

**6th Meeting of the Greater Mekong Subregion
Working Group on Health Cooperation
13–15 December 2023
Beijing, People’s Republic of China**

MEETING REPORT

1. The 6th Meeting of the GMS Working Group on Health Cooperation (WGHC) was held on 13–15 December 2023 in Beijing, the People’s Republic of China (PRC). The National Health Commission (NHC) of the PRC and the Asian Development Bank (ADB) co-organized the meeting mainly to discuss the GMS countries’ consolidated feedback on the zero draft of the GMS Health Cooperation Strategy 2024–2030, address issues or concerns, and agree on the timeline towards the launch of the new health cooperation strategy at the 8th GMS Summit of Leaders in 2024. Over 40 participants (in-person and online), including WGHC members, senior health officials from GMS countries, and development partners, attended the meeting (Appendix 1 - Concept Note and Agenda, Appendix 2 - List of Participants).

Day 1 (13 December 2022)

Opening Session

2. Mr. Rikard Elfving, Principal Social Sector Specialist, ADB, formally opened the meeting and welcomed all participants.

3. In his welcome remarks, Dr. He Zhaohua, Acting Director General, Department of International Cooperation, NHC, lauded the progress on health cooperation in the GMS despite many challenges, particularly the COVID-19 pandemic. He reaffirmed the PRC’s commitment to work closely with member countries to enhance resilience of health systems and safeguard regional health security by sharing and leveraging the PRC’s vast experience in improving healthcare access as well as quality and efficient disease diagnosis and treatment of vulnerable groups, including women, children, and elderly.

4. Mr. Safdar Parvez, Country Director, PRC Resident Mission, ADB, highlighted the importance of regional cooperation, especially in the health sector, in the context of the COVID-19 pandemic experience. He considered the meeting as an opportunity to set the future direction of regional health cooperation with the discussion of the new GMS Health Cooperation Strategy 2024–2030. He was pleased to learn that climate change will be integrated into the new health cooperation strategy, which is aligned with ADB’s strong focus on the climate change agenda.

Session 1: Self-Introduction of Participants

Session 2: Update on the development of the GMS Health Cooperation Strategy 2024–2030

5. Dr. Megan Counahan, Consultant, ADB, commenced the discussion on the zero draft of the GMS Health Cooperation Strategy 2024-2030 by going through the recommendations from the review of the GMS Health Cooperation Strategy 2019-2023 and the agreements reached by strategy development focal points during the meeting in Bangkok (July 2024) on the substance of the new health cooperation strategy. Based on the comments received so far on the zero draft, the WGHC members needed to agree on the adjustments to be made to the strategic framework to provide direction for the next version of the draft. (Appendix 3 - Update on the Health Cooperation Strategy 2024-2030)

Discussion

6. **Vision.** Consensus was that the vision essentially remains the same but, as proposed by Thailand, will be reformulated to state an intended outcome in seven years’ time rather than a process. Cambodia

advised to mention the present and anticipated challenges in terms of public health in the background section or explanatory paragraphs for the vision.

7. **Pillars.** The agreement reached was to keep the second pillar, “Health Systems Strengthening Towards UHC”, but to rework its programming areas to reflect more accurately countries’ desired regional priorities as raised during the discussion. The first pillar, “Regional Health Security”, was not tackled during session.

8. No consensus was reached on the proposal to make climate change as another pillar. WGHC members were requested to reflect further on how they want to approach climate change in the new health cooperation strategy since it is one of the biggest challenges globally. Climate change will be a key priority for the GMS and the health sector going forward regardless if it is a standalone third pillar or a cross-cutting issue under the two pillars in the new health cooperation strategy.

9. **Programming areas.** Under the second pillar, the consensus on possible rewording was “Human Resources Development” and “Migrant and Vulnerable Groups Health Services Delivery” for the first and second programming areas, respectively. The third programming area, “Health Standards”, remained subject for discussion. Thailand suggested to avoid using the term “standard” in the title itself due to its association with the process of harmonization which is a controversial subject. The term can be used in explanatory paragraphs instead where it would be less prominent.

