



SECOND MEETING  
**GMS** Urban Development  
Working Group

4 July 2018 • Manila, Philippines

# Overview

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# Rationale for Working Group on Health Cooperation

## **Unachieved goals and health challenges**

all GMS countries aim for health SDGs but still experience high incidence of communicable diseases and drug resistance

## **Economic and social benefits**

currently not maximized (economies of scale, economies of scope)

## **Under-supply**

public goods provision is not guaranteed by any one country (collective action problem)

## **Limited funds**

in the landscape of limited health spending, countries rationally prioritize national investments

## **Demand led**

expressed interest for continued regional collaboration, especially in GMS which is a natural geographic and economic cluster



# APPROACH FOR COOPERATION

*An accompanying TA  
supports these activities*

## **Establish working group on health cooperation**

*Defined terms of reference – scope of work, norms, reporting arrangements*

**1st WGHC held Dec 2017**

## **Develop and implement health cooperation strategy**

*Vision ‘an integrated, prosperous and equitable subregion where health and wellbeing are shared by all’*

*3 pillars – health security, border area and migrant health (**health impacts of GMS urban development**), health workforce development*

**Target Q4 2018 endorsement**

## **Share knowledge**

*Agree on content and frequency of knowledge exchange*

**2019+**

## **Develop regional project list**

*Examples:*

*GMS universal health care (migrants)*

*GMS Health Security additional financing*

*Strengthening local health care*

# Regional health projects in GMS

Communicable Disease Control Project (CLV)

**Timely and adequate control of communicable diseases of regional relevance**

- (i) regional CDC system enhanced
- (ii) CDC along borders and economic corridors improved

GMS Health Security Project (CLMV)

**GMS health system performance regarding health security improved.**

- (i) Regional cooperation and communicable disease control in border areas improved
- (ii) National disease surveillance and outbreak response systems strengthened
- (iii) Laboratory services and hospital infection prevention and control improved

Regional malaria TA, mobile and migrant populations (CLM)

**Malaria and Communicable Diseases Control in the GMS**

- (i) System for laboratory quality insurance in place;
- (ii) Piloting of mobile digital management system for disease surveillance;
- (iii) Ongoing inter-sectoral collaboration on malaria among MMPs
- (iv) Regional coordination

# Ways forward

**Pillar 2 of the health cooperation strategy recognizes health impacts of urban development as a key area of concern**

## **Urban development brings health challenges:**

- changes in lifestyles leading to more non-communicable diseases
- increased mobility and changes in its pattern increases spread of communicable diseases (HIV/AIDS, dengue, emerging infectious diseases)

## **Some ideas for WGHC and WGUD to work together:**

- Joint initiatives to identify health issues within urban development and measures to address them, including healthy city features (healthy urban planning)
- Health impact assessment (quantifying effects of urban development on health)
- Focus on vulnerable groups affected by urbanization (migrants, women, children, elderly)



**THANK YOU**

