Third Meeting of the GMS Working Group on Health Cooperation
12–13 December 2019, Bangkok, Thailand

SUMMARY OF PROCEEDINGS

1. The Third Meeting of the GMS Working Group on Health Cooperation (WGHC-3) was held on 12–13 December 2019 in Bangkok, Thailand. WGHC-3 was co-organized by the Ministry of Public Health (MOPH) of Thailand and the ADB. The meeting convened participants from the six GMS countries (Cambodia, PRC, Lao PDR, Myanmar, Thailand, and Viet Nam) and representatives of development partners, civil society organizations (CSOs), private sector, and ADB (list of participants in Appendix 1).

2. WGHC-3 aimed to strengthen regional and country health systems through the effective implementation of the GMS Health Cooperation Strategy 2019–2023. It was organized into three sessions: (i) Implementing the GMS Health Cooperation Strategy, (ii) Draft Strategic Results Framework and Regional Action Plan of the GMS Health Cooperation Strategy, and (iii) WGHC Business Matters (Concept note and agenda in Appendix 2).

Day 1 (12 December 2019, 8:30–5:00 p.m.)

Opening Session

3. Dr. Supakit Sirilak, Deputy Permanent Secretary, MOPH, Thailand, welcomed the participants to the meeting. He highlighted that the WGHC-3 theme of *"Advancing Health Partnerships in the GMS"* complements Thailand's ASEAN Chairmanship this year. He believed in working with partners to address health issues in the GMS and that the endorsement of the Health Cooperation Strategy reflected the high-level commitment to enhance regional health cooperation to foster regional health security, address border area and migrant health, and strengthen health workforce development. He was glad to learn that the Strategic Results Framework and Regional Action Plan will soon be finalized. He thanked ADB for co-organizing WGHC-3 and wished the participants a fruitful meeting.

4. In his opening remarks, Mr. Hideaki Iwasaki, Country Director, Thailand Resident Mission, ADB, thanked the participants for coming to the meeting. He recognized the important role Thailand plays in the subregion. He considered the meeting as a good opportunity for ADB to engage with member countries. He underscored that the ADB Strategy 2030 as well as the country programming strategy of Thailand cited regional cooperation and integration (RCI) as a key pillar and thus, placed importance on the role of partnerships.

5. Ms. Ayako Inagaki, Director, Human and Social Development Division, Southeast Asia Department, ADB, noted that the WGHC annual meeting has become a venue to discuss pressing health issues and subsequent regional initiatives to help address these issues. She pointed out that WGHC-3 was a milestone as it aimed to take stock of the progress of the GMS Health Cooperation Strategy 2019–2023 and agree on actions to keep track of performance. She outlined the meeting's focus: (i) migrant health solutions in the ASEAN and GMS, (ii) region's readiness to address the next pandemic outbreak, (iii) One Health research and actions, (iv) multi-sector responses to health

impact, and (v) engaging private sector more in health cooperation. She similarly highlighted the importance of RCI in the ADB Strategy 2030 and mentioned gender perspective in the area of health as well as the impact of climate change risk on the health of people as additional important regional priorities.

6. Mr. Randolph Dacanay, Consultant, ADB, gave a quick overview of the timeline and accomplishments of past WGHC meetings and proceeded with introducing the participants.

Session 1: Implementing the Greater Mekong Subregion Health Cooperation Strategy

A. Rolling out Universal Health Care for Migrant and Mobile Populations

7. Mr. Rikard Elfving, Senior Social Sector Specialist, ADB, briefed participants on the proposed *GMS Healthy Border Special Economic Zones (SEZ) Project* that will be implemented in Cambodia, Lao PDR, and Myanmar. He highlighted the important role of migrant populations in the economic growth of the region and at the same time their vulnerability, particularly evident in health. He described the project design, including its outcome, impact, three proposed outputs and key activities to be supported under each output, implementation arrangements, and next steps. Processing of this USD72 million initiative will commence in 2020 and is expected to be approved by the ADB Board in the first quarter of 2021 (copy of his presentation in Appendix 3).

8. Ms. Inagaki, ADB, complemented Mr. Elfving's statements by underscoring the importance of regional cooperation in this new project. Although the project covers three countries initially, involvement of the other countries is very important, citing knowledge partnerships as an example.

