ADB

Technical Assistance Report

Project Number: 51151-001
Knowledge and Support Technical Assistance (KSTA)
August 2018

Strengthening Regional Health Cooperation in the Greater Mekong Subregion

Asian Development Bank

ABBREVIATIONS

ADB	–	Asian Development Bank
CDC	–	communicable disease control
GMS	–	Greater Mekong Subregion
Lao PDR	–	Lao People's Democratic Republic
PRC	–	People's Republic of China
SERC	–	Regional Cooperation and Operations Coordination Division
TA	–	technical assistance
WGHC	–	Working Group on Health Cooperation
WHO	–	World Health Organization

NOTE

In this report, "$" refers to United States dollars.

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CONTENTS

KNOWLEDGE AND SUPPORT TECHNICAL ASSISTANCE AT A GLANCE

1. Basic Data — **Project Number:** 51151-001

Project Name	Strengthening Regional Health Cooperation in the Greater Mekong Subregion	**Department/Division**	SERD/SEHS
Nature of Activity	Capacity Development	**Executing Agency**	Asian Development Bank
Modality	Regional		
Country	REG (CAM, LAO, MYA, PRC, THA, VIE)		

2. Sector

	Sector	Subsector(s)	ADB Financing ($ million)
✓	Health	Health system development	1.00
		Total	**1.00**

3. Strategic Agenda

Strategic Agenda	Subcomponents
Inclusive economic growth (IEG)	Pillar 2: Access to economic opportunities, including jobs, made more inclusive
Regional integration (RCI)	Pillar 4: Other regional public goods

Climate Change Information

Climate Change impact on the Project	Low

4. Drivers of Change

Drivers of Change	Components
Governance and capacity development (GCD)	Institutional development
Knowledge solutions (KNS)	Knowledge sharing activities
Partnerships (PAR)	Bilateral institutions (not client government) Official cofinancing Regional organizations

Gender Equity and Mainstreaming

Effective gender mainstreaming (EGM)	✓

5. Poverty and SDG Targeting

Geographic Targeting	No
Household Targeting	No
SDG Targeting	Yes
SDG Goals	SDG3

Location Impact

Regional	High

6. Risk Categorization Low

7. Safeguard Categorization Safeguard Policy Statement does not apply

8. Financing

Modality and Sources	Amount ($ million)
ADB	**1.00**
Knowledge and Support technical assistance: Regional Cooperation and Integration Fund	0.50
Knowledge and Support technical assistance: Technical Assistance Special Fund	0.50
Cofinancing	**0.00**
None	0.00
Counterpart	**0.00**
None	0.00
Total	**1.00**

I. INTRODUCTION

1. The technical assistance (TA) will strengthen health cooperation in the Greater Mekong Subregion (GMS).[1] Many GMS countries prioritize limited resources for national investments, rather than integrating regional components into national programs, and fail to collaborate for the common good. This is partly because existing cooperation mechanisms[2] are not fully institutionalized, there is a paucity of integrated strategies for health cooperation, and countries have weak knowledge of, and insufficient experience in, cooperation. To address these issues, the TA supports a working group on health cooperation (WGHC), which will develop, endorse, and implement a GMS health cooperation strategy. The TA also promotes knowledge exchange and capacity development.[3]

2. The TA is aligned with the Asian Development Bank (ADB) Operational Plan for Regional Cooperation and Integration (2016–2020),[4] the GMS Strategic Framework, 2012–2022,[5] and the Operational Plan for Health, 2015–2020.[6]

3. The TA serves as a common platform for the GMS health portfolio. It will synergize with the GMS Health Security Project[7] and other ADB projects on disease control and regional collaboration supporting Cambodia, the Lao People's Democratic Republic (Lao PDR), Myanmar, and Viet Nam.[8] This TA broadens the scope beyond disease control and expands the range of stakeholders to include Thailand and the People's Republic of China (PRC), development partners, and nongovernment organizations. This increases opportunities for member countries to draw upon multiple funding sources to finance commonly agreed-upon projects, publicly documented in the regional investment framework.[9] Whereas existing regional networks are not necessarily government-led and focus on specific diseases, and has limited implementation capacity, this TA supports exploration and implementation of any health agenda requiring cooperation, including issues raised by non-health sectors. The TA follows recommendations made under earlier TA (supporting a working group on human resource development)[10] to form a working group for health only,[11] given demonstrated experience and potential from collaboration.[12] Compared with other donors, ADB's long involvement in GMS and expertise in

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[1] GMS countries are Cambodia; the People's Republic of China (PRC), specifically Yunnan Province and Guangxi Zhuang Autonomous Region; the Lao People's Democratic Republic (Lao PDR); Myanmar; Thailand; and Viet Nam.

