

# Self-assessment and Reflection on Implementation of the GMS Health Cooperation Strategy 2019-2023

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# Background

- In 2019, GMS countries endorsed Health Cooperation Strategy 2019-2023 to enhance the regional collaboration for health in alignment with the GMS-Strategic Framework.
- The Working Group on Health Cooperation (WGHC) and its secretariat was established to oversee the implementation of the GMS-HCS. Monitoring and review the progress of GMS-HCS was one of the functions of WGHC secretariat.
- This self-assessment was conducted through the recommendation of 5<sup>th</sup> WGHC annual meeting held in Siem Reap, Cambodia in December 2022.
- The aims of the self-assessment was to
  - a) review the merits and usefulness of the GMS Health Cooperation Strategy (GMS-HSC)
  - b) assess the progress, challenges and opportunity for implementation of the GMS-HCS
  - c) review the status of partnership and contribution in the strategy implementation
  - d) review the strategic result framework on monitoring and evaluation
  - e) assess functions, responsibilities and meeting of the WGHC

# Methodology

Methodology of self assessment include three main parts as follow

- a) Desk review of the documents:** The Public Health Specialist from the WGHC secretariat reviewed the GMS-HCS 2019-2023, (ii) terms of reference (ToR) of the WGHC members (iii) the status of activities in WGHC's annual workplan, (iv) GMS-HCS Monitoring and evaluation strategic result framework and (v) progress reports prepared by WGHC secretariat and development partners.
- b) Interview with WGHC members and key development partners:** WGHC secretariat team conducted the interview with key stakeholders – existing and retired WGHC members, key development partners. The interview focused on key questionnaire addressed to (i) merit of the strategy (ii) challenges and lesson learned in implementation of the strategy (iii) partnership development and sharing resources (iv) monitoring, evaluation and reporting (v) functions and performance of the WGHC.
- c) Analysis and interpretation:** all key information received during the desk review and interview was analyzed and interpreted inline with the recommendations of stakeholders. The review also addressed challenge and future opportunities for the second cycle of GMS-HCS.

# Findings: Merits of the GMS- Health Cooperation Strategy

- **Context of the strategy:** GMS Health Cooperation Strategy (GMS HCS) was formulated based on comprehensive analysis of health determinants in participatory approach by stakeholders. They fully understood the visions, objectives and key activities related to three strategic pillars of GMS HCS. However, the respondents did not certain about the long-term impacts on regional health at large scale.
- **Alignment with national strategy:** Stakeholders reflected that GMS-HCS was well harmonized and aligned with existing national strategies on communicable diseases and health security.
- Countries appreciated that the strategy was very useful to main regional collaboration during COVID-19 pandemic. However, stakeholders highlighted strategic area 3.1 on regional health coordination leadership and governance need further improvement by focusing capacity building initiatives to WGHC members.
- **Awareness of the strategy:** WGHC members expressed that although HCS was endorsed at the regional level, it was not properly launched at national and sub-national level. Consequently, high level policy makers and other national program not fully aware about the strategy. Furthermore, the strategy was not fully advocated to other government sectors who involved in health cooperation.
- **Opportunities and the risks:** Interview revealed that countries gained several opportunities for lesson-learned, knowledge exchange and funding support from development partners. However, HCS do not emphasized on risks of potential obstacles and sustainability on funding support. Respondents also indicated the strategy focus more on meeting and workshop than training and capacity building for human resource development.

# Findings: Implementation of the GHS-HCS (2019-2023)

- **Implementation mechanisms:** Implementation mechanism was well established at regional level with strong secretariat, funding from ADB and access to experts. However, implementation mechanisms at national and sub-national level were not fully defined. Respondents reflected that although concept of HCS was excellence, some components were difficult to implement in reality (regional health insurance, health impact on connectivity) and some implementation needs MOU and special agreement (cross-border collaboration).
- **Organizational structures:** Countries appreciated that WGHC and Secretariate is an appropriate mechanism to oversee the implementation of the GMS-HCS. There is good practices of clear definition and documentation WGHC TORs and functions. However, the functions of the sub-working groups were not fully defined and there was no technical advisory group (TAG) to support priority technical activities of the WGHC. Respondent also highlighted that there was no specific focal point assigned to oversee each strategic pillar. Implementation was limited to CDC/ health security and other health sector were not fully involved.
- **Mobilizing resources:** Majority of resource were supported by development partners. Few countries had a good practice to synergize HCS activities with activities of the existing national programme. While, other countries faced limitation of resource. Respondent expressed high-level commitments were required to mobilize domestic resource.
- **Institutional capacity:** ADB support TA at regional level by contracting intermittent consultants. In contrast to CCM Global Fund, there was very limited human resource at national level. More fulltime consultants require to standardize the institutional capacity between countries.

