# Regional: Greater Mekong Subregion Health Security Project

**Project Name:** Greater Mekong Subregion Health Security Project

**Project Number:** 48118-002

**Country:** RegionalCambodiaLao People’s Democratic RepublicMyanmarViet Nam

**Project Status:** Active

**Project Type / Modality of Assistance**
- **Grant**
- **Loan**

**Source of Funding / Amount**
- **Grant 0516-REG: Greater Mekong Subregion Health Security Project**
  - concessional ordinary capital resources lending / Asian Development Fund
  - US$ 8.00 million

- **Loan 3464-REG: Greater Mekong Subregion Health Security Project**
  - concessional ordinary capital resources lending / Asian Development Fund
  - US$ 21.00 million

- **Loan 3465-REG: Greater Mekong Subregion Health Security Project**
  - concessional ordinary capital resources lending / Asian Development Fund
  - US$ 4.00 million

- **Loan 3466-REG: Greater Mekong Subregion Health Security Project**
  - concessional ordinary capital resources lending / Asian Development Fund
  - US$ 12.00 million

- **Loan 3467-REG: Greater Mekong Subregion Health Security Project**
  - concessional ordinary capital resources lending / Asian Development Fund
  - US$ 80.00 million

**Strategic Agendas**
- Inclusive economic growth
- Regional integration

**Drivers of Change**
- Governance and capacity development
- Knowledge solutions
- Partnerships

**Sector / Subsector**
- Health - Health system development

**Gender Equity and Mainstreaming**
- Effective gender mainstreaming

**Description**
The Greater Mekong Subregion (GMS) Health Security Project is composed of (i) four loans to Cambodia, the Lao PDR, Myanmar, and Viet Nam (CLMV); and (ii) a grant to the Lao PDR. The project builds on previous and ongoing interventions focusing on communicable disease control (CDC) in Cambodia, the Lao PDR, and Viet Nam; and now including Myanmar. The impact will be GMS public health security strengthened. The outcome will be GMS health system performance with regard to health security improved. The project has three outputs.

- **Output 1:** Regional cooperation and communicable disease control in border areas improved.
- **Output 2:** National disease surveillance and outbreak response systems strengthened.
- **Output 3:** Laboratory services and hospital infection prevention and control improved.

**Project Rationale and Linkage to Country/Regional Strategy**
- Economic growth in the GMS is highly vulnerable to outbreaks of emerging diseases, such as severe acute respiratory syndrome, avian influenza, and Middle East respiratory syndrome. Traditional communicable diseases, including drug-resistant malaria, dengue, and antimicrobial-resistant infections, also have a significant economic impact. Health systems weaknesses in CLMV are a threat to health security in the GMS, one of the targets of the United Nations sustainable development goals for the health sector. The project will address key binding constraints in the countries’ health system and promote cross-country cooperation aimed at improving both national and international health security.
- Health service networks within CLMV have expanded rapidly, but marginalized, mobile, and poor people still have limited access to health services. Disease control programs are in place but often do not reach these vulnerable groups in border areas due to staff and funding constraints.
- Surveillance systems for notifiable diseases and syndromic reporting are being implemented in these four countries. Health authorities in CLMV have to increase their capacities for risk analysis data management, community preparedness, and disease outbreak response. Outbreak district response teams are often poorly equipped and financed, and need capacity building on outbreak investigation and management. Past investments have improved laboratory services in provincial hospitals. In contrast, district hospital laboratories are unable to comply with internationally acceptable biosafety standards or to guarantee the accuracy of their laboratory tests. Formal processes for internal and external quality assurance are lacking. Laboratory auditing for compliance with quality and safety guidelines does not exist. Hospitals and health centers receive patients with emerging infectious diseases, but infection prevention and control practices in health facilities are substandard. Hospital sanitation and hygiene facilities are lacking. Hospital medical waste management is often unsatisfactory. Such may result in ineffective treatment, the spread of infectious diseases, increased hospital-acquired infections, and development of drug resistance.

**Impact**
- GMS public health security strengthened

**Project Outcome**

**Description of Outcome**
- GMS health system performance with regard to health security improved

**Progress Toward Outcome**
- Activities are ongoing

**Implementation Progress**

**Description of Project Outputs**
- Regional cooperation and CDC in border areas improved
- National disease surveillance and outbreak response systems strengthened
- Laboratory services and hospital IPC improved
Outputs, Activities, and Issues

### Status of Implementation Progress

**Output 1:**

- **CAM:** Harmonized standard case definitions, and reporting procedures for notifiable communicable diseases need to be jointly defined by countries and ADB. To be jointly defined by countries and ADB. The discussion done during PMM in 2019. LAO: Use standard WHO case definitions and has 17 notifiable diseases as well as EVAXMN reporting. Other CMs have differing notifiable diseases. Issue of standardizing case definitions to be raised before the next PMM.

- **MYA:** - Agreement and consensus is required for CMs countries to review and harmonise the existing guideline/SOPs.

