The 5th Meeting of the Greater Mekong Subregion
Working Group on Health Cooperation
13–14 December 2022
Sofitel Angkor Phokeethra Golf and SPA Resort, Siem Reap, Cambodia

SUMMARY OF PROCEEDINGS

1. The 5th Meeting of the GMS Working Group on Health Cooperation (WGHC-5) took place on 13–14 December 2022 in Siem Reap, Cambodia. WGHC-5 was co-organized by the Ministry of Health (MOH) of Cambodia and the Asian Development Bank (ADB). The meeting was held in hybrid format (combination of the face-to-face and virtual meeting modalities) to allow virtual participation of officials and resource persons who were unable to physically attend (Appendix 1 – List of participants).

2. With the theme, "Looking forward – Envisaging GMS Health Cooperation through to 2030", WGHC-5 aimed to kickstart the development of the strategic vision for GMS Health Cooperation 2030 (Appendix 2 – Concept note and agenda).

Day 1 (13 December 2022, 9:00 a.m.–5:15 p.m.)

Opening Session

3. H.E. Dr. Lo Veasnakiry (Dr. Kiry), Secretary of State, MOH of Cambodia, opened the meeting by thanking ADB for organizing an in-person WGHC-5 after three years of the pandemic, and the participants from the GMS countries and ADB for travelling to Siem Reap to join physically. Amid ongoing and emerging global challenges, he acknowledged the significant progress achieved by countries worldwide in managing the COVID-19 pandemic. From the Cambodia perspective, he credited this success to investment in regional health security over the years through ADB-supported projects under a strong leadership in government and with the collective effort of various stakeholders. With continued assistance from development partners, Dr. Kiry called for the reorientation of national and regional health security towards innovative and more sustainable long-term responses to public health threats and emergencies as a way forward. He expressed confidence that the meeting will yield actionable insights and boost GMS collaboration and solidarity.

4. Ms. Jyotsana Varma, Country Director, Cambodia Resident Mission of ADB, recognized H.E. Dr. Kiry, a long-time core member of the WGHC, for his leadership and seminal work on GMS health cooperation. She also identified some envisaged outcomes of the meeting: (i) kickstart discussion on the next GMS health cooperation strategy by referencing WGHC achievements and lessons from past work; (ii) consider new priority areas for future GMS health cooperation (e.g., scaling up climate change response in the health sector, new ways of

partnering with the private sector, and regional health financing); and (iii) update the regional investment framework (RIF) and the pipeline of regional health projects.

5. Mr. Rikard Elfving, Senior Social Sector Specialist of ADB, was pleased with the resumption of the face-to-face WGHC meeting as this allows for a more personal interaction among participants. To expound on the anticipated outcomes outlined by Ms. Varma, he pointed out that the meeting program was designed to be a springboard for discussions on the next regional health cooperation strategy. Work on the next strategy will officially start in 2023 and will involve country-level brainstorming to ensure ownership and commitment to the strategy. He also emphasized that the RIF is part of regional health cooperation going forward and thus, project selection should be carried out with diligence and anchored on a good understanding of regional collaboration. He was optimistic that the meeting will provide inputs and guidance on future direction of regional health cooperation.

6. Mr. Jost Wagner, ADB Consultant and WGHC-5 Facilitator, briefly described the flow and conduct of the meeting and then proceeded with a round of self-introductions by participants from the People's Republic of China (PRC), ADB, and resource speakers who joined the meeting virtually. Onsite attendees, on the other hand, engaged in an interactive introduction called *Speed Meeting*.

Session 1: Five years of health cooperation in the GMS – Looking back and forward

7. Mr. Randolph Dacanay, ADB Consultant, gave a retrospective report on GMS health cooperation covering the 5 years of history of the WGHC. He then discussed the work that lies ahead for the WGHC in connection with developing a new regional health cooperation strategy from 2024 to 2030: (i) evaluate the GMS Health Cooperation Strategy 2019-2023; (ii) review the WGHC (structure, terms of reference); and (iii) assess the WGHC Secretariat (Appendix 3 – WGHC through the years).

Open Discussion

8. Thailand acknowledged the hard work of the WGHC Secretariat as evidenced by the numerous achievements/accomplishments even during the pandemic, and reiterated its commitment to the WGHC.

9. Participants broke up into 3 groups and took part in the interactive *Sailboat Retrospective* activity. The activity provided opportunity for long-time and new members/attendees of WGHC meetings to jointly discuss and reflect on the WGHC. It helped the stakeholders to identify what went right, what went wrong, and what improvements and changes can be made in the future.

