022. It included activities and mechanisms to be employed, indicators for success, gaps that remain to be filled, and reporting targets to GMS senior-level meetings, including the GMS Ministerial Meeting and Summit of Leaders Meeting.

Session 7: Development Partners: Opportunities for Engagement

28. The Meeting discussed opportunities for harmonizing the GMS Health Strategy with the priority programs of development partners. Communicable disease control was of particular interest for Lao PDR since it shares borders with neighboring GMS countries. GMS participants also took note of the wider range of health activities already being undertaken in the subregion.

29. The representative of the World Bank stated that health is a priority focus and noted that there are opportunities for sharing of knowledge and experience, and connecting with other countries, which can support some of the projects/activities. She noted that their health sector projects in most of the GMS countries could support some of the activities contemplated in the proposed GMS Health Cooperation Strategy. They could also look at opportunities where countries can come up with regional projects. Also, middle-income countries can access World Bank's IBRD facility. She emphasized that demand would have to come from the countries themselves, that regional projects can start with a few countries, with the option to involve other countries. She mentioned technical assistance projects on health security co-financed by other donors that could also support activities to implement the GMS Health Cooperation Strategy.

30. The representative of IOM noted that they have been active in the subregion since 2006, in areas such as labor migration, HIV, and malaria, and in partnership with ADB and GMS countries. MOUs with Ministries of Health of GMS countries are entry points for such partnership. She noted that migration is inevitable because of the interconnectedness of the countries, and there are positive as well as negative dimensions of the migration process that cut across social determinants of health. IOM, which works on evidence-based policies in the 6 GMS countries, noted that Thailand is champion country on migrant health matters through sharing of good practices. IOM also has experience on public health emergencies (SARS, avian flu, pandemic preparedness) covering migrants, and could also bring lessons from the ebola experience in Africa. They could also share data on population movement across economic zones, and their work on labor migration under its Poverty Reduction through Safe Migration, Skills Development and Enhanced Job Placement in Cambodia, Lao PDR, Myanmar and Thailand (PROMISE) program, as mentioned in the Regional Investment Framework (RIF). IOM looked forward to working with WGHC and would explore interphase opportunities with the GMS Health Cooperation strategy.

Open Discussion:

31. In response to Thailand's request for more details about PROMISE, IOM stated that the program is funded by the Swiss Development Cooperation Agency. It is focused on labor migration of low-skilled migrants to mitigate the negative effects of migration on them, provide training to the labor market sector and conduct pre-departure orientation to better inform migrants on how to access health care when they come to Thailand.

32. Mr. Kyi Thar, Consultant, ADB, mentioned IOM's project in Myanmar on HIV/AIDS prevention.

33. Participants exchanged information and experiences on various platforms for cooperation and engagement with CSOs:

- Representative of Raks Thai Foundation said that they work with migrants as providers of health information. They work closely with the Ministry of Health and are coming up with projects addressing migrant issues. They noted that there is room for involving CSOs in the GMS health cooperation program and engaging them to influence policy at the regional level.
- Myanmar noted the opportunity for local and international CSOs to be involved in providing universal health care to ethnic populations in cross-border areas.
- PRC shared information about their training institute for migrants and the country's experience with migration issues.

Session 8: The Regional Investment Framework 2022 Pipeline Projects in Health

34. Ms. Alexander, ADB, introduced the Regional Investment Framework 2022, a medium term pipeline of priority regional projects in the GMS proposed to be implemented up to 2022, which was endorsed by the 22nd GMS Ministerial Conference as an instrument for aligning regional and national project planning for GMS projects and as a tool for galvanizing new financing for projects. RIF 2022 is a living document to be updated annually. The pipeline, estimated at \$68.8 billion, currently consists of 234 projects - 150 investment projects (\$68.5 billion) and 84 technical assistance projects (\$288 million) covering 10 sectors, mostly in the transport sector but with significant shares from other sectors including Health and other HRD projects. The pipeline includes projects proposed by the sector working groups and the individual countries, as well as projects of development partners which are supporting GMS sector strategies and to which such partners contribute financing or co-financing. She outlined the criteria for project selection and the business process involved and noted that the list of projects for Health could later expand to include those that the Health Strategy would cover. A copy of her presentation is in [Appendix 8](#).

Open Discussion

35. Representative of Lao PDR emphasized the need to balance support across sectors, including health, noting the preponderance of transport projects in the RIF.

36. Ms. Alexander stated that priority rankings to be provided by the countries for proposed projects across program areas under the three pillars of the Health Cooperation Strategy will be summarized and reflected in the next revised version of the RIF 2022.

Session 9: The Way Forward

37. Ms. Sato, ADB, summarized the proposed next steps in the process of completing the GMS Health Cooperation Strategy and having it finally endorsed at the GMS Ministerial Conference in 2019. The proposed next steps for the WGHC:

- (i) finalize its TOR by 31 January and the nomination of its core members by 15 February 2018;
- (ii) receive final comments on the draft GMS Health Cooperation Strategy by end of February 2018;
- (iii) report to the 6th GMS Summit in March 2018 on the formal establishment of the WGHC, the broad outline of the framework of the GMS Health Cooperation Strategy, and the regional project pipeline for the Health Sector under the RIF 2022;
- (iv) seek the endorsement of the Strategy by WGHC-2 in Q3/Q4 2018, by the GMS Senior Officials in 2018, and by the GMS Ministerial Conference in 2019.

38. She also updated participants on the status of the regional TA project being processed by ADB to support activities of the WGHC and its secretariat. WGHC would be informed of future activities under the proposed TA. A copy of her presentation is in [Appendix 9](#).

39. With regard to the PRC's representation in the Working Group, given the participation of its two provinces Yunnan and Guangxi in addition to the central government, the Meeting agreed to increase PRC's membership from 4 to 6 members.

40. Thailand stressed the importance of getting the endorsement of the Strategy by the Ministers of Health since the line ministry will be involved in its implementation.

41. A copy of the draft GMS Health Cooperation Strategy would also be circulated to CSOs to get their inputs.

42. Ms. Sato informed the meeting about the GMS website <http://greatermekong.org> that features information on sector activities under the GMS Program. WGHC secretariat would work on a webpage for the WGHC to be put up in the website to serve as a platform for the working group to share information with each other and with the general public.

43. The Meeting agreed on the highlights of WGHC-1 as shown in [Appendix 10](#).

Wrap-up, Evaluation, and Closing Session

44. Participants were requested to fill up an evaluation form for the Secretariat's guidance in planning the next meeting.

Closing Session

45. Heads of Delegation gave their concluding remarks, expressed their thanks to the Lao Government and ADB for hosting and organizing the Meeting, and their colleagues from the other GMS countries for their active contributions to the Meeting. The meeting agreed that the next WGHC meeting would be held in Myanmar.