10. **Action item.** Review and discussion on the strategic framework will be continued at the planned writeshop on 20-21 February 2024 in Bangkok, Thailand. Countries who have not submitted their comments on the zero draft of the new health cooperation strategy were requested to do so by 31 January 2024.

Session 3: Presentation of World Health Organization’s (Draft) Asia Pacific Health Security Action Framework

11. Ms. Qiu Yi Khut, Technical Officer, Public Health Emergency Preparedness, World Health Organization (WHO) Regional Office for the Western Pacific, delved into the Asia Pacific Health Security Action Framework (APHSAF), a regional action framework that provides more comprehensive, integrated, multi-hazard, and multisectoral approaches to health security that was endorsed in October 2023 by health leaders across the WHO Western Pacific Region. The APHSAF builds on the achievements of the Asia Pacific Strategy for Emerging Diseases (APSED), regional experiences in responding to public health emergencies (e.g. SARS, MERS, typhoons, flooding) over the past 20 years, and lessons from COVID-19 pandemic. (Appendix 4 – Asia Pacific Health Security Action Framework)

Discussion

12. A draft of the APHSAF¹ is available online and publication is targeted for early 2024.

13. In response to Thailand’s question about how the Pandemic Treaty will fit into APHSAF if it gets passed eventually, Ms. Qiu explained that there is space within the framework to expand capacities and meet new obligations or needs under the Pandemic Treaty or Accord² or even amendments to the IHR.

¹ https://cdn.who.int/media/docs/default-source/wpro---documents/regional-committee/session-74/wpr-rc74-agenda-11-health-security-annex.pdf?sfvrsn=c18ad837_2

² In December 2021, at a Special Session of the World Health Assembly, WHO Member States agreed to establish the Intergovernmental Negotiating Body (INB), representing all regions of the world, to draft and negotiate a WHO convention or international instrument on pandemic prevention, preparedness, and response. For more information, visit the WHO Q&A webpage on Pandemic Prevention, Preparedness and Response Accord: <https://www.who.int/news-room/questions-and-answers/item/pandemic-prevention--preparedness-and-response-accord>.

14. Lao PDR asked for some insights on climate change in relation to health security under the APHSAF in light of the ongoing discussion on how to treat climate change in the strategic framework of the new health cooperation strategy. Ms. Qiu shared that there is a two-fold approach to climate change in the APHSAF. First, under the multi-hazard approach, climate change is among the wide range of hazards addressed by building generic capacities or systems. Second, climate-related threats are addressed using hazard-specific approaches, mechanisms, and activities. Ms Qiu underscored that climate change is a complicated field that requires a multisectoral, whole-of-society, and whole-of-government approach.

15. As requested by Mr. Elfving, Ms. Qiu elaborated on multisectoral collaboration by citing WHO's work with the animal health and environmental health sectors under the One Health approach to ensure policies are more cohesive across human, animal, and environmental health. On urban preparedness, WHO works with local governments, transport, social services, among other units, to promote health emergency and preparedness planning. She further added that there is a unit in the WHO headquarters which helps countries work out intersectoral dialogues and coordination.

16. Ms Qiu also elaborated on the national action plans for health security (NAPHS), a capacity building plan for health security capacities. WHO helps countries develop NAPHS through its reviews and assessments tools (e.g. Joint External Evaluation (JEE), IHR States Parties Self-Assessment Annual Report (SPAR)) that identify areas of health security that would require strengthening as well as actions needed. Aside from developing the NAPHS, WHO also hopes to help countries cost the activities in the plan so that they can be funded by initiatives like the Pandemic Fund or by donors or domestic sources.

17. **Action Item.** Taking into account insights from APHSAF's approach to climate change, countries were requested to deliberate on the proposal for a standalone third pillar for climate change in the strategic framework of the new health cooperation strategy. Countries should submit their position on this outstanding issue together with the rest of comments on the zero draft of the new health cooperation strategy by 31 January 2024 so this can be discussed in the writeshop in February 2024.