# Findings: Partnership development

- **Governance and stewardship:** WGHC member foreseen that existing working group need to strengthen partnership development beyond existing health sectors. They agreed that further engagement to policy level of MOH may improve stewardship attract contributions from other government sectors and strategic partners.
- **Collaboration with other working groups:** GMS-HCS addressed several goals related to the social economic development in addition to health. The GMS working group mechanism demonstrated the best opportunities to expand partnership beyond the health sector. However, there was no evidence observed in harmonization between WGHC activities and the activities of other working groups.
- **Sharing information :** The partners acknowledged that there was limited evidence-based data in the GMS and WGHC helped to improve the information sharing mechanism at regional level. Countries anticipated information sharing mechanism to extend between national and sub-national level. WGHC member addressed that information sharing mechanism is required engaged other non-health and private sector.
- **Pooling resources:** WGHC prepared the regional investment framework (RIF) for health projects annually. Assessment found out that majority of HCS implementation relied on the external partners (mainly ADB) and there was unequal resource contribution between the GMS countries. There was no significant and sustainable resource pooling to HCS and WGHC annual action plan by other development partners.

# Findings: Monitoring and evaluation

- **Monitoring and evaluation framework:** WGHRD secretariate developed the strategic result framework to monitor the GMS-HCS. The framework focused on three key areas and identified the twelve key performance indicators (KPI) which were realistic, holistic and flexible to measure the strategic pillars of GMS-HCS.
- **Methods and responsibilities:** WGHC member assumed the M&E system was not strong enough to monitor the implementation progress. WGHC member were too busy to review the complex M&E framework and KPIs. M&E framework was not integrated into to the national M&E mechanism and other Government sectors (MPI). Endline targets, means of verification and method of data collection need to be simplified and specific.
- **Resource for quality data:** Unlike the other strategies, there was no specific M&E specialist assigned to monitor the GMS-HCS. M&E mechanism and budget for M&E system at country level is not available. Consequently, quality data cannot be available to monitor the progress at the country level.
- **Dissemination of results:** There was a good practice that GMS Secretariat established the web-site and uploaded information related WGHC and annual meetings reports. GMS secretariat prepare succinct and timely annual progress reports for WGHC. Furthermore, assessment could not identify country specific progress report for implementation of GMS-HSC. WGHC members highlighted that progress report should be disseminate 6 monthly to ensure feedback and corrective actions.

# Findings: Functions and performance of WGHC

- **Functions and TORs:** WGHC served as a stewardship body for implementation of the HCS. Good practice was observed that TORs and functions of WGHC was well document. However, there were frequent turnover of members. In some countries, WGHC roles could not influence higher policy level like other cooperation mechanisms (Global Fund CCM and GAVI HSS). Furthermore, there was no regular review and update the TORs and functions of WGHC members.
- **WGHC Secretariat:** WGHC appreciate the works of secretariate and there was close collaboration between members and secretariat. WGHC recommends to keep the existing secretariat until end of GMS strategy 2030. WGHC suggest to expand secretariat at the country level.
- **Sub-working groups:** According to experiences of other cooperation mechanisms, specific technical working groups (TWGs) were established. The sub-working groups of WGHC were not well-organized and fully functional. Furthermore, WGHC members were too busy to involved in other technical works related to each strategic pillar. They demand news-letter or event-information related to TWGs.
- **Annual meetings and other meetings:** WGHC members appreciated that annual regional meetings and workshops provided good opportunities for countries to share the lesson learned. WGHC organized several technical workshops before COVID-19 pandemic. However, technical workshops were significantly reduced during the pandemic due to lack of funding, limitation of human interaction and commitments.
- Furthermore, WGHC members demand capacity building initiatives and training programs to scale up leadership and governance.



# Recommendations

- The first implementation cycle of GMS HSC brings several opportunities and best practices to improve the regional health cooperation in the GMS. Despite the limitation of human resource, tremendous efforts of by WGHC members and Secretariate fulfilled several activities of WGHC annual workplans for five consecutive years. The following recommendations are proposed to improve the GMS HCS and the WGHC functions

## **Expanding the scope of health cooperation strategy:**

- The scope of HCS required to address additional determinants of health beyond the existing strategic pillars, and strategic activities should be embedded to existing coordination mechanism and national plans. (climate change, quality of care, NCD and aging, private sector engagement and digitalization on health)
- Launching the GMS-HSC at national level is essential to improve the awareness of higher policy level and other government sectors.

## **Strengthening implementation arrangement:**

- Institutional arrangement with designated focal persons for strategic pillars, intensifying communication channels, decentralization of implementation at sub-national level is essential.
- Harmonizing activities between meeting and capacity building initiatives will improve the implementation status.

# Recommendations

## Intensifying partnership:

- Establishing partnership framework and accountability mechanism among DPs and integration of WGHC activities with other GMS working group is essential to narrow the resource gaps for implementation of HCS.
- Annual partnership forum, donor meeting and dissemination of progress report is required to synergize allocation of resources.

## Improving Monitoring and evaluation:

- Strategic result framework is required to be simplified with measurable key performance indicators and M&E system should be strengthened by assigning M&E specialist at regional level and designating national M&E units at the country level.

## Empowering the working group on health cooperation:

- WGHC should be redefined with additional Technical Working Group (TWG) members and representatives from other related government sectors (One Health, , MOP, MOF, etc).
- WGHC secretariat should be retained up to GMS 2030 timeline, considered to expand also at country level.
- Regional meetings and workshop related to TWGs, meeting with other working groups and capacity building programme should be considered in addition to the annual WGHC meeting.

Thank you for your attention