9. Dr. Patrick Duigan, Regional Migration Health Advisor, IOM, presented statistics, trends, agreements/declarations/resolutions, and activities regarding global, regional, and national migration health agenda relevant to GMS countries. Migration is a long-term and large scale phenomenon, with global migrants reaching one billion persons (250 million international migrants and 750 million internal migrants). Mobility within and across regions is expected to increase due to many factors, including better infrastructure, more regional integration and cooperation (e.g., ASEAN economic integration and Belt and Road Initiative), demographic and economic changes, and increasingly, climate change. This will require multi-sectoral approaches and more coordination, collaboration and cooperation among countries, particularly on migrant health issues. He emphasized that no ministry, no country, no region can address migrant health issues by themselves. He concluded by pointing out that GMS countries have already undertaken various activities on the health front (e.g., universal health coverage, TB, HIV, health security) but the challenge lies in integrating migrant health into all these. Migrant health should be coordinated not only from the Ministry of Health but also with other ministries (e.g., Labor, Immigration, Social Welfare) and the private sector. Encouragingly, several GMS countries, including Myanmar, Thailand, Cambodia, and Viet Nam have begun work towards a migrant health policy process at the national level, with the support of IOM. However, more needs to be done to coordinate and harmonize these policies between countries. He encouraged the WGHC to strengthen partnerships on migrant health by linking up its activities with existing activities at the country, regional, and global levels (copy of his presentation in Appendix 4).

10. Dr. May Thinza Kyi, Public Health Expert, United Nations Office for Project Services (UNOPS) presented the *Tuberculosis Elimination Among Migrants (TEAM) Project*, a regional TB

grant funded by the Global Fund to support cross-border migrants, migrant workers, refugees, and their accompanying dependents in the five GMS countries. She shared the results and challenges encountered in the project's first year of operations (copy of her presentation in Appendix 5).

11. Dr. Thaworn Sakunphanit, Advisor, Health Economics and Health Security Division, MOPH, Thailand shared the experience of Thailand in providing health insurance to migrants, including those who are undocumented. He also outlined the planned short-term and long-term reforms in their migrant health insurance. These initiatives are in line with goals of achieving health security for all the people working and residing in Thailand and not just for Thai people (copy of his presentation in Appendix 6).

Open Discussion

12. As a comment on the *GMS Healthy Border SEZ Project*, Ms. Francesca Gili, EU-Thailand, shared the findings of a recent research to support the EU's *Safe and Fair Project* for women migrant workers. Research showed that these women used smartphones heavily and preferred using available social networks over specialized apps. Women migrant workers preferred social media apps, including Facebook, WhatsApp, Line, and Viber depending on their country of origin or destination. She recommended using Facebook as a platform to direct target beneficiaries to the specialized app of the *GMS Healthy Border SEZ Project* in case one would be developed for the project.

13. Mr. Duigan, IOM, also shared the findings of a similar research that showed migrants, particularly those coming to Thailand, spent their first pay check on smartphones and preferred using existing social networks. He suggested capitalizing on these research findings in working with migrants.

14. Mr. Elfving, ADB, appreciated the shared research findings which will be helpful in the project's design moving forward. He reiterated the importance of looking into best practices and working with development partners that have developed tools and methodologies to reach out to migrant populations.

15. In response to the question on what is the ADB strategy under the *GMS Healthy Border SEZ Project* in terms of working with other partners, Mr. Elfving mentioned that ADB intends to advance partnerships, which is the theme of WGHC-3, by working with new and existing partners (e.g., technical agencies, CSOs, private sector) who have strong roles in providing health services in the SEZs identified in the project. The private sector—factories and industries—play a key role in the project as they have obligations in providing insurance and platform or service to workers to ensure they have access to needed health services.

16. Mr. Duigan, IOM, concurred with the comment of Mr. Xiaoping Dong, Center for Disease Control and Prevention (CDC), PRC, that nutrition is one of the problems of migrating families and there is a need to pay greater attention to health education of children of migrant workers. It is essential to look after not just migrants' health and work environment but also their families' health situation.

17. Dr. Phusit Prakongsai, MOPH, Thailand, raised the question on how international development partners can work together with the countries who are faced with different situations

and problems on migrants. In the case of Thailand, while they have a health insurance mechanism in place, undocumented migrants remain a big problem.