Session 2: Setting the context

10. Ms. Katy Harris, Senior Policy Fellow of Stockholm Environment Institute, delved into the emerging challenges in addressing climate change risks and the role that regional cooperation play. She pointed out that there is lack of understanding and effort to manage the propagation of transboundary climate risks. The current strategies and policies of GMS and ASEAN countries on climate change adaptation and mitigation in the health sector recognize the impact of climate change on health and on delivery of healthcare and health services. However, none of their climate strategies explicitly referenced the transboundary nature of the risks and the need for enhanced regional and international cooperation on adaptation to manage them. Ms. Harris

explained that regional cooperation frameworks and strategies on health could play a prominent role in managing the transboundary climate risks to health and enhancing resilience to the climate change impacts on health by: (i) bringing countries together to assess and address climate risks to health shared across the region; (ii) providing advice and support on how to integrate information on transboundary climate impacts, international health sector strategies, and activities; (iii) supporting scientific collaboration to fill a lot of research gaps on the relationship between climate change and health; (iv) integrating and managing climate and health data across jurisdictions; (v) generating financial support for piloting transdisciplinary and transboundary adaptation solutions to manage risks; and (vi) spurring leadership and decision-making across borders.

11. Dr. Dinesh Arora, Senior Health Specialist of ADB, discussed operationalizing portable health insurance in the GMS. A portable health insurance mechanism in the GMS is feasible and desirable but will be challenging to operationalize as it will entail bringing many countries to a common platform. Mr. Arora identified the requirements for the mechanism: (i) good IT systems customized to GMS countries with both local and English editions; (ii) uniform health packages (including agreed standard protocols on medical treatments); and (iii) fraud control (complaint or monitoring) systems. He further advised forming 3 separate working groups to handle IT structures (e.g., centralized/decentralized softwares; interoperability), technical health benefit packages (include standardizing protocols, agreements by the countries), and communication strategy. In terms of support that ADB can provide, he mentioned knowledge generation, technical trainings, and pilot implementation support, among others.

12. On the topic of private sector role in regional health cooperation, Mr. Junnosuke Kobayashi, Senior Investment Specialist of ADB, related some of ADB's private sector initiatives and demonstrated how the private companies that ADB has invested in played a significant role in the region's COVID-19 pandemic response. Private companies supported by ADB during the pandemic may be classified into 2 categories: (i) providing direct response to the pandemic (e.g., pharmaceutical distribution companies, hospitals, diagnostics labs operators); and (ii) contributing to strengthen the resilience of the healthcare system in preparation for future pandemics. Examples of ADB-supported private companies and their contributions to COVID-19 response are:

- Jointown (4th largest pharmaceutical distributor in PRC and the largest private company in the sector) – state-of-the-art IT system enabled more efficient distribution of critical medical items during the pandemic; and sophisticated data management system that detects trends in product demand helped start preparations swiftly
- Hermina (2nd largest hospital operator in Indonesia) – increased number of hospitals from 24 to 48 helped fill the healthcare infrastructure gap in the country
- OneMed (largest producer of medical supplies in Indonesia) and Imexpharm (one of the major generic drugs manufacturers in Vet Nam) – strengthened manufacturing capabilities of medical products helped address their countries' supply shortages and reduced reliance on imports. Moreover, the greater potential of both companies to export some products to neighboring countries would contribute to the diversification of product procurement for the region.

13. Dr. Ferdinal Fernando, Director & Head of Health Division of ASEAN, was unable to join the meeting virtually due to internet connection issues and e-mailed his insights instead (Appendix 4 – Insights from Dr. Fernando).

Open Discussion

14. Lao PDR concurred on the importance of the 3 topics. Cross-border problems common to GMS countries such as continuing fatalities from transboundary diseases (e.g., dengue and malaria) and illegal migrant population underscore the need for collective action. Lao PDR viewed the portable health insurance scheme as important given the vital role of migrant workers in the economy and for humanitarian reasons. Portable health insurance is doable; but countries must work together and agree, particularly on insurance packages, which may vary across countries due to different socioeconomic levels of countries. Lao PDR, for instance, may not be able to provide a high insurance coverage.

