

## Appendix 7

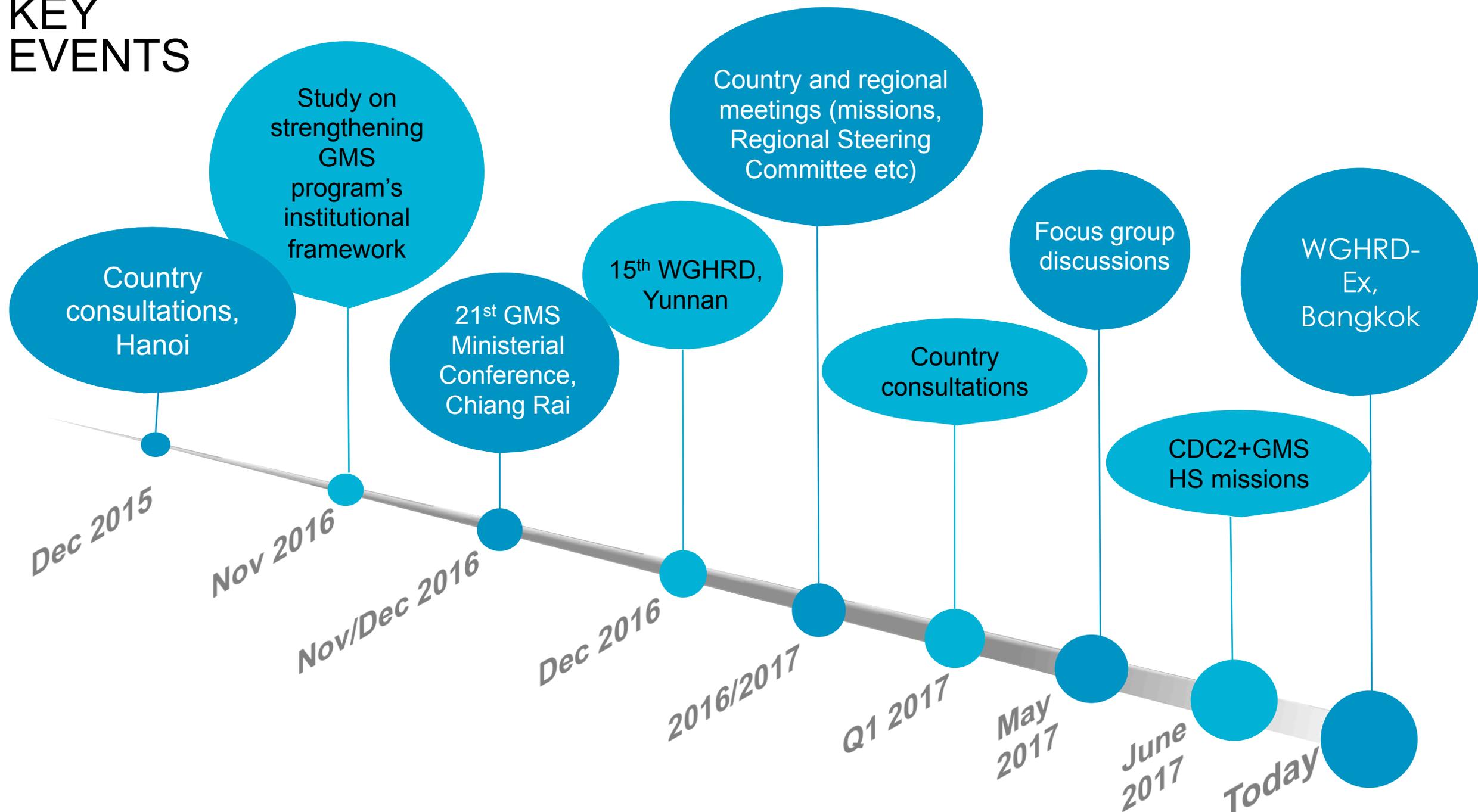
Presentation in Session 5: Health Sector Initiatives in the GMS

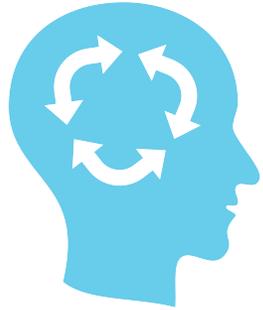
# Health Cooperation in the GMS

Azusa Sato



# KEY EVENTS





# RATIONALE

## FOR 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:**  
countries have expressed interest for continued regional collaboration