18. Mr. Elfving, ADB, was pleased that the question was asked in the meeting where there is opportunity to tap and create new partnerships with attending development partners who have comparative advantages on migration issues. He noted that the WGHC also serves as a good platform where new sub-groupings like mobile and migrant population (documented and undocumented) can be created to address these issues. WGHC can also connect with existing forums and platforms to support the countries.

19. Dr. Kyi, UNOPS, responded by citing that the TEAM multi-country grant is able to provide differentiated solutions to the five countries under the project since its intervention approach is based on the specific situation, needs, and funding availability of each country.

20. In his response, Dr. Duigan, IOM, explained that countries and the private sector benefit from migrants in terms of cheaper labor, accessible workforce, and contribution to GDP and as such, have a shared responsibility to work together for migrant health. Thailand may be advanced in creating a migrant insurance scheme, but other countries like Myanmar, Cambodia, and Viet Nam are starting to develop policies in this area. This presents an opportunity to explore possible linkages among the countries.

21. Dr. Sakunphanit, MOPH, Thailand, commented that regional, bilateral or multilateral agreements on migrant insurance among countries may be difficult to undertake at the moment in view of differing legal systems, insurance infrastructures, and lack of financing mechanisms, among others. However, cooperation and partnerships may start with some initiatives that can be implemented across countries like vaccination of children.

22. On the query of Mr. Nicholas Durier, M-Fund, regarding coverage of the vaccination and treatment of important infectious diseases as part of the short-term reforms for Thailand's migrant health insurance, Dr. Sakunphanit, MOPH, Thailand, confirmed that all migrants, even those not registered or covered by health insurance, will be provided treatment and vaccination for some infectious diseases identified as priorities (e.g., vaccines for children below 7 years old and TB). Treatment and vaccination for all migrants are limited to priority diseases due to funding constraints, but the MOPH continues to negotiate with their Parliament to expand diseases covered.

B. Operationalizing Health Security as a Regional Public Good

23. Mr. Richard Brown, Program Manager, Health Emergencies and AMR, WHO-Thailand, reported on the region's preparedness for the next pandemic event. His presentation covered the (i) top ten threats to global health, with influenza as the biggest potential pandemic risk due to increase in population, poultry and pig production, and global travel; (ii) potential cost of a pandemic; (iii) existing global frameworks that help to prepare and respond to pandemics; (iv) Joint External Evaluation (JEE) Tool that is used to assess a country's capacity to prevent, detect and respond to public health events; and (v) JEE assessment results of the five GMS countries (excluding PRC) which showed the need for more work on pandemic preparedness. He underscored the need to build capacity for prevention, preparedness and response for seasonal influenza as it affects every country every year. The program for seasonal influenza surveillance,

prevention and control is embedded in similar programs for other diseases which makes it absolutely essential for pandemic preparedness (copy of his presentation in Appendix 7).

24. Dr. Hirofumi Kugita, OIE Regional Representative for Asia and the Pacific, presented updates on OIE health initiatives and transboundary diseases in the GMS such as zoonotic flu. He showed how OIE's priorities align with the GMS Health Cooperation Strategy by sharing OIE activities related to the different programming areas and their cooperation with FAO and WHO. As part of the One Health response to public threats, he shared OIE's strategies and supporting work on AMR and rabies (copy of his presentation on Appendix 8).

25. In his presentation, Dr. Vipat Kuruchittham, Executive Director, Southeast Asia One Health University Network (SEAOHUN), underscored the importance of investing in the workforce, particularly development of skills (hard/technical and soft) for a sustainable and effective health security system. He gave a background on SEAOHUN and its work in developing One Health workforce, which highlighted the roles of academic networks in strengthening regional health security systems (copy of his presentation in Appendix 9).

Open Discussion

26. Mr. Dong, CDC, PRC, remarked that the production of influenza vaccines globally and accessibility of these vaccines, especially in the region, are two things that need much attention. He asked how vaccines can be obtained on time or if there is enough capacity to transport vaccines and inject to humans on time. He further asked if the price of rabies vaccines can be reduced and if there is an organization that supplies these vaccines free of charge.

