SECTOR ASSESSMENT (SUMMARY): HEALTH AND SOCIAL PROTECTION

Sector Roadmap

1. Sector Performance, Problems, and Opportunities

1. Cambodia, the Lao People’s Democratic Republic (PDR), and Viet Nam have a total population of about 107 million, 25 million poor people (living on less than $1.25 per person per day), and 8 million ethnic minority people. Communicable diseases are still the major public health problem in Cambodia and the Lao PDR, and require major public spending in Viet Nam. The rural poor and near-poor suffer from common infections that are often preventable or easily treatable. Infections cause not only high child mortality but also malnutrition, poor reproductive health, school absenteeism, and indeed affect most Millennium Development Goal indicators.

2. Emerging and re-emerging diseases such as severe acute respiratory syndrome (SARS), avian and human influenza (AHI), H1N1 pandemic influenza (H1N1), and other zoonoses have to date not caused large epidemics. However, these diseases remain a major public health hazard with the potential for a global pandemic with high mortality and economic impact. Early recognition and reporting at community level is required to contain these diseases. The HIV prevalence has declined in Cambodia and leveled in Viet Nam, but is increasing rapidly in the Lao PDR. Acute respiratory infections, diarrheal diseases, dengue, malaria, and road accidents cause most deaths in Cambodia, the Lao PDR, and Viet Nam. Dengue, the most important vector-borne disease in terms of mortality and morbidity, is an urban disease spreading into rural areas due to such factors as increase in population density, greater movement of people, and possibly environmental and climate change. Neglected tropical diseases (NTDs) of regional importance are helminthiasis, liver fluke, schistosomiasis, filariasis, and Japanese encephalitis.

3. The countries of the Greater Mekong Subregion (GMS)—Cambodia, the Lao PDR, Myanmar, Thailand, Viet Nam, and Yunnan Province and Guangxi Zhuang Autonomous Region in the People’s Republic of China (PRC)—are increasingly linked physically, economically, and socially. The GMS economic development program, initiated in 1992, supports regional economic integration and development through road construction, trade facilitation, energy networking, and other investments, much of which is concentrated in economic corridors. Countries and people have benefited from these developments.

4. The spread of HIV and dengue in the 1990s, the SARS crisis in 2003, and the AHI epidemic since 2004 have highlighted the increased public health risk of regional integration and the importance of regional cooperation in communicable disease control (CDC). Between Cambodia, the Lao PDR, and Viet Nam, there are 19 international border crossings, about 40 local road and river border crossings, and hundreds of informal border crossings. New roads increase the exposure of communities to diseases through infected individuals, vectors and food. Some communities, in particular ethnic groups, live far from any regular health services and rely on village health workers and drug stores for primary care. Economic corridors and resettlement offer communities better access to services, but also increases exposure to malaria, dengue, cholera, typhoid, diarrheal diseases, tuberculosis, HIV/AIDS, and NTDs.

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1 This summary is based on sector work of the Asian Development Bank and the regional cooperation unit of the Greater Mekong Subregion Regional Communicable Diseases Control Project (http://www.gms-cdc.org/).

2 Most NTDs can be controlled using drugs that are safe, effective, and easy to administer in poor settings. Regular deworming helps improve nutrition, learning and productivity, and reduces morbidity and mortality rates.

5. Data on the actual health impact of economic corridors and border movements is limited. Several studies examined social and health impacts of local developments, such as road construction on HIV/AIDS.\(^4\) Entomological studies are monitoring malaria, dengue, and other vector-borne diseases across the GMS. Mandatory case reporting provides data on epidemic diseases, and efforts are under way to improve surveillance. For example, the Mekong Basin Disease Surveillance Cooperation (MBDSC)\(^5\) has improved disease reporting in border areas, and the Kenan Institute Asia (KIA) has helped improve information exchange between the human health and animal health sectors. However, community- and hospital-based surveillance in Cambodia, the Lao PDR, and Viet Nam are lagging behind the PRC and Thailand, which have (near) real-time disease surveillance systems in place.

6. GMS leaders have fully recognized the threat of emerging diseases and other diseases such as dengue, malaria, and HIV/AIDS, and strongly support regional cooperation in CDC. Regional events have provided for networking and a common understanding of the issues and solutions. About half of the provinces are already engaged in cross-border activities. Ministries of health are beginning to work together in disease control, and in sharing expertise and resources. Progress has been made in developing joint control strategies and regular information exchange. Less progress has been made in disease prevention and outbreak preparedness, and in developing common standards. Countries also need to make better use of knowledge management to learn from each other what works well.

7. Effective CDC depends on strong national health systems and community outreach in addition to regional cooperation. There are many common issues in the health systems in Cambodia, the Lao PDR, and Viet Nam that affect CDC, including human resource constraints, the management of health services, and the affordability and financing of health services. The three countries give high priority to health as a human right and major cause of impoverishment and its social consequences. However, public spending in health is low and health care is largely financed by out-of-pocket payments, resulting in substandard care and poverty.\(^6\) Governments and partners will also need to address these challenges in parallel.