Session 4: Discuss opportunities for increased engagement with the private sector and take a closer look at examples of Public Private Partnerships including demonstrating examples of working with the private sector on health infrastructure.

18. Mr. Mischa Lentz, Senior Urban Development Specialist (Finance & Investment), ADB, talked about public-private partnership (PPP), one of the mechanisms to mobilize private sector capital in the health sector. He touched on the basics of PPP, PPP and its models in the health sector, and the ways ADB can support private sector participation in the health sector (i.e., financing to private sector, PPP advisory, and TA). (Appendix 5 - Opportunities for Public-Private Partnerships for the Health Sector)

Discussion

19. Thailand cited the establishment of a referral system between hospitals across borders as one area where private sector intervention would be helpful. Mr. Lentz advised that prior to consulting and approaching the private sector for any envisaged PPP or concession agreement, government should first structure the project to ensure that is bankable, commercially viable, and with legal and regulatory environment in place, among other considerations.

20. PRC sought advice on how the private sector can be attracted to do PPPs in other areas (e.g. digital health, climate-resilient health infrastructures, regional health security) in the health sector beyond building hospitals. Mr. Lentz expounded that PPPs in the health sector may be skewed towards constructing buildings, including climate-resilient and sustainable health infrastructures, because these projects have very clear payment streams and standards can be easily included in the tender. On the other hand, the PPP model may not be as easily applied to health systems and medical services due to their sensitive and complex nature.

21. Mr. Elfving asked about available analytics on the opportunities and challenges for PPP in the health sector of GMS countries to understand the gaps for developing PPPs on the country-level as well as regional level. As Mr. Lentz was not aware of health-specific PPP studies, he recommended applying ADB's knowledge on PPP projects in the other sectors (e.g. transport, energy) to the health sector.

Session 5: Engaging sub-national authorities and local government in GMS Health Cooperation

22. Mr. Alistair Briscoombe, Consultant, ADB, expounded on the GMS Program's goal of greater inclusivity through more involvement of local governments. Through an open platform, spatial approach, and policy and knowledge capacity, participation of local governments in the GMS Program will be strengthened. (Appendix 6 - Greater Mekong Subregion Economic Cooperation Strategy 2030)

23. Participants broke up into groups to discuss how subnational stakeholders can benefit from and contribute to the GMS Health Cooperation Program as well as identify mechanisms and capacity building that will facilitate and ensure an active participation. Ideas generated from the discussion will feed into the programming work for the new regional technical assistance (TA).

Session 6: Collaboration between the GMS WGHC and ASEAN Health Clusters

24. In pursuit of WGHC's aim of working closer with ASEAN in the new strategy, on behalf of ASEAN's Health Cluster, Dr. Rattanaxay Phetsouvanh, Director General Department of Communicable Diseases Control of Lao PDR gave an overview of the ASEAN health sector with focus on the Post-2015 Health Development Agenda. (Appendix 7 - ASEAN Health Sector: Towards a 'healthy, caring and sustainable ASEAN Community')

25. There was unanimous support from countries to continue exploring partnership with ASEAN in the new health cooperation strategy.

26. Under the proposed strategic framework's pillar on health security, Thailand recommended to prioritize working with ASEAN Health Cluster 2, specifically on pandemic preparedness. Thailand further suggested that the GMS Secretariat consider joining one of the ASEAN Health Cluster 2's meetings (perhaps in Lao PDR in 2024) to present the new strategy and how the GMS Program can contribute to ASEAN Health Cluster 2's work program at large.

27. Cambodia, Lao PDR, and Thailand gave insights into the ASEAN decision-making processes. To illustrate, Thailand shared a recent case wherein Asia Pacific Leaders Malaria Alliance (APLMA) sought to collaborate with ASEAN, particularly ASEAN Health Cluster 2, on cross-border anti-malaria project.

28. Mr. Elfving emphasized that ADB/GMS Program will adhere to ASEAN business processes for approving projects and partnerships as it seeks to collaborate on common health sector priorities.