27. On rabies vaccines, Dr. Kugita, OIE, explained that OIE has established a vaccine bank which provides member countries access to quality vaccines at a reasonable price. In case of emergency cases, OIE can provide vaccines for free. Otherwise, member countries have to pay.

28. On human vaccines for influenza, Ms. Asheena Khalakdina, WHO, commented that vaccines are the mainstays in the response to pandemic influenza. Although the expectation is six months to develop a pandemic vaccine, WHO has been working with manufacturers for years to ensure systems are in place that will quickly convert the manufacturing capacity and capability from seasonal influenza vaccine into a pandemic influenza vaccine. WHO works with manufacturers, industries and national regulatory authorities to ensure that vaccines will be quickly deployed. She highlighted that a good seasonal influenza program globally allows for developing systems for pandemic influenza. She also noted that there is a global influenza surveillance system called GISRS in which all countries participate.

29. In relation to the remark of Mr. Filip Claes, FAO, on the limited resources in strengthening animal health capacities in countries, a question was raised on how ADB can engage the animal health sector through the WGHC mechanism. Mr. Elfving, ADB, welcomed the question as it compels strategic thinking on how alliances can be formed with the other sectors of health. Within the WGHC, he encouraged sub-meetings where colleagues in food and agriculture, and livestock and human health can meet to ensure investments in initiatives under One Health, especially since One Health is a top priority for ADB.

30. Dr. Soawapak Hinjoy, MOPH, Thailand, cited that veterinarians working in MOPH, Thailand exemplify how there can be synergy between the human health and animal health sectors. Similarly, Dr. Kuruchittham, SEAOHUN, explained that in their universities they put together students across various disciplines to learn together and build relationships which they bring to their professional work. SEAOHUN promotes a multi-disciplinary approach not only in the universities but also in government and the private sector.

31. Mr. Elfving, ADB, echoed the need to bring forces together, especially in health security. He reiterated WHO's reminder of the need to put pressure on decision makers to understand the cost of an outbreak and therefore, the need to make a continuous commitment to health security. Low-cost, high-impact investment can make a huge difference when it comes to health security.

32. Mr. Duigan, IOM, underscored the importance of integrating migrants in health security. Migrants need access to health care and health education as they may be the first to experience some of the pandemics and be the ones spreading these when they travel back and forth to their countries. He shared that in IOM's review years ago of 22 pandemic preparedness plans in Asia Pacific, only Thailand and Papua New Guinea mentioned migrants in their respective plans.

C. Innovations in Strategy Implementations

33. The presentation of Ms. Gene Peralta, Consultant, ADB, on healthy urban development reinforced benefits to be gained from cross-sectoral partnerships (e.g., transport, urban and energy sectors) and collaborations to achieve greener and healthier environment in cities. She called on the Health Sector to provide more leadership by integrating health in all policies. Health leadership can be done through a regulatory approach (e.g., compliance to health impact and environmental impact assessments for infrastructure projects) or proactive approach (e.g., participating in planning for cleaner infrastructures and in country program strategies) (copy of her presentation in Appendix 10).

34. Mr. Philip Zuniga, Technical Director, Standards and Interoperability Lab–Asia (SIL–Asia), talked about SIL–Asia and the work it does to provide targeted digital health support and solutions, particularly interoperable health systems and labs, across countries. He closed with an invitation to all to collaborate with SIL–Asia as they looked forward to sharing their experience with government, vendors and international experts to build interoperable labs and eventually transform these into regional digital health hubs (copy of his presentation in Appendix 11).

Open Discussion

35. Ms. Petchsri Sirinirund, MOPH, Thailand, asked if there are predictions or projections on where urban development will take place in the countries so strategies could be crafted to prevent the usual problems associated with such developments. In response, Ms. Peralta, ADB, explained that policy makers and urban planners identify sites like airports outside the city, industrial parks, and economic zones where urban areas are anticipated to grow. These areas are catalysts for the creation of small towns and eventually cities, as experienced in PRC, Viet Nam, and Thailand. She emphasized that regulatory measures and requirements for infrastructure projects should be strictly complied with to mitigate negative impacts.

36. On another question from Ms. Sirinirund regarding solutions available to have a regional database, Mr. Zuniga, SIL–Asia, confirmed that there are solutions, but the suitable solution has to be determined. He pointed out that capacity is already in the region with Viet Nam and Thailand having established their interoperability labs. SIL–Asia can help select or implement the right digital health solution.

