# 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:** GrantLoan  
**Source of Funding / Amount:**  
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<th>Source of Funding / Amount</th>
<th>Description</th>
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**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

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<th>Description of Outcome</th>
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<tr>
<td>GMS health system performance with regard to health security improved</td>
<td>GMS public health security strengthened</td>
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Progress Toward Outcome

CAM: Laboratory and IPC activities with cost of about 1/2 of the project have been properly planned and rolling out from 2019. MYA:
- Checklist for auditing quality & biosafety will be developed based on NHL checklist in Mar 2019.
- Site specific Laboratory and IPC assessment were done during Feb and March 2018 and assessed health care waste and its management. It was re-assessing again for internal audit on relevant quality & biosafety components with engineering team assessment on health facilities’ repair from April to June 2019.
- Procurement of lab equipment for regional and district labs were done in Feb 2019 and waiting for approval of award.
- Preparation for AMR research proposal in Q3 2019.
- Printing and dissemination of Laboratory poster were performed. Printing of Laboratory posters and guideline were carried out.
- Finalize the manuals for sample collection, packaging, transportation.

Implementation Progress

<table>
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<tr>
<th>Description of Project Outputs</th>
<th>Regional cooperation and CDC in border areas improved</th>
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<td>National disease surveillance and outbreak response systems strengthened</td>
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<td>Laboratory services and hospital IPC improved</td>
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Status of Implementation Progress
(Outputs, Activities, and issues)

Output 3:
CAM:
- MDH developed Cambodia Laboratory Quality Management System (CamLQMS).
- Laboratory staff will be trained in 2020 according to CamLQMS standard to audit laboratories.
- The trained laboratory staff will audit lab for quality and biosafety by 2020.
LAC: 3674 district labs audited in 12 month from Feb 2018 (21.6%)
1830 central prov labs
audited (37%)
Self assessment survey in Feb 2018
50K district labs (59%) audited in 12 months. 612 prov labs audited (67%)
Project survey in Aug 2018.
Survey will be repeated during project implementation and at end.

VIE:
- Site specific Laboratory and PC assessment were done during Feb and March 2018 and assessed health care waste and its management. It was re-assessing again for external audit on relevant quality & biosafety requirement.
- Reviewing team assessment on health facilities' report from May to June 2018.
- Procurement of lab equipment for regional and district labs were processing in Feb 2019 and waiting for approval of award.

LAO:
- Preparation for AMR research proposal in Q1 2019.
- PC committee meeting was conducted in May 2019.

Output 2:
CAM:
- SOP on guiding and transportation of sample
- Finalized SOP on specimen collection, storage and transport plan to undergo printing process in June

VIE:
- Reporting and Transportation of Sample
- SOP on guiding and transportation of sample

LAO:
- SOP on guiding and transportation of sample
- SOP on guiding and transportation of sample

Output 1:
CAM:
- Hosting cross border activities.
- Cross border exercise for Southern cluster 1 province hosted by Kandal in 28-29 June 2018.
- Cross border exercise for Central cluster 1 province hosted by Stung Treng Province in 24-25 December 2018.
- No cross border collaboration activity conducted by CLV in Q1 and Q2 of 2019.
LAC: Two cluster province meetings held in 2018. Cross border activities identified at this events. JCIs between Laos, Cambodian and Thai provinces held in April and Sept 2018. Cross border activity regularly monitored and documented.

Output 4:
CAM:
- Identified 3 cross border activities during PPM meeting 2019.
- Preparation for cross border meeting (tri-lateral with Thailand, Laos and Myanmar) firstly heading implementation of MOU establishment with Laos PDR.
- There were no activities related to cross border, MEV study and township level inter-sectorial intervention as of May 2019.

Output 3:
CAM:
- PMU supervision
- PPMU reports
- Workshops on lab quality improvement
- Workshops on lab quality improvement
- 01 training course on lab management

VIE:
- Workshops on biosafety
- Conduct meetings between bordering provinces
- Workshop on biosafety
- Training reports

LAO:
- 26/74 district labs have SOPs (35%)
- Laboratory staff are trained on biosafety.

CAM:
- The SOP is being developed and the training will be provided in 2019.
- The trained laboratory staff will audit lab for quality and biosafety by 2020.
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The project is classified as category B for environment, as the project has components dealing with laboratory biohazards and hospital solid and liquid waste management. Mitigation measures are included in the environmental management plan to address minor environmental risks. An initial environmental examination and an environmental assessment and review framework have been prepared.

Involuntary Resettlement
The project is classified as category C for involuntary resettlement. There will be no construction of new health facilities or extension of existing health facilities, and no land acquisition is required. Screening during the selection of health facilities to be refurbished will rule out proposed sites, which require land acquisition and have resettlement impacts.

Indigenous Peoples
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 RRP, EMPs 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 MOHs as executing agencies on the Project and its benefits, including but not limited to information related to the RRP, EMPs 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.

During Project Implementation
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.

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 Penh
Kingdom of Cambodia

Timetable
Concept Clearance
18 Dec 2014
Fact Finding
14 Mar 2016 to 10 May 2016
MRM
24 Jun 2016
Approval
22 Nov 2016
Last Review Mission
-
Last PDS Update
25 Sep 2019

Grant 0516-REG
### Loan 3464-REG

#### Milestones

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#### Financing Plan

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