8. CDC must also cope with specific challenges, including integration of vertical disease control programs in the provincial health system, lack of appropriate staff and staff incentives for preventive care, inadequate standard setting and regulation, and weak supervision and monitoring systems. Of critical importance in Cambodia, the Lao PDR, and Viet Nam is the mainstreaming of CDC programs in the annual operational planning and budgeting cycle, and building capacity of provincial authorities to manage CDC.\(^7\) Quality human resources are the key to good health services, but these are often lacking in rural areas. Training ethnic minority people as health workers helps reach remote populations. With decentralization, provincial health authorities need to put in place sustainable training systems. The problem tree for regional CDC and the results framework are in the figure and table below.

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\(^7\) ADB. 2005. RRP: GMS Regional Communicable Diseases Control Project. Manila.
2. Regional Sector Strategy

9. A coordinated regional response will significantly contain the adverse health and economic effects of infectious diseases on populations. The new International Health Regulations (IHR)\(^8\) provide the legal framework to detect, contain, and report the international spread of diseases and hazards. The Asia-Pacific Strategy for Emerging Diseases (APSED)\(^9\) provides a strategic framework to build regional capacity and assess progress and challenges in regional CDC. With support of the first GMS Regional Communicable Diseases Control Project (RCDCP) (footnote 10) and other projects, all provinces in Cambodia, the Lao PDR, and Viet Nam have outbreak response teams. With support of the MBDSC and KIA, information exchange between sectors and across borders has improved. However, community preparedness and reporting needs further improvement, in particular in vulnerable border areas, and hospital preparedness remains weak. Laboratory services probably need to be centralized to improve the quality of services. Real-time reporting of suspected and confirmed cases, as used in the PRC and Thailand, remains limited to a few larger hospitals, and needs to be expanded. To support this on a sustainable basis, regional cooperation needs to be strengthened with focal points and a regular budget in each Ministry of Health (MOH).

10. The World Health Organization (WHO) has also facilitated regional strategic frameworks for the control of malaria, dengue, NTDs, HIV, tuberculosis, laboratory services, health systems, health financing, and other related areas. The MBDSC strategic framework and master plan for 2011–2016 facilitates collaboration of partners in regional disease control and addressed seven areas: cross-border cooperation, human–animal sector interface, epidemiology capacity, laboratory capacity, strengthened information and communications technology capacity, risk communication, and policy research. The Global Fund to Fight AIDS, Tuberculosis and Malaria and other partners provide major funding for these three diseases, but dengue and other diseases of regional importance receive much less funding.

11. The political commitment for CDC in the GMS remains strong, as reaffirmed in recent regional events such as the Association of Southeast Asian Nations (ASEAN) and GMS summits.\(^{10}\) Stewardship has improved. Regional strategies for CDC cooperation have been put in place with support of the WHO. However, cooperation among GMS countries and partners is still in a nascent stage. There is no comprehensive regional CDC plan nor health information system, and research with a regional perspective (e.g., on migrants and HIV/AIDS) is lacking. To integrate and make better use of limited resources, national and provincial capacities need to be improved further, with nations increasing their efforts in various types of regional cooperation, and provinces improving cross-border cooperation and strengthening health systems to be able to reach lagging communities and improve control measures, training, and monitoring.

12. The RCDCP provided substantial support for regional knowledge management (footnote 10). This was supported by a regional coordination unit that helped promote information exchange, organize forums, conduct joint studies, support cross-border cooperation, produce CDC information, and manage websites and communities of practice. However, CDC managers have been slow to use knowledge management products. Other regional CDC priorities that so far have attracted little interest are food safety, the control of fake drugs, and drug resistance.

3. ADB Sector Experience and Assistance Program

13. Along with partners, ADB has been actively supporting CDC in the GMS. It has supported primary health care projects in Cambodia, the Lao PDR, and Viet Nam to build up primary health care. ADB’s main CDC support in the GMS was the $39 million RCDCP implemented during 2006–2010 (footnote 10). To help contain the spread of emerging diseases and reduce the burden of neglected endemic diseases in these three countries, the project had three outputs: (i) strengthening national surveillance and response systems, (ii) improving CDC for vulnerable groups, and (iii) strengthening regional collaboration in CDC. The RCDCP was very timely in that it helped control the outbreak of avian influenza. It laid the foundation for regional cooperation and knowledge management in CDC in the GMS. ADB has also supported CDC through projects for the control of HIV, malaria, SARS, and avian influenza.11

14. Several lessons have been learned from the RCDCP, such as (i) the need to be more results focused with better targeting, compliance with the gender action plan and ethnic group plan, and supervision and monitoring; (ii) mainstreaming project activities in annual operational plans to ensure sustainability; (iii) strengthening provincial health systems for CDC including training capacity; (iv) streamlining procurement, in particular advanced hiring of consultants; (v) increasing MOH capacity and ownership of regional activities; and (vi) developing regional partnerships to sustain knowledge management.