15. Thailand echoed the views of the Lao PDR and likewise called for a collaborative approach in tackling health-related impact of climate change, migrant population issues, and public-private partnerships. Citing as an example, Thailand can share the results of its malaria program review and other countries undertaking a similar exercise can do the same so that joint recommendations and actions for common gaps and issues may be explored. In relation to portable health insurance, unregistered migrant workers are similarly a big issue in Thailand and cooperation of other stakeholders beyond the health sector (e.g., security sector) would be needed. Thailand would also like to see an increased participation of the private sector in health cooperation to harness their rich experience and efficiencies as shown by their contributions and work during the pandemic.

16. Viet Nam voiced concern on the impact of climate change on cross-border health security. Migration and movement of people toward the border and remote areas in the country due to climate change impact has resulted in high cases of endemic diseases (e.g., malaria and dengue) and vaccine-preventable diseases (e.g., measles) in these areas. In view of this, Viet Nam urged GMS countries to explore more opportunities for cooperation aimed at improving regional health security though better access to health, vaccine, and healthcare services in border and remote areas.

17. Cambodia pointed out that recurring malaria and dengue outbreaks despite huge capacity building investments over the years underscore the need for more creative and innovative solutions. These solutions should be designed to keep old diseases (e.g., malaria and dengue) under control and at the same time be able to swiftly respond to new and unknown diseases at the onset, that is, before reaching pandemic proportions. In pursuit of such solutions, Cambodia shared that it is now adopting a cluster approach instead of an individual disease approach in addressing health-related incidents. Thus, for any cluster of abnormal health events detected, immediate response or action is taken to arrest the problem at its source and prevent it from affecting more people or spreading geographically. Logistical and administrative matters should not get in the way of swift response. As a means to avert another pandemic, Cambodia advised other GMS countries to also adopt this cluster approach, where investment in swift response mechanisms is as important as capacity building for surveillance and detection. On portable health insurance, Cambodia fully supports the initiative and renewed its call for innovative approaches to make it available to all migrant workers (i.e., documented and undocumented) to encourage vaccination against vaccine-preventable diseases. Cambodia concluded with the proposal to include Finance officials in regional meetings on health cooperation for a holistic discussion of issues and solutions.

18. Dr. Arora expressed appreciation for the countries' insightfuDel comments. Building on Cambodia's remarks, he cited 2 ways that can keep countries ahead of the curve in terms of addressing health challenges, particularly emerging and re-emerging diseases: (i) use of digital technology for early awareness, which requires a trained human workforce besides doctors and nurses (e.g., digital health experts; mental well-being, long-term care, and other community workers; nutritionists; dieticians; physiotherapists); and (ii) use of cluster approach to monitor and respond to diseases at their early stage. With communicable diseases being a threat to all countries, Dr. Arora also spotlighted the need to treat migrant worker health insurance as a public good and an essential service package for certain diseases and vaccines that should be given to all migrant workers irrespective of ability to pay, nationality, race, and geographical distribution.

19. Ms. Harris likewise thanked the countries. She cited the need for more cooperation and collaboration across borders and disciplines as the key take-away message from the knowledge-sharing. She reiterated that the health and climate sectors need to work together more (i) for greater research and evidence building on the links and relationship between climate change and health outcomes, particularly in relation to transboundary aspects; (ii) to discuss the risks that climate change will pose to health and what actions to take to better manage or address those risks; and (iii) to drive cooperation and coordination at the policy and political levels to sustain and encourage more dialogue and joint work towards enhancing the region's resilience to climate change. She expressed support to climate change adaptation efforts in the region going forward.

20. Mr. Kobayashi was pleased to hear from the countries. As a parting comment, he stressed that the private sector needs support from governments (e.g., predictable regulations), especially in high investment, high risk undertakings such as vaccine development. He encouraged governments to work with the private sector to find ways to address impediments to private sector investment.

21. Mr. Elfving thanked the resource speakers for their contributions and shared some of his reflections and reactions to the discussions: (i) GMS' unique mechanism of having working groups in the agriculture, environment, and health sectors provides an excellent platform and opportunity for bringing sectors (other than health and climate change) together to proactively address common or interlinked sectoral challenges. (ii) The WGHC looks forward to working with colleagues from the private sector for future collaboration on matters of shared responsibility (e.g., responding to pandemic threats) and especially in areas where the private sector has comparative advantage versus the public sector (e.g., vaccine production). (iii) Providing health security, particularly portable health insurance, to mobile and migrant populations (documented and undocumented), as outlined in the current health cooperation strategy, needs to be operationalized to support them as important economic agents and as a matter of regional health security.