37. When sought for opinion by Mr. Hooshmand Palany, ASEAN Business Advisory Council (BAC), Malaysia, if the private sector IT players may be intentionally not providing interoperability solutions due to vested interests, Mr. Zuniga responded by stressing the important role of government to give direction and set up standards and protocols to ensure interoperability. There is a people dimension to interoperability, that is, parties should come together and discuss how to connect their systems. On Mr. Palany's suggested regulatory sandbox solution for interoperability projects, Mr. Zuniga mentioned that SIL–Asia, with support from ADB, has already set up sandboxes.

Session 2: Greater Mekong Subregion Health Cooperation: The Draft Strategic Results Framework and Regional Action Plan of the GMS Health Cooperation Strategy 2019–2023

38. Dr. Kyi Thar, Consultant, ADB, reported on the activities and accomplishments of WGHC in 2019 (copy of his presentation in Appendix 12).

39. Mr. Royce Escolar, Consultant, ADB, briefed the participants on the draft Strategic Results Framework and the Regional Action Plan, which will be used to monitor and implement the GMS Health Cooperation Strategy (copy of his presentation in Appendix 13).

Session 3: Working Group on Health Cooperation Business Matters

40. Ms. Pinsuda Alexander, Economist (Regional Cooperation), ADB, gave an overview of the draft GMS Long Term Strategic Framework (GMS 2030) which was presented at the GMS Ministerial Conference on 18 November 2019. She explained the rapidly changing global factors that became the rationale behind crafting a new GMS strategy and the other elements of the strategy. Under regional health cooperation, she mentioned additional four areas that are proposed to be included in the GMS 2030 (i.e., trade in health services, addressing climate change impacts, addressing gender gaps and inequalities, and cross-sector alliances). The strategy will still undergo some revisions following further consultations with sectors and countries. The final version will be reviewed and adopted by the Leaders of the GMS countries at the 7th GMS Summit in 2021 (copy of her presentation in Appendix 14).

41. Mr. Dacanay, ADB, showed a provisional list of regional health events in the GMS in 2020 and their indicative dates. The list will be posted in the website and updated as information on other key events aligned with the Health Cooperation Strategy become available (copy of his presentation in Appendix 15).

Open Discussion

42. Dr. Prakongsai, MOPH, Thailand, noted the lack of activities under the preparedness dimension of health security when this was cited by WHO as an area that needs more attention based on the results of WHO's JEE of the GMS countries. He further noted that there are a lot of

activities under the laboratory capacity training. He also sought clarification on the relationship of the sub-working groups.

43. Dr. Kyi Thar, ADB, assured that there will be regional preparedness activities under health security as the health security regional action plan has yet to be finalized. These proposed activities will be discussed in the side meeting on the Strategic Results Framework and Regional Action Plan. On the sub-working groups, the same WGHC members will compose the three sub-working groups that are focused on specific technical areas.

44. Mr. Elfving, ADB, reiterated that the Regional Action Plan is still being updated and so more priority may be placed on regional health security, if needed. He echoed the point of action raised by Mr. Escolar in his presentation on whether the WGHC would like an annual regional action plan or one that covers until 2023. In view of the limited capacity of WGHC, he proposed to focus on key areas on an annual basis and make sure to deliver results on those areas. In terms of the sub-working groups, there is flexibility in creating additional sub-working groups such as cross-sectoral approaches mentioned by Ms. Alexander, and migration and health.

45. Mr. Escolar, ADB, explained that one of the objectives of the meeting is for countries to generate ideas which could be used to identify projects in the regional investment framework (RIF). Thus, if Thailand would like to focus on regional preparedness based on the WHO presentation, it is welcome to propose activities on this area to be included in the Regional Action Plan.

46. In response to the question of Mr. Han Win Htat, PSI, Myanmar, on how the sub-working groups will engage development partners, Mr. Elfving mentioned that the sub-working groups are not exclusive. Sub-working groups would welcome the participation of development partners with similar programs on particular areas to find out complementarities and to coordinate and synergize efforts for the best interest of the region. The secretariat's role is to do the mapping on what the various development partners are doing in the key pillars in the Health Cooperation Strategy. Once the sub-working groups have been established, it is the responsibility of the chairs to ensure that these development partners are involved to the extent possible.