[2] Existing Regional Networks and Their Complementarity with the Working Group on Health Cooperation (accessible from the list of linked documents in Appendix 3) gives an overview of existing regional mechanisms, their focus areas, and complementarity with the working group on health cooperation.

[3] The TA first appeared in the business opportunities section of ADB's website on 6 September 2017.

[4] ADB. 2016. *Operational Plan for Regional Cooperation and Integration (2016–2020).* Manila.

[5] ADB. 2011. *The Greater Mekong Subregion Economic Cooperation Program Strategic Framework (2012–2022).* Manila.

[6] ADB. 2015. *Health in Asia and the Pacific: A Focused Approach to Address the Health Needs of ADB Developing Member Countries, Operational Plan for Health, 2015–2020*. Manila.

[7] ADB. 2016. *Greater Mekong Subregion Health Security Project*. Manila.

[8] The strengthening of regional collaboration was also discussed at the World Health Organization (WHO) bi-regional meeting on healthy borders in the GMS in August 2013, where ADB was represented by Vice-President Stephen Groff and technical experts. World Health Organization. 2013. *Bi-regional Meeting on health Borders in Greater Mekong Sub-region, 5–7 August 2013, Bangkok, Thailand*.

[9] ADB. 2018. *Overview of the Regional Investment Framework 2022*. Manila.

[10] ADB. 2013. *Technical Assistance for Implementing the Greater Mekong Subregion Human Resource Development Strategic Framework and Action Plan (Phase 2)*. Manila.

[11] 21st GMS Ministerial Conference, 30 November–1 December 2016, Chiang Rai Thailand and 15th Meeting of the GMS Working Group on Human Resource Development (WGHRD-15), 13–14 December 2016, Kunming, Yunnan Province, PRC.

[12] ADB. 2013. *Greater Mekong Subregion Regional Investment Framework Implementation Plan (2014–2018)*. Manila.

multisector development lends a comparative and first-mover advantage to the coordination of a regional public goods framework that deals with public health threats.

II. ISSUES

4. **High communicable disease incidence and drug resistance hamper achievement of Sustainable Development Goals.** Economic development in the GMS has resulted in improved health outcomes, as measured by the Sustainable Development Goals. Between 2000 and 2015, under-5 deaths (per 1,000 live births) were reduced by 73% in Cambodia, 43% in the Lao PDR, 39% in Myanmar, and 35% in Viet Nam. Maternal mortality dropped by 67% in Cambodia and by 20% in Thailand.[13] However, the incidence of communicable diseases (especially malaria, tuberculosis, and dengue) remains significant. About 71% of the population in Myanmar and half the population of the Lao PDR still live in malaria risk areas, and border zones such as the western part of Yunnan province remain vulnerable.[14] Drug resistance threatens the regional goal of eliminating malaria by 2030. Cambodia, Myanmar, Thailand, and Viet Nam also appear on the World Health Organization (WHO) list of countries with a high tuberculosis burden.[15] Moreover, Southeast Asia has 35% of the global burden of multidrug-resistant tuberculosis.[16]

5. **Health systems lack synergies and economies of scope.** Countries currently do not maximize economic and social benefits from regional cooperation. By working together, economies of scope could be realized, such as through patient referrals across borders. This is especially important in the GMS, where increasingly interconnected economies aid mobility[17] and migrants need continuity of treatment to avoid complications and worsening drug resistance. Similarly, controlling infectious outbreaks calls for stronger communication and information sharing, as well as proactive and reactive rapid response involving multiple actors. Finding common solutions for common problems can lead to innovations, effective technology transfer, increased fundraising leverage, stronger regional identity, and positive externalities.