# PRIORITY CONCERNS

BENEFITING FROM  
REGIONAL COOPERATION

## **1. Communicable disease control and health security**

strengthened and co-ordinated national disease control systems using the IHR framework

## **2. Expanded UHC coverage**

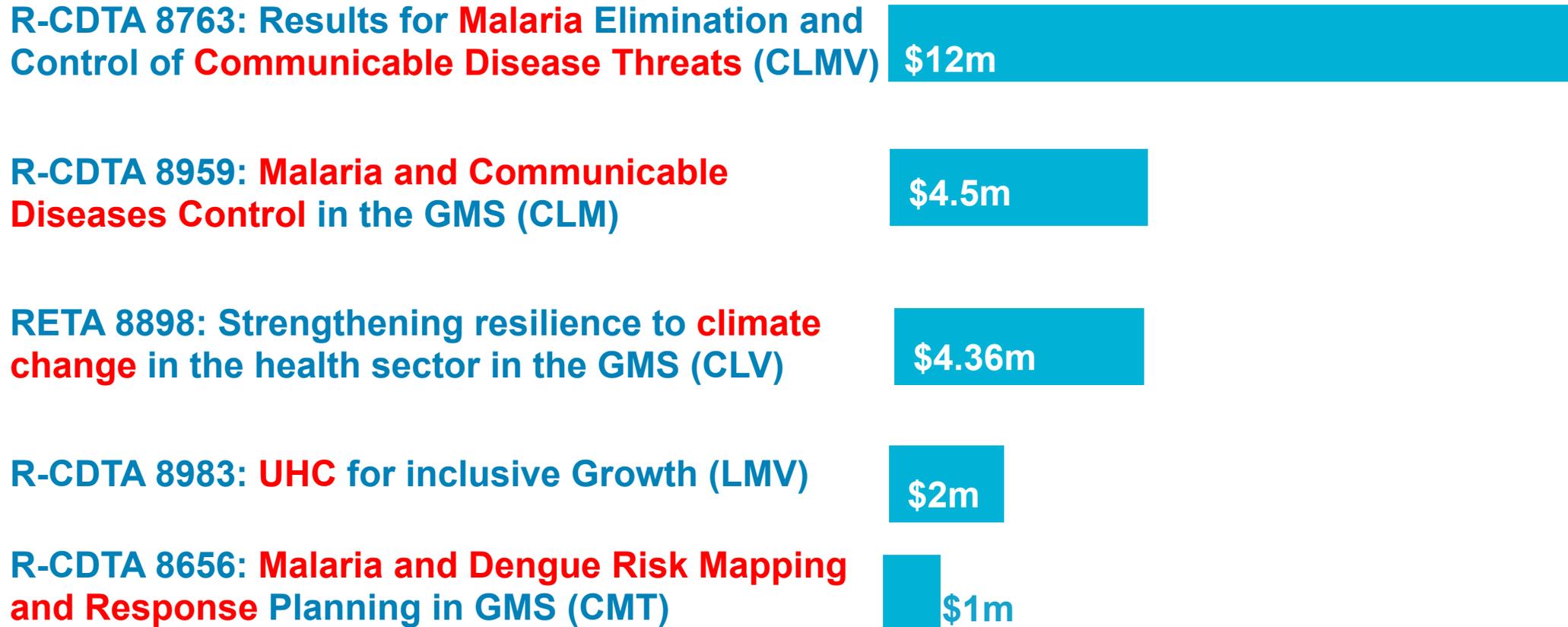
strengthened health insurance enrolment strategies that target greater access to health care for mobile and migrant populations