47. On the Regional Action Plan, there was a comment that focusing only on 2020 may result in missing out on activities that can contribute to the achievement of outcomes or KPIs. It was also observed that there seems to be activities that may not contribute to attaining the KPIs and therefore, not worthwhile pursuing. Existing data by the WHO or other development partners may be used to replace some KPIs.

48. On the request for the concept note of the *GMS Healthy Border SEZ Project* for more information, Mr. Elfving agreed to share the concept paper which was just recently approved. He is pleased with the interest in the project and welcomed queries on project details. There will be several meetings and consultations in the course of project preparations.

49. To wind down the discussions, countries were given opportunity to give any comments:

- Dr. Ly Sovann, Ministry of Health, Cambodia aired ideas for a proposed sub-working group on regional health security participated in by the six GMS countries and development partners. Preparedness is already being addressed individually by each country and this sub-working group is envisioned to be a platform for knowledge sharing and filling in gaps.

- Mr. Shiwen She, National Health Commission, PRC, commented that GMS is only one of the many bilateral and regional cooperation mechanisms in the region. One of WGHC's important roles is to strengthen areas where gaps remain with current national, bilateral, and regional health efforts. He suggested that the Strategic Results Framework should guide health cooperation under the GMS mechanism rather than to coordinate all health work under other bilateral and multilateral mechanisms in the region. The monitoring and evaluation of the implementation of the Strategy should use indicators that measure the achievement of health cooperation under the GMS mechanism and not include those by other mechanisms. Moreover, he thought some of the KPIs are not reasonable and looked forward to the side meeting to discuss specific amendments to the Strategic Results Framework and Regional Action Plan.
- On the Strategic Results Framework, Dr. Founkham Rattanavong, Ministry of Health, Lao PDR, suggested that in view of the many activities or areas of action, the baseline or "where we are" should be determined before setting targets. Actions should be clear on when, how and who should carry them out. It is also important that actions should be categorized into short-term, medium-term, and long-term.
- Dr. Hay Mar Soe, Ministry of Health and Sports, Myanmar, raised the idea of a multi-sectoral platform where working groups across sectors can discuss cross-cutting issues. This will allow for a wider perspective of the GMS Strategy as a whole and not just Health Cooperation Strategy.
- Viet Nam noted that the WGHC has come a long way since its creation. It expressed hope that the GMS countries can continue to work closely in the next year to realize all the actions set out, including the RIF projects.

50. Mr. Palany, ASEAN-BAC, agreed with PRC that the WGHC should not overlap or go too deeply into what the other global healthcare agencies are doing. He also suggested that since ASEAN, WHO, and ministries of health of individual countries are already formulating medical-related, healthcare-related, public health-related projects, what the ADB and other development partners can do is to bring in latest ideas. He cited as an example making digital healthcare as the guiding principle in implementing healthcare projects in the GMS.

51. Mr. Elfving, ADB, pointed out that neither the Strategic Results Framework nor the Regional Action Plan is ready and the side meeting is intended to discuss these further. He reminded that in working on the Strategic Results Framework, it should not become complex or hard to understand since it is a tool to help the WGHC to take stock and assess on whether or not the results agreed upon are being delivered. He further reminded that the process should not be rushed as ownership and commitment among all the countries are important. He ensured continuing ADB support for the process. On digital healthcare, Mr. Elfving welcomed the suggestions and emphasized that one of the objectives of the WGHC-3 is to plant the idea of incorporating digital health solutions within the agenda of the GMS Health Cooperation Strategy.

52. Ms. Inagaki, ADB, commented that the benefits of regional cooperation are difficult to measure and as such, work on the Strategic Results Framework will take some time. Moreover,

not all countries have definitively decided on what they want to achieve with the Strategic Results Framework. She encouraged countries to collectively think through their desired outcomes in the next year/s. Setting specific targets in the Strategic Results Framework will help convince players outside of the health sector to invest in regional health cooperation, including migrant and mobile population whose impact and importance remain unrecognized by some. On the *GMS Healthy Border SEZ Project*, she looked forward to receiving inputs, interventions and partnership offers once the concept note is shared.