6. **Limited resources for health do not prioritize regional components**. Spending for health from the domestic envelope is limited, and external sources decrease as countries graduate into a higher-income category. Since countries rationally prioritize national investments for health, public goods provision diminishes. One study finds that of the total overseas development assistance on research and development for diseases of poverty provided by the Group of Seven (G7) in 2013, only 21% was spent on regional functions, while the rest financed national health priorities.[18] Such figures are also reflected in the WHO's core budget for outbreak and crisis response, which halved between 2012–2013 and 2014–2015, and contributed to its slow response to the Ebola crisis.[19]

7. **Collective action problem deters regional health investments.** Communicable disease control (CDC) is classed as a public good, characterized by non-excludability and non-rivalry. Non-excludability means that, once CDC is provided, no country can be excluded from

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[13] ADB. 2017. *Key Indicators for Asia and the Pacific, 2017.* Manila (48th edition).
[14] Centers for Disease and Control Prevention. 2018. *Malaria Information and Prophylaxis, by Country [C]* .
[15] WHO. Global tuberculosis report 2017. http://www.who.int/tb/publications/global_report/en/.
[16] Panda et al. 2017. *Drug resistance in malaria, tuberculosis and HIB in South East Asia: biology, programme and policy considerations*. https://www.bmj.com/content/358/bmj.j3545.full.print.
[17] Relevant for all types of workers, including health workers themselves.
[18] One exception to this trend is the launch of a new global health security initiative in the Indo-Pacific region: https://foreignminister.gov.au/releases/Pages/2017/jb_mr_171008.aspx.
[19] The Lancet, Global Health Journal, and Japan Global Health Working Group. *Protecting Human Security: Proposals for the G7 Ise-Shima Summit in Japan*. http://thelancet.com/journals/lancet/article/PIIS0140-6736(16)30177-5/fulltext.

consumption and it is thus available to all, while non-rivalry suggests that one country's consumption does not impede 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, public goods such as CDC are undersupplied.

8. **Lack of strategy and work plans for regional health cooperation.** Still little is documented and strategized on how best to work together for the common good. While countries have signed up to strategies such as the Asian Pacific Strategy for Emerging Diseases and International Health Regulations, these are solely related to CDC, and countries require more support to achieve cross-country policy coherence and synchronization across the health system. An integrated regional strategy, which uses as its base national health strategies, would assist in this endeavor. National health strategies serve as an entry point in formulating regional work plans and sustainable financing proposals.

III. THE TECHNICAL ASSISTANCE

A. Impacts and Outcome

9. The TA is aligned with the following impacts: healthy lives ensured and well-being for all at all ages promoted (Sustainable Development Goal 3).[20] The TA will have the following outcome: regional health cooperation in GMS strengthened.[21]

10. **Output 1: GMS working group on health cooperation functioning**. This output supports the functioning of a GMS WGHC to provide a governance platform to address the collective action problem. The WGHC agrees on a singular vision, and terms of reference, scope of work, membership, and reporting agreements.[22] The WGHC core group is formed of project directors from the existing GMS Health Security Project and senior officials from key Ministry of Health departments. WGHC members are nominated for 3 years, with any changes in nomination endorsed by other members. Noncore members may include members from other ministries and development partners. The WGHC will explore ways to institutionalize regional cooperation (for example, a permanent government staff position to carry out regional cooperation work) and develop a memorandum of understanding on areas of collaboration. High-level WGHC activities will be supplemented by evidence-generating national or regional workshops and joint simulation exercises, especially at border areas, with a view to systemizing cooperation in the event of an outbreak. The TA will provide secretariat support based in GMS countries to streamline regional cooperation—including effective information exchange—into the daily work of health ministries. Where relevant, links with existing GMS working groups such as those on Transport and Trade (cross-border movement), Agriculture (zoonosis), and Environment (climate change) will be forged through extensive consultation and possibly joint projects.