## **3. Regional collaboration and health sector governance**

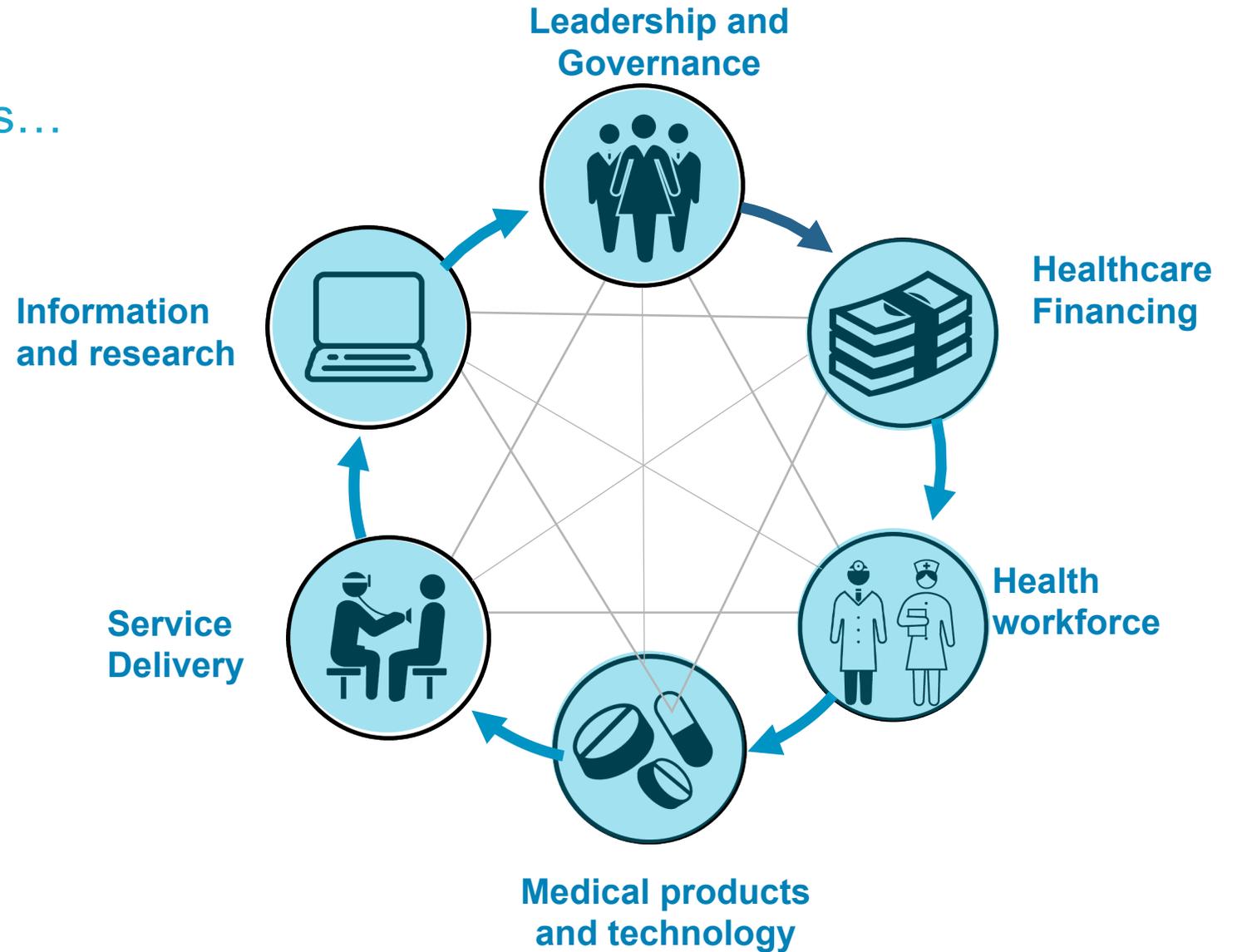
coordinate information sharing and harmonise regulatory and policy frameworks on infectious disease control, UHC, medicine quality and food safety

# SOME OTHER IDEAS

FOR REGIONAL COOPERATION  
(based on ongoing TAs)



**TOGETHER,**  
these TAs cover a range of issues...



R-CDTA 8763:

## Malaria Elimination and Control of Communicable Disease Threats in AP (RECAP)



**Timeline:**

Nov 2014 -  
June 2018



**National Counterparts:**

National Regulatory Agencies,  
National Malaria Program,  
MOH, MoE (CLMV)



**Key objective:**

Reduced risk from  
drug resistant malaria  
and other CD threats

**Financing for malaria elimination:**

- uses malaria interventions to strengthen health systems:  
[Asia Pacific Leaders Malaria Alliance \(APLMA\)](#)
- Pharma regulations:  
[convergence of regulatory practices in ASEAN](#)
- Digital health infrastructure:  
[information system standards and governance.](#)
- Health Impact Assessment:  
[mitigating negative health impacts from large infrastructure development](#)

R-CDTA 8959:

## Malaria and Communicable Diseases Control in the GMS (CLM)



**Timeline:**

Nov 2014 -  
June 2018



**National Counterparts:** MoH (CLM), URC, IOM, National Malaria programs



**Key objective:** address migrant and mobile populations' needs for malaria prevention and treatment

Malaria surveillance and diagnostic systems (M):

- Mobile application for malaria surveillance
- Improving data management
- SOPs and manuals

Health facility and malaria services mapping, migration and mobility profile and movement, behavior and awareness assessment

- Training of health volunteers
- Research and data collection

R-CDTA 8656

## Malaria and Dengue Risk Mapping and Response Planning in the GMS



**Timeline:**

May 2014 -  
Dec 2017



**National Counterparts:**

National Malaria Control  
Program, MoH (CMT)



**Key objective:** Improved understanding of the impact of human mobility on malaria prevalence and dengue incidence. Capacity development for geo-enabling HIS.

- Operational research, piloting new methods of surveillance in mobile populations
- Linking mobility with transmission data: establishing methodology for GIS-based visualization system of human mobility data (AeHIN GIS lab)
- Analyzing prevalence and incidence data of Malaria and Dengue
- Developing policy recommendations for mobile populations

R-CDTA 8983

## UHC for Inclusive Growth: Supporting the Implementation of the Operational Plan for Health (OPH) 2015-2020



**Timeline:**  
2015-2020



**National Counterparts:**  
MOH, MoF (LMV)



**Key objective:** support countries to achieve SDG 3.

- Analysis of knowledge gaps and challenges to achieve and sustain UHC
- Policy dialogue on UHC
- Development/supervision for designing, implementing and scaling up UHC interventions
- Convening meetings with member countries on UHC +:
  - National Health Insurance
  - Harnessing and aligning the private sector
  - Beyond Borders
  - Sustainable, climate-Mitigating, Accessible, Resilient and Technology-adept (SMART) health facilities
  - Non-Communicable Diseases
  - Public Financial Management reforms
  - Urban Health

RETA 8898

## Strengthening Resilience to Climate Change in the Health Sector in the GMS



**Timeline:**  
Jan 2016-  
Dec 2018



**National Counterparts:**  
MOH (CLV)



**Outputs:**

1. Knowledge of the relationship between climate change and human health improved
2. Human resource skills in coping with climate change adaptation in the health sector strengthened
3. Knowledge products shared and advocacy promoted

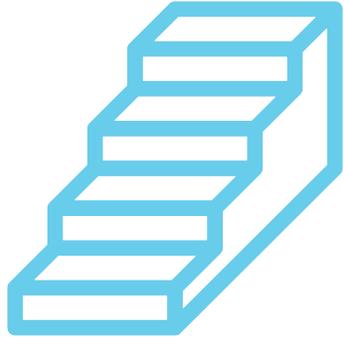
- €4M project (Nordic Development Fund)
  - The project supports 3 pre-feasibility studies, 1 for each country, to improve the integration of climate change and health data.
  - These could result in investments for Early Warning Systems/ Integrated Surveillance Systems as needed
  - Vulnerability and adaptation assessments



# PROPOSED APPROACH FOR COOPERATION

1. Develop, endorse and implement **GMS health cooperation strategy**
  - *Agree on key features/milestones, including national action plans*
  - *Agree on implementation and monitoring arrangements*
2. Establish a **working group on health cooperation**, building on the work of the HRDWG
  - *Define terms of reference, composition, working arrangements*
3. **Knowledge sharing**
  - *Agree on modalities and frequency of knowledge exchange*
4. Review **list of priorities** proposed during Hanoi consultation in 2015

ADB TA support/  
further discussion  
tomorrow



## NEXT STEPS

- By/during next meeting (Nov/Dec):  
Further develop concept, strategy and mechanism on health cooperation strategy
- Leaders' summit/  
Ministerial conference next year:  
Endorsement of draft health cooperation strategy and WGHC meetings underway



# BREAKOUT SESSION (FUTURE COOPERATION ARRANGEMENTS)

- How do we best incorporate some of the other HRD subsectors into health?
  - Labor and migration
  - Social development
  - Education?
- How do we work with other existing working groups?
  - Agriculture
  - Energy
  - Environment
  - Investment
  - Telecommunications
  - Tourism
  - Trade
  - Transport
  - Multisector
- How do we work together with ASEAN and other existing regional networks?