53. WHO noted that the IHR and APSED lay out the areas of health security that need strengthening. National action plans are supposed to enable countries to ensure that core capacities are being met and investments are being undertaken to develop these core capacities. Although there is work being done in countries, WHO encouraged all to continue thinking on how to add value from their own perspectives and use their comparative advantages.

Side Meeting on the Draft Strategic Results Framework and Regional Action Plan (12 December 2019, 5–6 p.m.)

54. WGHC representatives met at the side lines of the WGHC-3 to discuss additional inputs to finalize the draft Strategic Results Framework for the GMS Health Cooperation Strategy. WGHC endorsed the Strategic Results Framework in-principle subject to the incorporation of additional changes shared during the side meeting. A revised Strategic Results Framework will be circulated to the WGHC for its final endorsement in January 2020.

55. WGHC representatives further agreed to revise the draft Regional Action Plan from the current 2020 action plan into a multi-year action plan for the period 2020 to 2023. Discussions to revise the Regional Action Plan will be held in January 2020.

Day 2 (13 December 2019, 9:00 a.m.–12 noon)

56. Mr. Sanjay Grover, Public-Private Partnership Specialist, ADB, presented public-private partnership (PPP) as an innovative financing mechanism for health projects. He highlighted the huge role of the private sector in healthcare service delivery, particularly in view of constrained budgets versus large infrastructure needs. Every government would like to get private sector capital in and the efficiencies it brings, and PPPs are a way to do that. While PPPs in healthcare have been slow to take off, especially in Asia, the trend is changing as regions are beginning to catch up and think more about using PPPs. He shared some PPP models in healthcare (UK, Canada, Turkey) to give ideas on how these can be applied in GMS countries.

57. Mr. Grover proceeded to discuss how ADB, through its regional departments, office of the public-private partnership (OPPP) and the private sector operations department, can assist countries in getting private sector more involved in health value chains. He cited some healthcare PPP projects/TAs in which ADB is involved. He concluded by emphasizing that one of the important lessons in PPP transactions is the need to invest significantly in project preparations upfront, that is, due diligence in terms of deciding what role the private sector is going to play, how it is going to deliver this, and how it will be monitored and evaluated to ensure that it delivers what it was signed up for (copy of his presentation in Appendix 16).

Open Discussion

58. In response to the question by Mr. Palany, ASEAN BAC, on how ADB ensures that it is getting output based thinking in its PPP activities, Mr. Grover reiterated that it is important for governments to do their due diligence upfront and think through their desired outcomes before inviting the private sector in. Experienced transaction advisers can help manage risks properly by defining the roles and responsibilities of the private sector.

59. Dr. Kuruchittham, SEAOHUN, asked what the private sector gets out of conducting free capacity building initiatives on PPP. Mr. Grover explained that the private sector invests in these initiatives to have an educated public sector on PPP, which in turn will reduce completion time of a PPP deal. He cited that in some PPP deals with countries, it took three years to clinch the first deal since half the time was spent on educating the public sector. The succeeding deals were completed much faster. He highlighted that through ADB's OPPP, there are a lot of opportunities to do capacity development with the countries for them to understand better the role of private sector, particularly PPP, in healthcare.

60. Mr. Elfving, ADB, mentioned that Mr. Grover will help organize the planned consultation meeting with the private sector in 2020. He proceeded to ask Mr. Grover for any experience on regional public goods such as vaccine production and engaging the private sector to ensure having a stockpile of vaccines for use during a pandemic outbreak. To this, Mr. Grover explained that unfortunately ADB generally has been focused more on the infrastructure component and the other aspects or areas where private sector could play a huge role have not been researched to the level that they should. These areas deserve more attention and investigation in the future.

61. Mr. Grover was also asked if in ADB's current work with the government of Viet Nam to develop the PPP law, there are any aspects of legislation or policy that are unique to the health sector which other countries could make note of. He responded that the work with Viet Nam on their PPP law is much more on a national level. However, part of the work is going to the Ministry of Health to talk about KPIs that are important to the health sector and determining how they want the private sector involved in the provision of health services.