11. **Output 2: GMS health cooperation strategy developed and implemented**. This output will use the WGHC to finalize a 5-year country-endorsed health cooperation strategy documenting the shared challenges, common vision, and strategic pillars (footnote 22). Mainstreaming gender will be central to the strategy to establish a regional public health agenda that ensures active participation by and benefits for women. The WGHC will formulate time-bound work plans to improve service delivery and increase access for vulnerable groups, including a monitoring and evaluation section. To optimize current portfolios and serve as a medium-term regional framework

[20] United Nations. 2015. *Goal 3: Ensure healthy lives and promote well-being for all at all ages*.
[21] The design and monitoring framework is in Appendix 1.
[22] Work on this is already underway with the support of ADB. 2017. *Technical Assistance for Sustaining the Gains of Regional Cooperation in the Greater Mekong Subregion*. Manila (TA 9416-REG).

for future assistance, including cofinancing, the strategy will comprise a costed investment pipeline, also reflected in the Regional Investment Framework 2022 (footnote 9).

12. **Output 3: Knowledge development and exchange promoted**. This output will build capacity of policymakers and encourage countries to share best practices on topics of common interest. Knowledge outputs will directly link to strategic pillars contained in the health cooperation strategy. During implementation, the WGHC and ADB will explore partnerships, especially with academic institutions based in the GMS, to produce high-quality research pieces for evidence-based policymaking. The WGHC secretariat will provide technical support, and in conjunction with the GMS Secretariat based in Regional Cooperation and Operations Coordination Division (SERC), upload learning portals on the GMS website.[23]

13. While the secretariat and WGHC will invite development partners to work together, insufficient development partner financing for health coordination is outside the control of the TA.

B. Cost and Financing

14. The TA is estimated to cost $1 million, of which (i) $500,000 will be financed on a grant basis by ADB's Technical Assistance Special Fund (TASF 6); and (ii) $500,000 will be financed on a grant basis by the Regional Cooperation and Integration Fund.[24] The Regional Cooperation and Integration Fund will finance TA operational expenses in the form of consulting services and related goods and activities. It will not be used for civil works, procurement of large-scale equipment, and permanent staffing costs. Key expenditure items are listed in Appendix 2.

C. Implementation Arrangements

15. ADB will administer the TA and select, supervise, and evaluate consultants, and help organize workshops.[25] ADB staff will act as resource persons at workshops, with travel costs charged to the TA.[26] In each country, one or more departments of the respective health ministry will act as implementing agency or agencies, as shown in the table below. The indicative implementation period is September 2018–September 2020.

Implementation Arrangements

Aspects	Arrangements
Indicative implementation period	September 2018–September 2020
Executing agency	ADB
Implementing agencies	Cambodia: Communicable Disease Control Department and Department of Planning, Ministry of Health. Lao People's Democratic Republic: Department of Planning and Cooperation, Ministry of Health. Myanmar: Department of Public Health and Department of Medical Services, Ministry of Health and Sports. People's Republic of China: National Health and Family Planning Committee. Thailand: Department of International Affairs, Ministry of Public Health. Viet Nam: General Department of Preventive Medicine, Ministry of Health.
Consultants	To be selected and engaged by ADB

[23] Greater Mekong Subregion. Health Cooperation and Human Resource Development.
[24] Established by ADB. Financing partner: the Government of Japan.
[25] SERC serves as the GMS secretariat, and the Human and Social Development Division will administer TA activities with respective governments and other ADB departments, especially the East Asia Department.
[26] Budget, Personnel, and Management Systems Department; and Strategy and Policy Department. 2013. *Use of Bank Resources: Regional Technical Assistance and Technical Assistance vs. Internal Administrative Expenses Budget*. Memorandum. 26 June (internal).

Aspects	Arrangements		
	Public health specialist, individual consultant selection	24 person-months	$255,980
	Regional coordinator for health cooperation, individual consultant selection	18 person-months	$122,312
	Finance specialist, individual consultant selection	18 person-months	$70,702
Disbursement	The TA resources will be disbursed following ADB's *Technical Assistance Disbursement Handbook* (2010).		

ADB = Asian Development Bank, TA = technical assistance.
Source: Asian Development Bank.

