

SUMMARY OF PROJECT PERFORMANCE

A. Background

1. The Asian Development Bank (ADB) approved the Greater Mekong Subregion (GMS) Health Security Project on 22 November 2016 for a total of \$125 million equivalent comprising: (i) four concessional loans to Cambodia (SDR15,012,000 [\$21 million]), the Lao People's Democratic Republic (SDR2,856,000 [\$4 million]), Myanmar (SDR8,616,000 [\$12 million]), and Viet Nam (SDR56,946,000 [\$80 million]) from its ordinary capital resources; and (ii) a grant to the Lao People's Democratic Republic (\$8 million) from its Special Funds resources. The Myanmar loan became effective on 10 July 2017. The project completion date is 31 March 2022, and the loan closing date is 30 September 2022. Additional financing of \$20 million through a concessional loan from ordinary capital resources was approved for the Lao People's Democratic Republic on 22 May 2020. Additional financing of \$30 million through a concessional loan from ordinary capital resources was approved for the Republic of the Union of Myanmar on 8 October 2020.

2. The project's impact is strengthened GMS public health security. The outcome is GMS health system performance regarding health security improved. The project originally had three outputs: (i) regional cooperation and communicable disease control in border areas improved, (ii) national disease surveillance and outbreak response systems strengthened, and (iii) laboratory services and hospital infection prevention and control improved. A fourth output "emergency response to the COVID-19 outbreak supported" was added to the project in the additional financing for the Lao PDR in May 2020 to provide emergency response to the coronavirus disease (COVID-19) outbreak, particularly for procuring the necessary medical products and equipment and training of frontline health workers. Output 4 was rephrased as "emergency preparedness and response capacity for COVID-19 strengthened" in the additional financing for Myanmar in October 2020. In Cambodia, the Ministry of Health (MOH) through the Department of Planning and Health Information is the executing agency.

B. Performance of the Project

3. The original project for Cambodia meets all the criteria for performing well as described below.

- (i) **Delivery of expected outputs.** Of the 10 outcome and output indicators for Cambodia, 4 are already achieved and 6 are partially achieved (Annex 1). The project is assessed to be on track to meet its outcome. The delivery of expected outputs is rated *successful*.
- (ii) **Satisfactory implementation progress.** Against an elapsed time of 82.0% as of 31 August 2021, cumulative contract awards and disbursements for Cambodia are \$15.38 million (73.24% of ADB financing) and \$15.46 million (73.62% of ADB financing; including advances of \$1.50 million), respectively. Achievement of contract awards and disbursement projections is on track.
- (iii) **Satisfactory compliance with safeguard policy requirements.** The project is category C for involuntary resettlement. It is category B for both environment and impacts on indigenous peoples. Safeguards and financial covenants are complied with.

(iv) **Successful management of risks.** The project has successfully managed the risks identified during project preparation. The identified project implementation risks have been adequately addressed, and the management of risks is rated *successful*. No substantial risk is expected to affect the proposed additional financing. The financial management assessment and mitigation measures are included in the project administration manual of the proposed additional financing.

(v) **On track rating.** The Cambodia component of the project is on track.

(vi) **Other information**

Initial support for COVID-19. ADB supported the government's response to COVID-19 through the procurement of screening equipment (thermal imaging camera) which were placed in border check points under the ongoing health security project.

Gender mainstreaming. The original project is categorized as effective gender mainstreaming. As of June 2021, all of the 7 actions are being implemented and 7 (64%) of 11 targets are on track while 4 targets (36%) are not yet achieved.

C. Conclusion

4. The project is performing well and warrants additional financing. The proposed additional financing will support the MOH in responding to COVID-19. The additional financing will provide targeted investments for 81 provincial and district referral hospitals not covered under the original project. It will focus on upgrading of clinical care, laboratory, infection prevention and control, and human resource capacity to respond to COVID-19 and other communicable disease threats. The proposed project will also strengthen surveillance, response, and risk communications capacity for COVID-19 and other communicable diseases nation-wide.

5. The additional financing will complement and reinforce ADB's support to the health sector under the COVID-19 Active Response and Expenditure Support Program and the Cambodia Rapid Immunization Support Project.¹

¹ ADB. [COVID-19 Active Response and Expenditure Support Program](#); and ADB. Forthcoming. *Cambodia Rapid Immunization Support Project*. Manila.

ANNEX 1: STATUS OF RESULTS ACHIEVEMENT

Results	Baseline (2015)	Target	Achievement
Outcome: GMS health system performance with regard to health security improved			
Compliance with the 8 APSED focus areas increased	3 of 8 areas	By 2023, 6 of 8 areas	Partially achieved. 3 APSED focus areas increased. Cambodia will conduct APSED annual review by the end of 2020. The project expects progress of these target indicators to be reported by the end of 2021.
26 of the 42 targeted district and/or township hospitals comply with national IPC criteria	12	By 2023, 26	Partially achieved. 19 target hospitals are compliant with national IPC criteria.
28 of the 42 targeted district and/or township laboratories achieve quality and biosafety standards	16	By 2023, 28	Partially achieved. 8 laboratories achieved both quality and biosafety standards after the national biosafety guideline update and finalized in 2016.
Output 1: Regional cooperation and CDC in border areas improved			
Cambodia apply harmonized standard case definitions, and reporting procedures for notifiable communicable diseases including disaggregation by sex and age	No baseline	By 2020, Yes	Achieved. Yes. Cambodia provides report of 7 epidemic prone diseases and syndromes on weekly basis which posted on CDC department website.
All border provinces, states, or regions targeted by the project conduct two cross border activities per year	No baseline	By 2021, Yes	Partially achieved. Cambodia hosted 2 cross border collaboration meetings and 4 regional events. All 14 provinces conduct cross-border collaboration activities (information exchange with Lao PDR, Viet Nam and Thailand).
Output 2: National disease surveillance and outbreak response systems strengthened			
28 districts and/or townships send sex-disaggregated electronic report on communicable diseases as per national regulations	20	By 2021, 28	Achieved. Overall, 52 operational districts have sent electronic data with sex disaggregated through Health Information System
80% of major outbreak response	60%	By 2021, 80%	Achieved. 100%

Results	Baseline (2015)	Target	Achievement
reports indicate appropriate measure conducted			
Output 3: Laboratory services and hospital IPC improved			
All targeted laboratories have been audited at least once for quality and biosafety	No baseline	By 2021, 100%	Partially achieved. MOH developed CamLQMS for standard accreditation checklist tool. Laboratory audit will be conducted in Q3 2021.
80% of targeted districts and/or townships have developed SOP for collection, packaging, and transportation of biological samples	No baseline	By 2022, 80%	Achieved. 100%. SOP is being implemented separately by vertical programs by all districts.
At least 2 staff members (one of them female) per targeted laboratory trained in national laboratory biosafety standards and practice.	No baseline	By 2022, 84 staff, (42 female)	Partially achieved. 53 staff (15 female) have been trained in national laboratory biosafety standards and practice.

APSED = Asia Pacific Strategy for Emerging Diseases, CamLQMS = Cambodia Laboratory Quality Management System, CDC = communicable disease control, IPC = infection prevention and control, NIPH = National Institute of Public Health, Q = quarter, SOP = standard operating procedure.

Source: Asian Development Bank.