Regional: Strengthening Regional Health Cooperation in the Greater Mekong Subregion

Project Name: Strengthening Regional Health Cooperation in the Greater Mekong Subregion

Project Number: 51151-001

Country: Regional Cambodia Lao People's Democratic Republic Myanmar China, People's Republic of Thailand Viet Nam

Project Status: Active

Project Type / Modality of Assistance: Technical Assistance

Source of Funding / Amount:
- TA 9571-REG: Strengthening Regional Health Cooperation in the Greater Mekong Subregion
  - Regional Cooperation and Integration Fund: US$ 500,000.00
  - Technical Assistance Special Fund: US$ 500,000.00

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 proposed technical assistance (TA) addresses the need for improved Greater Mekong Subregion (GMS) regional health cooperation. The TA will provide a platform for a more coherent policy environment at both national and regional levels, which is supportive of cross-border collaboration and targeting vulnerable populations. The TA will also produce innovative ideas for a regional portfolio.

Project Rationale and Linkage to Country/Regional Strategy:
All countries in the GMS are committed to achieving the Sustainable Development Goals for health. While health indicators have generally improved in recent years, communicable diseases remain a constant problem, reflected in rapid transmission rates and high case fatality.

Outbreaks in the past decade have had severe economic consequences, (i) severe acute respiratory syndrome (SARS) is estimated to have cost Asian countries $30 billion, (ii) avian influenza A (H5N1) caused $120 million in losses for Viet Nam, and (iii) avian flu-related diseases in Thailand resulted in 1.5% GDP growth loss during 2003-2004.

Challenging disease control environment. The GMS countries are characterized by increasing populations, dense and highly mobile labor force and inter-connected economies, which make disease control evermore challenging. Poor and marginalized people, including undocumented migrants, indigenous people, youth, and women in border zones disproportionately carry the burden of disease, especially infections such as HIV/AIDS, tuberculosis, malaria, dengue, and neglected tropical diseases. These groups are often excluded from communicable disease control (CDC) programs for a variety of reasons, including economic conditions, cultural beliefs, social acceptability, and perceived affordability. Another major concern in the region is the spread of hospital-acquired infections and drug resistance, particularly of tuberculosis and malaria.

Investing in emerging disease control has a strong public goods rationale. CDC is classed as a regional or global public good, characterized by its non-excludability and non-rivalry. Non-excludability means that once provided, no country can be excluded from consumption and is thus available to all, while non-rivalry suggests that one country's consumption does not impede or limit consumption for another country. These characteristics give rise to free-riding effects, where countries do not want to invest individually and bear the cost while others reap free' benefits. Consequently, the provision of public goods such as CDC is not guaranteed by any one country, and often requires an intervening force to bring relevant stakeholders to invest together. In this sense, global or regional cooperation provides one solution to a collective action problem and is especially important where inter-connected economies allow for movement of people and similarly, diseases. For example, migrants returning with HIV, malaria, or tuberculosis need continuity of treatment to avoid complications and drug resistance. In turn, this requires regional health financing systems and a network of facilities for migrants. Similarly, control of emerging infectious diseases requires both proactive and reactive rapid response, involving multiple actors and cooperation. Regional collaboration also has other benefits such as technology transfer and human resource development, economies of scale, and increased leverage for fund-raising.

Impact:
Healthy lives ensured and well-being promoted for all at all ages (Sustainable Development Goal 3)

Project Outcome

Description of Outcome: Regional health cooperation in GMS strengthened

Progress Toward Outcome: The Regional KSTA became effective on 22 August 2018. In February 2019, ADB approved the minor change in implementation arrangements and reallocation of TA funds to allow the recruitment of additional key consultants.

Implementation Progress

Description of Project Outputs: GMS Working Group on Health Cooperation (WGHC) established GMS Health Cooperation Strategy developed and implemented Knowledge development and exchange promoted
Status of Implementation Progress (Outputs, Activities, and Issues)

Output 1:
- Engagement of consultants (Public Health Specialist; Regional Coordinator for Health Cooperation; Research Team Leader and Migrant Health Specialist; Finance Specialist); recruitment of a Demographer is ongoing;
- Preparation of GMS WGHC TORs, membership and reporting arrangements;
- Establishment of GMS WGHC secretariat;
- Launch of GMS WGHC; Conduct of WGHC meeting in March 2019;
- Organization of the Roundtable Discussion on Regional Investment Framework for Migrant Health in the GMS in Bangkok, Thailand, November 2018.

Output 2:
- Finalization of the 5-year (2019-2023) GMS health cooperation strategy;
- Review of regional health portfolio.

Output 3:
- Uploading of the initial description of WGHC to GMS website;
- Ongoing process to publish the “Greater Mekong Subregion Health Cooperation Strategy 2019-2023”.

Geographical Location
Cambodia - Nation-wide; China - Nation-wide; Lao People’s Democratic Republic - Nation-wide; Myanmar - Nation-wide; Thailand - Nation-wide; Viet Nam - Nation-wide

Summary of Environmental and Social Aspects

Environmental Aspects

Involuntary Resettlement

Indigenous Peoples

Stakeholder Communication, Participation, and Consultation

During Project Design

During Project Implementation

Business Opportunities

Consulting Services
The proposed TA will hire three individual consultants to support overall TA coordination. Flexibility to mobilize expertise will be provided by determining the terms of reference and selection method during TA implementation and as the WGHC is set up. Possible areas of expertise include national planning, regional cooperation, migration, gender, zoonosis, laboratories, surveillance, drug resistance, financing, and knowledge management.

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Timetable

Concept Clearance 21 Jun 2017
Fact Finding 03 Jul 2017 to 07 Jul 2017
MRM -
Approval 22 Aug 2018
Last Review Mission -
Last PDS Update 28 Mar 2019

Financing Plan/TA Utilization

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TA 9571-REG

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