- **LAO:** CLMV countries need to find out common reporting system for cross border information.

- **CLMV:** need to ensure sustainability of reporting system, procedure and quantity notifiable communicable disease.

- **CAM:** Harmonized standard case definitions, and reporting procedures for notifiable communicable diseases need to be jointly defined by countries and ADB. Will be harmonized during PMM in 2019. Initial discussion will be held in December 2018.

**Output 2:**

- **CAM:** AOP 2018 included cross border activities by cluster provinces. CAM planned 3 cluster meetings in 2018.

- **2018:** - A3 border activities per year (1 organized by CAM and another by neighboring country). In Q3, Cambodia hosted one cross border meeting in southern cluster provinces (CAM: Kampong and Kampot) with Vietnam (An Giang and Kien Giang). In Q4, Cambodia hosted one Joint Simulation Exercise (JSE) for central cluster provinces with participants from Cambodia, Laos, Vietnam and China in total (Female: 18, IP:3).

- **LAO:** Two cluster provinces held in 2018. Cross border activities identified at these events. JSEs between Laos, Cambodian, Thai and Vietnamese provinces held in April and Sept 2018. Cross border activities regularly monitored and documented.

- **MYA:** - All of CDC surveillance electronic report are classify by sex. Cambodia works with ADB to prepared the concept note and Toll for recruiting international consultant for developing dashboard which integrated 3 systems including CamE WARN, HIS and CamLUS together for response with diseases outbreak. Version of the software expected to be done in Q1-2019.

- **CAM:** - Currently all outbreaks data are not aggregated electronic.

**Output 3:**

- **CAM:** - Harmonized laboratory Quality Management System Checklist for Accreditation (CamQMS) for Clinical and Public Health Laboratories was endorsed and published in February, 2018. The checklist is aligned with ISO-15189 and will provide training to lab staff in 2019.

- **LAO:** - 16/74 district labs audited in last 12 months (21.6%). 16/30 central prov labs audited (60%)

- **MYA:** - Although some laboratories in national system were audited for laboratory inventories, most of the target laboratories were not audited before. CLMV countries need to find out common reporting system for cross border information.

- **MYA:** - The trained laboratory staff will implement the internal audit by themselves follow the checklist in 2020.

- **LAO:** - 16/74 district labs have SOPs (53%)

- **LAO:** - 26/74 district labs had SOPs (35%)

**Output 4:**

- **CAM:** - PMU supervision

- **MYA:** - Myanmar initiated DHS2 software for routine electronic reporting of Health information. 17 DOH included in DHS2 as monthly indicator based data.

- **LAO:** - Hospital IPC trainings are planned for Q3 2018. Hospital IPC guideline was launched in 2016 and disseminated to all hospitals across the country.

- **CAM:** - Training workshop on SOP for sample collection, packaging, transportation and testing of biological samples for targeted labs is planned for Q3 2018.

- **LAO:** - Common SOPs and guidelines for sample collection and handling are developed and distributed in 2018.

**Output 5:**

- **CAM:** - PMU supervision

- **MYA:** - Although some laboratories in national system were audited for laboratory inventories, most of the target laboratories were not audited before. CLMV countries need to find out common reporting system for cross border information.

- **LAO:** - 26/74 district labs have SOPs (53%) 16/30 central prov labs have SOPs (50%)

- **MYA:** - The trained laboratory staff will implement the internal audit by themselves follow the checklist in 2020.

- **LAO:** - Review of existing manuals for sample collection, packaging, transportation is ongoing.

- **CAM:** - Review of existing manuals for sample collection, packaging, transportation is ongoing.

- **LAO:** - Training on SOP for sample collection, packaging, transportation and testing of biological samples for targeted labs is planned for Q3 2018.

- **MYA:** - The trained laboratory staff will implement the internal audit by themselves follow the checklist in 2020.

**Output 6:**

- **CAM:** - PMU supervision

- **MYA:** - The trained laboratory staff will implement the internal audit by themselves follow the checklist in 2020.

- **LAO:** - Laboratory quality management was targeted to fulfill and next step for biosafety in Q3 2019.

- **MYA:** - NHL always encourages development of guides and supports to transfer the knowledge and share the biosafety competent staff to his/her colleagues at the respective hospital.

- **LAO:** - Staff compliance of the checklist and guides in the project areas will be further assessed and follow up.

- **MYA:** - NHL is planning to review and update existing biosafety training curriculum. After developing the curriculum, national biosafety training will be conducted (tentatively in Q3 2019).

- **LAO:** - Staff compliance of the checklist and guides in the project areas will be further assessed and follow up.

- **CAM:** - Although some laboratories in national system were audited for laboratory inventories, most of the target laboratories were not audited before. CLMV countries need to find out common reporting system for cross border information.

**Output 7:**

- **CAM:** - PMU supervision

- **MYA:** - Laboratory quality management was targeted to fulfill and next step for biosafety in Q3 2019.

- **LAO:** - Staff compliance of the checklist and guides in the project areas will be further assessed and follow up.