16. **Consulting services**. Three consultants with expertise in regional coordination, public health, and finance will be hired. The international public health specialist will act as team leader, provide technical advice to the WGHC, and identify strategic directions. The international regional coordinator for health cooperation will be responsible for facilitating exchanges between GMS countries, ADB, and partners. The national finance specialist will maintain the TA's financial management system, ensure timely disbursement of funds, and provide administrative support. ADB will use the individual consultant selection method, given that individual experience and qualifications are the main requirements (as guided by project administration instruction 2.02), and all contracts will be input-based. ADB will engage consultants in accordance with its Guidelines on the Use of Consultants (2013, as amended from time to time).[27]

17. **Social media and websites**. TA materials will be uploaded to the existing GMS program website[28] administered by SERC with inputs from the Human and Social Development Division. After TA completion, the GMS program will be responsible for its maintenance.

18. **Cofinancier requirements.** TA annual progress reports will be submitted to ADB's Economic Research and Regional Cooperation Department. The department will also be notified of any major changes in scope, TA duration, or funding arrangements.

IV. THE PRESIDENT'S DECISION

19. The President, acting under the authority delegated by the Board, has approved the provision of technical assistance not exceeding the equivalent of $1,000,000 on a grant basis for Strengthening Regional Health Cooperation in the Greater Mekong Subregion, and hereby reports this action to the Board.

[27] Terms of Reference for Consultants (accessible from the list of linked documents in Appendix 3).
[28] GMS program website. http://greatermekong.org/.

DESIGN AND MONITORING FRAMEWORK

Impacts the Technical Assistance is Aligned with Healthy lives ensured and well-being for all at all ages promoted (Sustainable Development Goal 3)[a]			
Results Chain	**Performance Indicators with Targets and Baselines**	**Data Sources and Reporting Mechanisms**	**Risks**
Outcome Regional health cooperation in GMS strengthened	By 2022: a. At least two new regional health projects in the most recent Regional Investment Framework 2018–2022 included (2017 baseline: 0)	a. Regional Investment Framework 2018-2022	DMCs and development partners have insufficient funding for regional health cooperation initiatives
Outputs 1. GMS WGHC functioning	By 2018: 1a. Functional GMS WGHC (terms of reference, membership, reporting arrangements) formed (2017 baseline: not applicable) By 2020: 1b. Annual WGHC meeting with at least 30% women participants conducted (2017 baseline: 0) 1c. MOU on health cooperation signed by six GMS countries (2017 baseline: not applicable) 1d. 30 government officials (with at least 30% women participants) have increased knowledge and implementation skills for regional health cooperation initiatives through joint exercises and workshops (2017 baseline: 0)	1a. Summary report of GMS WGHC launch 1b.–c. Summary reports of GMS WGHC meetings 1d. WGHC secretariat annual progress reports	Delays or lack of DMC concurrence
2. GMS health cooperation strategy developed and implemented	By 2019: 2a. One 5-year (2019–2023) GMS health cooperation strategy, including strategies addressing regional gender-related health concerns, endorsed by GMS leaders, disseminated, and uploaded (2017 baseline: not applicable) By 2020: 2b. Annual gender-responsive regional work plan based on the GMS health cooperation strategy formulated and uploaded (2017 baseline: 0)	2a.–b. Summary reports of GMS WGHC meetings, GMS website	
3. Knowledge development and exchange promoted	By 2020: 3a. WGHC description, meeting, and progress reports;	3a. GMS website	

Results Chain	Performance Indicators with Targets and Baselines	Data Sources and Reporting Mechanisms	Risks
	learning portal; and success stories uploaded and regularly updated (2017 baseline: not applicable) 3b. Five regional knowledge products developed and translated into every GMS country language, (2017 baseline: 0) 3c. At least 15 government officials (with at least 30% female participants) have more knowledge of best practices in regional health cooperation supported through workshops (2017 baseline: 0)	3b. Annual technical assistance project reports and knowledge products 3c. Learning opportunity event summary report	