62. Ms. Alexander, ADB, presented the GMS RIF Second Progress Report and Update that was endorsed at the GMS Ministerial Conference in November 2019. For the benefit of participants who may not be familiar with the RIF, Ms. Alexander gave an overview of what the RIF is all about, sectors covered, funding sources, and process of updating annually. She went into more details with the Health sector under the Health and Other Human Resource Development sector of the RIF by identifying the investment and TA projects, project costs and funding. She then briefly explained the template for submitting proposed new projects which was used in the ensuing breakout session. She closed by (i) reminding that project proposals must be realistic and in line with regional and national strategies; as well as coordinated between the working groups, line ministries, national coordinators, and Ministries of Finance; (ii) encouraging more private sector funding, which is underrepresented in the RIF; and (iii) inviting development partners to include in the RIF their regional projects which are relevant to the strategy to be able to have a better picture of activities across the region and identify complementarities and synergies between the different partners (copy of her presentation in Appendix 17).

Open Discussion

63. To answer the question on how a national project may be considered a regional project as well, Ms. Alexander provided the definition of a regional project, which is a project that covers multiple countries or a single country project which has regional implications. As an example, she cited Thailand's social security scheme for migrant workers as a single country project within Thailand, but has impact on it neighboring countries.

64. Dr. Hay Mar Soe, Myanmar, requested clarification on the relation between the ADB country operations business plan (COBP) and the RIF. Ms. Alexander explained that the RIF is a long list of projects that include ADB-funded and non-ADB-funded projects; meanwhile, the COBP is the pipeline of projects between ADB and its partner countries only. Therefore, COBP projects are normally a subset of the RIF.

65. Mr. Elfving, ADB, pointed out that the RIF listing is biased towards ADB at the moment and thus, needs to capture projects that other partners are doing. He reiterated the importance of having new players from the private sector, development partners and CSOs, who can contribute to achieving the objectives of the GMS Health Cooperation Strategy. He emphasized that the RIF is a living document that will continue to be populated moving forward.

66. In response to the query about the process of including a proposed project in the RIF, Ms. Alexander explained that the working group is the first step in discussing priorities and projects. Once the working group has identified priority areas in the action plan and projects to be proposed for the RIF, at each country level there will be follow up discussions between the working group and line ministries, and between line ministries and ministries of finance, to ensure that these projects are for funding, either with a loan or grant.

67. Mr. Dacanay, ADB, facilitated the breakout session wherein countries separately reviewed and updated the current RIF. Each country then presented a preliminary list of proposed projects which will be compiled by the WGHC secretariat and submitted to the GMS secretariat. Health security, digital health and migrant health are some of the recurring themes in the proposed projects.

Closing Session

68. Mr. Elfving, ADB, outlined the next steps for WGHC:

- *Finalization and endorsement of the Strategic Results Framework and the Regional Action Plan*. In finalizing the Regional Action Plan, it is important to indicate the cost, timeframe, and responsibility for the various actions for it to be an effective tool.
- *Secretariat in consultation with countries to review the current WGHC structure and operational mechanism.* During the discussions, the purpose of the sub-working groups was raised. There is a need to review if new sub-working groups need to be created.
- *Regional consultation meeting with private sector in mid-2020.* At the moment, the topic would be on regional health security. Details of this meeting still need to be discussed. WHO would play an important role as it assists the countries in developing plans for

pandemic preparedness. ADB's private sector team in the Thailand Resident Mission will support this meeting.

- *Exploring opportunities on digital health (SIL–Asia).* During the RIF break out discussions, ICT and health, e-health, and digital health solutions were identified as key priorities. WGHC can explore how to engage SIL–Asia, which offered its support on these areas.
- *Healthy Border in the SEZs Project country consultations in 2020.* Country consultations will be undertaken starting in the first quarter of 2020. The concept paper will be shared as requested for further engagement of stakeholders.
- *Viet Nam to host the WGHC-4 Meeting in 2020*. Viet Nam has confirmed hosting the next meeting and the secretariat is ready to support the preparations. The agenda and other logistical details have yet to be discussed.

69. Mr. Elfving, on behalf of ADB, thanked Thailand for organizing and hosting the meeting and looked forward to working with Viet Nam as the next host.

70. Representatives from the GMS countries gave their closing remarks. Dr. Prakongsai, MOPH, on behalf of the host country, Thailand, expressed thanks to all the participants for sharing inputs and experiences throughout the meeting as well as members of the WGHC for their contributions in the last year. He, thereafter, officially closed the WGHC-3.