Session 7: Discuss and consider Regional Technical Assistance for the implementation of the Health Cooperation Strategy 2024-2030

29. Dr. Counahan recapped the areas for support recommended by the countries which came out of the 5th Meeting of the WGHC in Siem Reap and the review process for the GMS Health Cooperation Strategy 2019–2023. She also outlined the proposed outputs for the new regional TA. (The presentation in session 2 was also used for session 7.)

Discussion

30. **Design.** The new regional TA is targeted to have an initial allocation of US\$5 million and ideally to take effect on 1 April 2024 until 2029. It will be designed with much more involvement of each of the GMS countries to ensure their strong ownership and support from planning to implementation of the TA. The framework of the new health cooperation strategy will feed into the framework of the new regional TA as

this TA will mainly operationalize the new health cooperation strategy. The WGHC Secretariat will reach out to development partners for inputs on how to better engage with them through new regional TA.

31. **Process.** TA preparation (concept clearance, drafting, and circulation to GMS countries for approval) is aimed to be completed in the first quarter of 2024 to have the new regional TA implemented starting 1 April 2024, immediately after the current TA closes on 31 March 2024. The WGHC will convene the writing group again in February 2024 for a two-day meeting/writeshop to work on the new health cooperation strategy (Day 1) and the new regional TA (Day 2).

32. **WGHC meetings.** In contrast to the current set-up of convening annually, the WGHC could hold meetings more frequently and based on demand or emerging needs.

33. Thailand supported more frequent meetings but suggested that the WGHC agree on the optimal number of meetings in a year, with flexibility for ad hoc meetings in between to take up urgent matters. Other GMS sector working groups may also be invited to the meetings to discuss matters (plans, projects, activities, etc.) that will impact the GMS health sector or community. Similarly, WGHC members could also join the meetings of other GMS sector working groups as needed. Thailand also proposed a more active involvement by members in meeting preparations (e.g., commenting on the provisional agenda). This could be done by providing in advance a list of and information on all WGHC activities (not only meetings) for the year to allow members to plan on their involvement or roles.

34. **WGHC Secretariat.** The composition, structure, and terms of reference (TOR) of the WGHC Secretariat may be revised to provide more tailored and effective support to countries and encourage involvement by countries.

35. Lao PDR requested a coordinator to help coordinate the different ADB TA projects of the Ministry of Health.

36. Viet Nam expressed a need for technical support in terms of explaining and reporting to government leadership on how future initiatives under the new health cooperation strategy align with existing international and regional commitments (e.g., SDGs, IHRs, ASEAN commitments) of Viet Nam. This will facilitate securing government leadership approvals and implementation of future initiatives. (This request may also be a comment on the new health cooperation strategy itself, i.e., ensure clarity in the strategy about its alignment/complementarity/non-conflict with existing international and regional commitments of countries and that it does not entail new commitments for the countries.)

37. Thailand referenced and reiterated recommendations in the 5th Meeting of the WGHC in Siem Reap such as revising Secretariat's TOR, enhancing communication functions via newsletters and website updates, and engaging local people for short-term consulting work.

38. PRC suggested assigning a focal person from each country to be part of the Secretariat for a certain period (replaceable every 2-3 months) to support implementation of the new regional TA.

39. Mr. Briscoe concurred with PRC's proposal about having a country focal person in the Secretariat but proposed a fixed assignment rather than short-term to effectively support TA implementation.

40. **Action item.** Countries were encouraged to continue brainstorming ideas for the new regional TA. All inputs, including initial ideas and recommendations from WGHC meetings (Siem Reap, Bangkok, and Beijing), will be elaborated on and fleshed out in the writeshop. As requested by Thailand, relevant documents will be circulated in advance to allow countries to adequately prepare for the meeting.