Session 3: Envisaging GMS health cooperation through to 2030
Session 4: Collaborating for better health

22. Sessions 3 and 4 were combined in an exercise to envisage results that the GMS health cooperation would have achieved by 2030 and identify the key milestones or big activities that would contribute to achieving these results or vision. Participants were divided into 3 groups to work out the key visions for the next GMS health cooperation strategy and key milestones/activities to achieve them.

23. The common vision of GMS countries by 2030 is to extend their collaborations from the existing health security initiatives to overall health system strengthening approaches. The key milestones outlined by participants are as follows and detailed activities are described in Appendix 5 – Details of Activities.

- Malaria elimination goals achieved in the GMS
- Infection Prevention and Control (IPC) and Antimicrobial Resistance (AMR) capacity improved in the GMS
- Universal Health Coverage achieved in the GMS
- Regional funds and financing mechanism established in the GMS
- Adequate and safe vaccines available in the GMS
- Digital health information system integrated to all health sectors within the GMS
- Climate change adaptation achieved with the health sector in the GMS
- IHR/ health security core capacities improved and sustained in the GMS

Session 5: Preparing for success – revisiting the structures and processes of the WGHC

24. The session tackled the institutional and organizational arrangements that are needed for the WGHC to implement the new GMS health cooperation strategy 2024-2030, including the resources required and the roles of the WGHC members, Secretariat, and other development partners. Individual country teams also shared recommendations on improvements in the Secretariat support (i.e., activities of the Secretariat, structure, communication, support from partners). Each team also discussed the means and resources needed to improve engagements and joint collaborations across borders. Key recommendations on the above session are as follows:

- Continue regional collaboration by facilitating WGHC activities; organizing meetings; and sharing knowledge, information, and resources. Allocate more funds to recruit local consultants and improve the roles of government staffs for the capacity building initiatives.
- Improve communication channels by disseminating WGHC activities in the newsletters and regular updates on the GMS website.
- Avoid duplication of works with other regional mechanisms by coordinating with key development partners on implementation of the GMS strategy frameworks.
- Extend the Secretariat's role from project implementation to GMS health cooperation strategy and policy development to enhance country decision-making mechanisms. Establish the GMS health cooperation committee (HC) and conduct successive GMS HC meetings with GMS health ministers' meetings.
- Revise TORs and responsibilities of WGHC members and consultants. Recommend more short-term consultancies to provide technical guidance and assistance whenever necessary.
- Develop clear objectives and work plan with timeline, and provide timely support and regular updates to WGHC members.
- Improve M&E capacity of the WGHC and develop or revise M&E framework as necessary.

Day 2 (14 December 2022, 8:30 a.m.–12:30 p.m.)

One Health Consultations in the GMS: Summary of findings and recommendations

25. Nossal Institute discussed the prioritization of One Health in ADB and GMS and its technical assistance (TA) work with ADB in relation to One Health, and then proceeded with the outcomes of its multi-sectoral consultations with Cambodia, the Lao PDR, Thailand, and Viet Nam. The key insights from the country consultations were: (i) One Health approach is highly

relevant in achieving health security in the GMS; (ii) GMS countries demonstrate significant strengths in implementing One Health strategies, policies, and interventions; and (iii) There are clear opportunities to make further health gains and achieve social and environmental co-benefits through operationalization of the One Health approach in the GMS. Nossal Institute concluded by mapping out the links between One Health and Climate Change (Appendix 6 – One Health Consultations in the GMS: Summary of findings and recommendations).

Open Discussion

26. Mr. Elfving added that the presentation essentially gave a snapshot of the missions undertaken by Nossal Institute in the region. Nossal Institute's work is an ongoing process and they will continue to engage with the GMS countries. For instance, Mr. Elfving cited preparing a business case on how to engage better the ministries of finance on One Health discussions. In the end, the results of Nossal Institute's work will help GMS countries in prioritizing One Health initiatives, and ADB and other development partners to identify areas for support to scale up One Health in the GMS.

27. Lao PDR commented that findings of the Nossal Institute are very important to respond to public health threats from major diseases such as SARS and COVID-19 which are from animal origins. Lao PDR also stressed the need to work closely with non-health sectors (e.g., agriculture, animal health, environmental health) and the importance of bio conservation as human habitat expansion has led to close contact with wildlife animals.

28. Thailand highlighted the importance of the linkages among public health, animal health, and environment health. Thailand also stressed the need to engage more the environment health sector and suggested modifying or adapting disease-based surveillance tools for this purpose. Moreover, Thailand called for more support to the wildlife health sector due to its limited funding. For greater understanding of the importance of the wildlife health sector to the One Health program, officials from the ministries of finance and planning should be engaged right from the start of projects. These ministries can help prioritize and include wildlife health sector projects in the national agenda.