- **CAM:** - Although some laboratories in national system were audited for laboratory inventories, most of the target laboratories were not audited before. CLMV countries need to find out common reporting system for cross border information.

- **LAO:** - Staff compliance of the checklist and guides in the project areas will be further assessed and follow up.

- **CAM:** - Although some laboratories in national system were audited for laboratory inventories, most of the target laboratories were not audited before. CLMV countries need to find out common reporting system for cross border information.

**Output 8:**

- **CAM:** - PMU supervision

- **MYA:** - Laboratory quality management was targeted to fulfill and next step for biosafety in Q3 2019.

- **LAO:** - Staff compliance of the checklist and guides in the project areas will be further assessed and follow up.

- **CAM:** - Although some laboratories in national system were audited for laboratory inventories, most of the target laboratories were not audited before. CLMV countries need to find out common reporting system for cross border information.

- **LAO:** - Staff compliance of the checklist and guides in the project areas will be further assessed and follow up.

- **CAM:** - Although some laboratories in national system were audited for laboratory inventories, most of the target laboratories were not audited before. CLMV countries need to find out common reporting system for cross border information.
The project is classified as category B for indigenous peoples. Ethnic minorities in the project areas will be positively affected as they will have better access to improved health services. An indigenous peoples development plan has been prepared for each country, and includes measures to ensure ethnic minority groups benefit from the project.

Stakeholder Communication, Participation, and Consultation

During Project Design
During project preparation, there were notable consultations with potential beneficiaries, village health workers, community-based organizations, health staff, provincial and district health managers, provincial governments, central ministries, development partners and NGOs.

During Project Implementation
The MOHs as executing agencies will undertake information disclosures on the Project and its benefits, including but not limited to information related to the EAs, EMPPs and GAP. Public disclosure of the project financial statements, including the audit report on the project financial statements, will be guided by ADB’s Public Communications Policy (2011). After review, ADB will disclose the project financial statements for the project and the opinion of the auditors on the financial statements within 30 days of the date of their receipt by posting them on ADB’s website. The Audit Management Letter will not be disclosed.

Reaching isolated communities constitutes a challenge, but provinces will use well-tested existing channels to reach them, such as village health communities, village health workers/volunteers, and grassroots networks existing in the project sites. A variety of communication media that have been proven effective will be utilized which include public awareness campaigns, community outreach, targeted group discussions, thematic workshops at the national and regional levels, and cross-border meetings. Relevant communication materials and knowledge products will be developed for targeted audience and a project website will be maintained throughout the project duration with links to existing MOH websites. In addition, the provincial preventive health centers (in Viet Nam), the provincial health offices in Cambodia and Lao PDR, and the township health offices (in Myanmar), will inform the project stakeholders (including beneficiaries, local nongovernmental organizations, women’s and youth unions) on the project activities and progress. Direct links with the communities will be provided by the existing networks of village health volunteers and community health workers.

The MOHs current website on CDC shall contain a page on the Health Security project which is accessible to the public to disclose various information concerning the project, including general information about the project, public procurement related to the project, project progress and contact details in English and their national language. The webpage shall also provide a link to ADB’s Integrity Unit (http://www.adb.org/integrity/complaint.asp) for reporting to ADB any grievances or allegations of corrupt practices arising out of the project and project activities. For each contract, the webpage shall include information on among others the list of participating bidders, name of the winning bidder, basic details on bidding procedures adopted, amount of contract awarded, and the list of goods/services, including consulting services, procured.

Business Opportunities

Consulting Services
All consultants will be recruited according to ADB’s Guidelines on the Use of Consultants (2013, as amended from time to time). The four EAs will recruit individual international and national consultants. A few firms, mostly for financial management and audit, will be engaged. These firms will be recruited either using fixed budget selection (FBS), least-cost selection (LCS), or consultants’ qualification selection (CQS) procedures.

Procurement
Latest procurement plan is amended from time to time. Latest version is available in the web for reference. All procurement of goods and works will be undertaken in accordance with ADB’s Procurement Guidelines (2015, as amended from time to time). For Cambodia, Lao PDR, and Myanmar ICB procedures will be used for goods valued at $1,000,000 or above; national competitive bidding (NCB) procedures will be used for goods valued below $1,000,000 but above $100,000; and shopping procedures will be used for goods valued at $100,000 and below. For Viet Nam, ICB procedures will be used for goods valued at $5,000,000 or above; NCB for goods valued below this amount but above $100,000; and shopping procedures will apply for goods valued at $100,000 and below. Some works packages are also included.

Responsible ADB Officer
Rikard Elfving

Responsible ADB Department
Southeast Asia Department

Responsible ADB Division
Human and Social Development Division, SERD

Executing Agencies
Ministry of Health
No. 151-153, Avenue Kampuchea Krom
1537 Phnom Pehn
Kingdom of Cambodia

Grant 0516-REG
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Project Page: https://www.adb.org/projects/48118-002/main
Request for Information: http://www.adb.org/forms/request-information-form?subject=48118-002
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