15. ADB’s Strategy 2020 realigns ADB’s role in the health sector.12 ADB’s Regional Cooperation and Integration Strategy identifies regional public goods as a priority for regional investment.13 The GMS Regional Cooperation Operations Business Plan 2010–2012 supports pro-poor, sustainable growth in the GMS.14 The plan includes initiatives for cross-border migration; cooperative arrangements for addressing health and other social issues related to cross-border migration, particularly for HIV/AIDS prevention and control; and services for ethnic groups and malaria control in border areas.15 ADB’s GMS human resource development (HRD) framework16 supports regional integration and cross-border cooperation in the sector. Under the GMS HRD group, a health subgroup has identified priorities for regional cooperation, including CDC with emphasis on strengthening surveillance and response systems for emerging diseases, dengue control, food safety, and health impact assessment. The HIV/AIDS subgroup is focused on mitigating the impact of economic corridors. In regional and cross-border cooperation, ADB is collaborating with GMS governments and partners like the MBDS, KIA, and WHO, to provide support. WHO strategic frameworks are in place and need to be rolled out. However, improving regional CDC also relies on improving national health systems, and collaboration in national health system strengthening programs also needs to be pursued.

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Problem Tree for Regional Communicable Diseases Control

Major actual and potential health and economic impact of communicable diseases in the GMS due to their spread across borders, mortality, and disability

Inadequate communicable diseases control in the GMS, in particular along borders and economic corridors, in new settlements and poor population and between countries.

Late identification and control of outbreaks

Inadequate disease prevention

Substandard or lacking treatment and care

Community Level

Inadequate preparedness, animal health control

Limited community awareness and compliance with good practices

Fake or poor quality drugs and misuse of drugs

Weak communication among services, sectors, provinces, cross-border, regionally

Communities with poor health and nutrition status, often lacking physical, financial and social access, and trained female and ethnic group workers

Lack of staff capacity and recurrent budget in health centers

Fragile surveillance and response systems including lack of field epidemiologists, substandard laboratory services and poor fund flow

Substandard disease prevention programs and health education

Inadequate interprovincial and cross-border services

Nascent MOH capacity for regional cooperation, and inadequate attention to implementation of global and regional strategies

Weak provincial planning capacity and CDC management and funding

Limited provincial training capacity

Lack of research efforts for neglected tropical diseases

Nascent MOH capacity for regional cooperation, and inadequate attention to implementation of global and regional strategies

Lack of information and understanding of the spread of diseases and effectiveness of control strategies

Poor quality control of drugs, and no regional cooperation

Limited national preparedness

Lack of research efforts for neglected tropical diseases

Paucity of regional knowledge management in CDC including limited use of information technology, communities of practice, and other forms of networking and sharing information, skills, and experience
### Sector Results Framework (Regional Communicable Diseases Control)

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<td><strong>Timely and adequate control of communicable diseases of regional relevance that are likely to have a major impact on the region's public health and economy</strong></td>
<td>1. Enhanced regional CDC systems 2. Improved CDC along borders and economic corridors 3. Integrated project management</td>
<td>(i) <strong>Planned Key Activity Areas for Second GMS Regional Project, CLV countries, $54 million:</strong> 1.1 Regional CDC cooperation 1.2 Surveillance and response systems 1.3 Targeted control for dengue and NTDs 2.1 Community-based CDC in border districts 2.2 Provincial staff training 3.1 Integrated project management</td>
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<td>From 2010 to 2015: 1.1 Countries meet IHR/APSED standards 1.2 Proportion of suspected outbreaks reported by communities within 24 hours increased from 50% to 80% 1.3. Proportion of villages that conduct basic measures against vector-born diseases increased from 50% to 85% 2.1 Proportion of ethnic villages in border areas that take basic preventive measures against common infections increased from 40% to 60% 2.2 Proportion of male and female staff with 80% of basic skills for CDC increased from 40% to 65%. 3.1 Proportion of provincial AOPs targeting poor ethnic groups in border areas increased from 20% to 70%</td>
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<td>1.1.1 Each MOH supports focal point for regional cooperation in CDC by 2012 1.1.2 Each MOH coordinates implementation of regional strategies for CDC by 2012 1.1.3 Each MOH conducts regular regional knowledge management for CDC by 2012 1.2.1 Each province has real-time outbreak reporting system established by 2013 1.2.2 All at-risk populations have received appropriate education and supplies by 2014 2.1 All villages have competent female and male village health workers by 2013 2.2 All CDC staff have basic CDC competencies by 2013 3.1 All targeted provinces conduct results-based planning by 2012 3.2 All targeted provinces mainstream CDC in AOPs by 2013</td>
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<td>Proposed Grant and RETAs for the Prevention and Control of Avian Influenza in Asia and the Pacific, $32.22 million</td>
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**ADB** = Asian Development Bank; **AOP** = annual operational plan; **CAM** = Cambodia; **CDC** = communicable disease control; **CLV** = Cambodia, Lao PDR, and Viet Nam; **GMS** = Greater Mekong Subregion; **IHR/APSED** = International Health Regulations/Asian Pacific Strategy for Emerging Diseases; **Lao PDR** = the Lao People's Democratic Republic; **MOH** = ministry of health; **NTD** = neglected tropical disease; **REG** = regional; **VIE** = Viet Nam.

Sources: Governments of Cambodia, the Lao PDR, and Viet Nam, and ADB.