29. Cambodia pointed out the need to find a way to change the structural management (including technical, finance, and administrative aspects) of One Health. Towards this end, Cambodia has created the One Health Rapid Response Team, a small group consisting of officials from different ministries working together and sharing information. Given the multi-sectoral composition of the One Health Rapid Response Team, Cambodia seeks assistance on managing its structure more effectively. Additionally, Cambodia requested Nossal Institute to include in its final report inputs and insights on (i) transforming the role and function of the WGHC; (ii) designing future GMS health projects; (iii) identifying common areas for regional action in relation to climate change and One Health; and (iv) improving operational capacity at sub-national levels (specific to Cambodia).

30. Mr. Elfving mentioned that ADB approved a new project in the GMS on cross-border livestock health and value chains improvement. This aims to reduce the risk from transboundary animal diseases, build up animal health monitoring and service delivery, improve food safety, and promote subregional cooperation on climate smart livestock production within the GMS. This is an example of a project in the agriculture sector which integrates One Health in the project design.

31. Nossal Institute acknowledged the constructive comments from the countries. They prescribed making One Health routine work instead of an emergency response to outbreaks as

the pathway to operationalizing One Health. By using One Health routinely to address a broader range of environmental, animal, and human health issues, GMS countries could strengthen their preparedness to be able to implement One Health more readily and most effectively, particularly in emergency contexts.

Session 6: Reviewing and recommitting to Work Plan for 2023

32. Mr. Kyi Thar, ADB Consultant, presented updates and status of activities in the WGHC 2022 Work Plan. There were 25 planned activities in 2022, of which 80% or 20 activities have been completed. He then discussed some challenges encountered in implementing the current work plan and the work ahead to develop the 2023 Work Plan such as deciding on carryover and new priority activities (Appendix 7 –Progress on WGHC Workplan).

33. Participants were divided into country teams for a work plan exercise to identify and discuss activities for the WGHC 2023 Work Plan. Rapporteurs of country teams presented highlights of their respective proposed activities whose details will be submitted to the Secretariat post-meeting using the work plan template provided. The Secretariat will then consolidate and harmonize all inputs and circulate a list of proposed 2023 activities to WGHC members (Appendix 8 – Breakout outputs).

Open Discussion

34. In relation to Thailand's proposed campaign to reduce vaccine hesitancy among migrants along border areas, Cambodia pointed out that one of the main reasons for vaccine hesitancy among migrants is the discrimination against undocumented migrants. The documentary requirements imposed by some governments on migrants discourage them from accessing public health facilities. In contrast, Cambodia vaccinates all migrants who come to the vaccination sites regardless of status. Cambodia urged countries, especially Thailand, for greater cross-border collaboration on healthcare and other issues related to undocumented migrants. Furthermore, Cambodia raised the need to update the composition of the WGHC as part of the 2023 Work Plan preparations. A review of the roles and functions of the WGHC and the Secretariat must also be undertaken in conjunction with developing the new health cooperation strategy.

35. Thailand cited fear of vaccine side effects and accessibility of vaccines as major causes of vaccine hesitancy among migrants. To make vaccines more accessible, Thailand government has partnered with private companies for the "mobile vaccine" initiative to bring vaccines to communities. On the other hand, the proposed risk-based communications campaign aims to alleviate fears of vaccine side effects.

36. Ms. Alexander and Mr. Elfving mentioned ADB initiatives related to some of the countries' proposed 2023 Work Plan activities. An ongoing technical assistance (TA) is funding civil service organizations (e.g., Raks Thai Foundation, Peuan Peuan of Thailand) to work on mitigating the impacts of COVID-19 on migrants through community-based actions (e.g., communication campaigns about vaccines and social protection programs, transportation to health centers). On another project, ADB will be working with the International Organization of Migration (IOM) for a population mobility mapping which will be looking into the health needs of mobile and migrant populations.

Session 7: Update on the regional investment framework

37. Ms. Pinsuda Alexander, Economist (Regional Cooperation) of ADB, gave an overview of the GMS RIF 2023–2025 (RIF 2025), a new, realistic, and implementable pipeline of priority projects across GMS countries that was mandated by the GMS Leaders to support the GMS Economic Cooperation Program Strategic Framework (GMS-2030). She explained the new process and criteria for project screening and selection (endorsed at the 25th GMS Ministerial Conference, 8 December 2022) as well as the project proposal template. She also highlighted the GMS Secretariat's commitment to support the RIF process through capacity building with the countries on project design and management, and marketing (e.g., roundtables, forums) to development partners and private sector (Appendix 9 – GMS RIF 2023-2025: Health Proposals).