Day 2 (14 December 2023)

Session 8: Updating on the broader GMS Program

41. Ms. Pinsuda Alexander, Economist (Regional Cooperation), ADB, reported on ongoing and planned work under the GMS Program. She discussed the GMS Regional Investment Framework (RIF) 2023-2025, including initiatives to promote and enhance the RIF since its endorsement by the Ministers in 2022 (e.g. meetings with development partners, private sector roundtable, PPP training). The RIF 2024-2026, once clarification and confirmation of projects (including health sector projects) are completed, will be circulated to the ministers for intersessional endorsement. She also identified the GMS Program's recent and new initiatives, many of which are aimed to be reported or recognized at the 8th GMS Summit of Leaders to be hosted by the PRC in 2024. (Appendix 8 - GMS Program Updates)

Discussion

42. **Project confirmation.** The PRC NHC representatives will consult with the National Development and Reform Commission (NDRC) to confirm by 16 February 2024 as final the three projects currently listed in the RIF 2024-2026. (Ms. Alexander pointed out that the Ministry of Finance has delegated to NDRC the responsibility of submitting projects proposed to be included in the RIF). Cambodia and Lao PDR confirmed their projects on health security and border areas (Lao PDR only).

43. **Project information.** For the TA Strengthening Regional Health Cooperation in the GMS Phase 2, Mr. Elfving informed that the target is to mobilize an initial allocation of US\$5 million (indicative amount only). The TA will ideally run from the second quarter of 2024 to end-December 2029. The TA's details in the RIF 2024-2026 will be updated based on this new information. Meanwhile, additional details on the health security projects in Cambodia and Lao PDR will be provided after discussions with the countries and ADB management.

44. **Opportunities for alignment with the GMS Program's new initiatives.** Cambodia expressed need for TA support to carry on with initiatives in the areas of digitalization and public health surveillance and response (e.g., broadening the scope to other countries of its digital app for cross-border information sharing, expanding implementation of an outbreak response initiative currently being supported by the private sector). Cambodia also would like to turn its hepatitis elimination by 2030 project into a regional initiative and is exploring initial collaboration with Thailand. Additionally, Cambodia would like to include vaccination as part of the healthcare services to be provided to migrants under the border areas project.

45. PRC, Lao PDR, and Thailand conveyed support for Cambodia's digitalization program and echoed the call for TA support on more digitalization initiatives. Beyond information sharing, Lao PDR advocated for use of digital health in improving quality of healthcare services across borders. PRC also saw an important role for digital health in promoting primary healthcare which is part of the UHC goal.

46. Thailand welcomed Cambodia's proposed collaborations on digitalization and hepatitis elimination, and at the same time reciprocated the proposal with an invitation to work together under Thailand's existing projects as well. Thailand also encouraged more involvement of local communities in the envisaged collaborations.

47. Lao PDR requested TA support on climate change adaptation especially in the rural areas.

48. Viet Nam is considering requesting ADB support in building the ASEAN Centre for Public Health Emergencies and Emerging Diseases (ACPHEED). This will be an investment project that will be submitted for inclusion in the RIF 2024-2026 once confirmed by the Vietnamese government leaders.

49. **Populating the RIF.** Mr. Elfving explained that one of the envisaged outcomes of engaging better with DPs under the new health cooperation strategy is the population of the RIF with DPs' pipeline of health sector projects in the GMS.

50. **Building a stronger RIF.** Mr. Elfving highlighted that the new regional TA will be designed to provide support on creating project concepts to assist countries in developing more regional cooperation and integration (RCI) projects on health and therefore, help build project pipeline of the RIF.

51. **GMS Health Cooperation Strategy 2024–2030 as deliverable for the 8th GMS Summit of Leaders.** With the current timeline for the preparation of the new strategy, Ms. Alexander was hopeful that the strategy can be submitted for notation and recognition by the Leaders at the 8th GMS Summit. On behalf of the WGHC, Mr. Elfving confirmed that the strategy will be ready in time for inclusion as a deliverable for the Summit.

52. **Action item.** PRC will confirm the three projects listed in the RIF by 16 February 2024. Mr. Elfving took note of countries' requests for support on various initiatives on digital health, climate change adaptation and mitigation, among other areas, and will help explore opportunities for these project ideas under the new regional TA.