Key Activities with Milestones

1. GMS WGHC functioning
1.1 Engage consultants (Q3 2018).
1.2 Prepare GMS WGHC terms of reference, membership, and reporting arrangements (Q3 2018).
1.3 Establish GMS WGHC secretariat (Q4 2018).
1.4 Launch GMS WGHC (Q4 2018).
1.5 Conduct annual GMS WGHC meetings (Q4 2018 and Q4 2019).
1.6 Sign GMS MOU on health cooperation (Q1 2020).
1.7 Organize national or regional workshops or joint exercises (Q4 2018, Q2, Q3, Q4 2019, and Q2+4 2020).
1.8 Conduct cumulative review of GMS WGHC (Q4 2020).
2. GMS health cooperation strategy developed and implemented
2.1 Finalize 5-year (2019–2023) GMS health cooperation strategy (Q4 2018).
2.2 Create corresponding annual regional work plan (Q1 2019 and Q1 2020).
2.3 Review regional health portfolio (Q4 2018 and Q2 2019).
2.4 Review GMS health cooperation strategy (Q2 2020).
3. Knowledge development and exchange promoted
3.1 Upload initial description of WGHC to GMS website (Q4 2018).
3.2 Maintain and update GMS website with progress and meeting reports, health cooperation strategy, regional work plans, and learning portal quarterly or when appropriate.
3.3 Prepare yearly knowledge product and dissemination plan and learning opportunities (Q1 2019 and Q1 2020).
3.4 Identify possible partnerships and exact nature of collaboration to strengthen knowledge development (Q4 2018).
3.5 Publish five translated knowledge products (Q1, Q2, Q3 2019, Q1, and Q2 2020).
3.6 Support a regional learning opportunity annually through workshops (2019 x1 and, 2020 x1).

Inputs

Asian Development Bank: $0.5 million, from Technical Assistance Special Fund (TASF 6)
Regional Cooperation and Integration Fund: $0.5 million
Note: The governments will provide counterpart support in the form of counterpart staff time, office space, and other in-kind contributions.

Assumptions for Partner Financing
Not applicable

DMC = developing member country, GMS = Greater Mekong Subregion, MOU = memorandum of understanding, Q = quarter, WGHC = working group on health cooperation.
[a] United Nations. 2015. *Goal 3: Ensure healthy lives and promote well-being for all at all ages*.
Source: Asian Development Bank.

COST ESTIMATES AND FINANCING PLAN
($'000)

Item				Amount	
				ADB[a]	Regional Cooperation and Integration Fund[b]
A.	Consultants				
	1.	Remuneration and per diem			
		a.	International consultants	173,822[c]	255,980[d]
		b.	National consultants	70,702	45,717[e]
	2.	Out-of-pocket expenditures			
		a.	International and local travel	81,124	41,507
		b.	Reports and communications	1,500	1,020
		c.	Miscellaneous administration and support costs[f]	8,711	10,000
B.	Training, seminars, and conference[g]			105,842	91,080
C.	Contingencies			58,299	54,696
	Total			**500,000**	**500,000**

ADB = Asian Development Bank.
Note: The technical assistance is estimated to cost $1 million, of which contributions from ADB and the Regional Cooperation and Integration Fund are presented in the table above.
[a] Financed by ADB's Technical Assistance Special Fund (TASF 6).
[b] Established by ADB. Financing partner: the Government of Japan.
[c] For regional coordinator for health cooperation and other (non-listed) international consultants hired on short-term basis who may act as resource persons based on country demand.
[d] For public health specialist.
[e] For other (non-listed) national consultants hired on short-term basis who may act as resource persons based on country demand.
[f] Translation and publication costs, web developer, and web portal maintenance.
[g] Budget, Personnel, and Management Systems Department; and Strategy, Policy and Review Department. 2013. *Use of Bank Resources: Regional Technical Assistance and Technical Assistance vs. Internal Administrative Expenses Budget. Memorandum*. 26 June (internal).
Source: Asian Development Bank estimates.

LIST OF LINKED DOCUMENTS
http://www.adb.org/Documents/LinkedDocs/?id=51151-001-TAReport

1. Terms of Reference for Consultants

Supplementary Document

2. Existing Regional Networks and Their Complementarity with the Working Group on Health Cooperation