Open Discussion

38. Mr. Elfving reinforced the importance of having a good marketing strategy for each proposed project to help mobilize funding from development partners and private sector.

39. In response to the question of Cambodia on using the same project criteria for all sectors, Ms. Alexander clarified that the project screening and selection criteria were designed to be general enough for application across all sectors. However, the scope and focus of projects will be sector-specific. Additionally, Mr. Elfving reminded that on top of the RIF criteria, the current GMS Health Cooperation Strategy which runs up to end-2023 serves as a guide on the type of operations to be undertaken in the GMS. For the succeeding health cooperation strategy, he emphasized the importance of preparing an accompanying monitoring and evaluation (M&E) framework for accountability on desired results/outcomes.

40. As a comment on Cambodia's risk communication project that is proposed to be a component of the GMS Regional Health Security Project, Mr. Elfving informed that McKinsey has been tapped to help strategize for the next generation health security project in the region. Based on inputs from countries so far, the succeeding regional health security project will vary from the current project in some aspects.

41. To familiarize with the RIF 2025 project proposal template, country breakout groups proceeded to discuss and develop proposals for the 4 identified potential projects and other new project ideas for the next cycles of the RIF (2024-2026). Representatives from the country teams reported on respective potential projects for the RIF. Details of these projects would need to be fleshed out using the RIF project proposal template and submitted to the WGHC by August 2023.

42. Ms. Alexander explained the next steps for projects to be included in the next cycle of the RIF: (i) develop and finalize the project proposals by August 2023; (ii) circulate the proposals to the WGHC members for vetting and endorsement by the group/sector as a whole; and (iii) submit the proposals to the respective GMS national secretariats for endorsement and inclusion in the RIF. She also reminded that projects should have a regional dimension to be considered for the RIF. The GMS Secretariat will continue to assist the GMS countries in developing project proposals to ensure requested information in the template are complete.

Closing Session

43. The GMS countries expressed their thanks to the Government of Cambodia and ADB for making the in-person WGHC-5 possible. H.E. Dr. Kiry reciprocated with a message of gratitude to all the participants for a very productive meeting.

44. Mr. Elfving likewise expressed appreciation to the countries and ADB colleagues for a successful in-person meeting. He looked forward to a meaningful 2023 as the WGHC embarks on preparations for the new health cooperation strategy and the succeeding ADB TA to support the GMS health sector.

45. Key take-home messages from the meeting:

- The WGHC Secretariat will carefully analyze the recommendations from the meeting and make suggestions for improving its support to the GMS countries.
- The preparation of the next GMS Health Cooperation Strategy 2024-2030 will require a country consultant from partners active regional health cooperation. Once the consultant has been recruited, the WGHC Secretariat will organize meetings to introduce the consultant, who will share workplan, including deadlines. A separate meeting for the strategy development will be organized mid-term 2023 to ensure commitment and support for the planned strategy.
- McKinsey & Company has been contracted by ADB to identify opportunities to strengthen the capability of DMCs to prevent, detect, and respond to public health emergencies and emerging diseases. This work involves assessing potential priorities and opportunities for the GMS subregion, including consideration of the necessary institutional arrangements to complement the role of ACPHEED1 and other existing initiatives. McKinsey will be scheduling meetings with countries covered by the assignment in Q1 2023.
- Building on priorities identified during Session 6, ADB will be working with Cambodia, the Lao PDR, and Thailand to prepare a regional TA project to support each country's efforts towards operationalizing portable health insurance in the GMS.
- The 6th Meeting of the GMS Working Group on Health Cooperation (WGHC-6) will be held in the PRC, either in Guangxi or Yunnan Province. The date and venue will be determined at a later stage.

Attachments:
Appendix 1 - List of Participants
Appendix 2 - WGHC-5 Concept Note and Program
Appendix 3 - WGHC through the years
Appendix 4 - Insights from Director and Head of Health Div., ASEAN
Appendix 5 - Sessions 3&4 Breakout Outputs (details of activities)
Appendix 6 - One Health Consultations in the GMS: Summary of findings and recommendations
Appendix 7 - Progress on WGHC Workplan
Appendix 8 – Session 6 Breakout outputs
Appendix 9 - GMS RIF 2023-2025: Health Proposals