Session 10: Working with the GMS Task Force on Trade and Investment

53. Mr. Yuya Yamamoto, Trade Specialist, ADB, introduced the newly-created Task Force on Trade and Investment (TFTI) in the GMS Program and presented the selected research areas for collaboration with the GMS Working Groups. (Appendix 9 - GMS Task Force on Trade and Investment Collaborative Research Ideas)

Discussion

54. In response to questions and comments about the TFTI and the collaborative research to be undertaken, Mr. Yamamoto highlighted the following points:

- TFTI was established in 2022 with representatives from the GMS ministries of commerce or trade as core members.
- The research is at the conceptualization stage. The GMS Secretariat, in consultation with selected sector working groups, came up with the three research topics. In the TFTI meeting in January 2024, members will decide which among the proposed three topics will be the subject of the research. Due to limited resources, research will be conducted for the selected topic only.
- The research will be conducted mainly by the TFTI, with support from relevant sector working group in terms of technical expertise and facilitation of consultations with ministries, regulatory agencies, sector organizations, private sector, and other stakeholders.

55. In case the health-related topic will be selected for the research, Dr. Suriwan Thaiprayoon of the Ministry of Public Health of Thailand, who volunteered to take part in the research, will be the lead focal person for the WGHC. Other WGHC members (1 to 2) will be nominated to support the research.

56. Should TFTI choose another topic for the research, the WGHC may consider undertaking and leading the research under the new regional TA and involve TFTI when necessary.

57. **Action item.** The WGHC Secretariat will coordinate with the TFTI on topic selection. Should the health-related topic be chosen for the research, additional members from the WGHC will be nominated as focal points. *(Update: In the 3rd Meeting of the TFTI held in Vientiane, Lao PDR on 24 January 2024, members decided to undertake a research related to agricultural trade. Health-related topic on non-tariff barrier to trade of medical supplies was not selected.)*

Session 11: Building Resilient Health Systems Towards a Global Communities of Health for All

58. Dr. Wang Yunping, Researcher and Deputy Director of the National Health Development Research Center, PRC, presented the ongoing health cooperation initiatives of the PRC as well as potential

collaboration opportunities in the GMS. Using its experience and knowledge in health system strengthening, the PRC will continue to work with member countries, development partners, and other stakeholders in addressing both the hard and soft infrastructure needs to achieve the regional health security and UHC goals in the GMS. (Appendix 10 - Building Resilient Health Systems Towards a Global Communities of Health for All)

Discussion

59. In response to Thailand's request for more information on the PRC's soft technical cooperation initiatives, Dr. Yunping expounded that this refers to capacity building programs, i.e., knowledge and skills development trainings. A specific example would be sending medical teams and health professionals to work with or train counterparts in local communities or partner countries to improve service capacities. Citing Thailand's success in implementing its UHC scheme, Dr. Yunping raised the potential for collaboration between the PRC and Thailand to produce a regional knowledge product on this topic.

60. Lao PDR indicated interest in learning from the PRC on health sector reforms and digital health to improve quality of medical services, especially in border areas. Lao PDR acknowledged the PRC's support in the construction of hospitals in Vientiane and Luang Prabang and requested further support in terms of human resources development for these hospitals.

61. Mr. Elfving proposed to make information-sharing by GMS countries about their health cooperation initiatives part of future WGHC meetings. Information about the PRC's initiatives were useful inputs for the new health cooperation strategy. GMS health cooperation under the new strategy should build upon current initiatives. Moreover, he encouraged countries which expressed interest in learning from or collaborating with the PRC to continue discussions bilaterally.

Session 12: Climate Change in Health - key message from COP28

62. Mr Brian Riley, Senior Health Specialist, ADB, talked about the ADB-led Climate and Health Initiative (CHI), starting off with a background on the climate and health nexus, and key challenges for action. He cited the milestone events in 2023 that culminated in the launch of the initiative at the COP28 in Dubai on 3 December 2023. The CHI is one of the priority deliverables in ADB's Climate Change Action Plan 2023–2030 which secured \$120 million in climate finance. (Appendix 11 - Climate Change in Health - Key Messages from COP28)

Discussion

63. Mr. Elfving pointed out that ADB has recently transformed and positioned itself as the Climate Bank for Asia and the Pacific and thus, climate finance is at the center of its operations.

64. Lao PDR asked if the increasing incidence of dengue due to climate change would hasten vaccine development much like how the COVID-19 pandemic accelerated vaccine production. Although Mr. Riley was unaware of the status of dengue vaccine development, he advocated for a manufacturing process that incorporates green features and practices similar to Bangladesh's green vaccine manufacturing project supported by ADB.

Session 13: Hearing from the development partners

65. Key development partners were part of the consultation process for the new health cooperation strategy in pursuit of a broader, deeper, and more proactive engagement with development partners in its implementation. During the session, representatives from The Global Fund, International Organization for Migration (IOM), Japan International Cooperation Agency (JICA), Asian Infrastructure Investment Bank (AIIB), and Kreditanstalt für Wiederaufbau (KfW) provided feedback on the proposed strategic framework, shared their organization's ongoing regional health initiatives in the GMS, and outlined areas for potential collaboration. (Appendices 12–16 - The Global Fund, IOM, JICA, AIIB (Partnering for Health - AIIB's Approach), KfW (Pandemic Preparedness in South East Asia))

Discussion

66. Thailand called for continued support of The Global Fund in terms of malaria surveillance and pointed out that the reasons for the recent resurgence in malaria incidence have security, political, and social dimensions.

67. PRC asked about the type of investment projects AIIB would be interested in under AIIB's health sector strategy which is also currently being developed. PRC proposed a collaboration between AIIB and ADB to establish a knowledge hub that can support climate change, digital health, pandemic response, among others. In response, Mr. Kazu Yamamoto, Partnership Officer of AIIB, informed that as a project-focused multilateral development bank (MDB), it is focused on financing and supporting infrastructure projects in the health sector. On the TA side, AIIB would like to collaborate more with MDBs like ADB. AIIB is working on a TA coordination mechanism for selected sectors, which could cover the proposed knowledge hub should the health sector be chosen.

Day 3 (15 December 2023)

68. **Writershop for the new strategy and regional TA.** Consensus on the dates for the next meeting of the writers' group was 20-21 February 2024. Ha Noi was the proposed venue, however, this was later changed to Bangkok due to logistical challenges. Comments on the zero draft of the new health cooperation strategy should be submitted ahead of the meeting, no later than 31 January 2024.

69. **Guidance on the launch of the new health cooperation strategy during the 8th GMS Summit of Leaders.** The GMS Secretariat proposed organizing a side event to the 8th GMS Summit to launch the GMS Health Cooperation Strategy 2024–2030. Although the new health cooperation strategy will be included in the GMS Program's Achievements Report to the GMS Leaders, a separate launch event at the sidelines of the Summit will be an excellent opportunity for high-level publicity. The launch event will recognize and generate interest in the new health cooperation strategy. To get the requisite consent and support of GMS senior officials for a launch event, the new health cooperation strategy needs to be endorsed by the GMS ministries of health and presented in a GMS Senior Officials' Meeting (SOM) by June 2024.

70. Based on the timeline for finalizing the new health cooperation strategy and the period to seek endorsement by the GMS ministries of health, the WGHC aims to present the endorsed new health cooperation strategy at the GMS SOM to be held in the second quarter of 2024. Once the SOM approves organizing a launch event for the new health cooperation strategy, the GMS Secretariat will be closely working with the PRC's Ministry of Foreign Affairs and NHC for the arrangements.

71. **7th meeting of the WGHC.** Lao PDR will host the next working group meeting. To jumpstart the preparations, the WGHC, led by the host country, should start contemplating on the specific theme and dates for the meeting. In view of the upcoming new health cooperation strategy and regional TA, the WGHC Secretariat suggested to consider holding the annual meeting mid-year instead of the traditional yearend schedule. Another option would be to pick dates that coincide with other important meetings in Lao PDR such as the ASEAN-related meetings that the WGHC members may need to attend as well.

72. **Utilization of remaining regional TA resources.** The WGHC Secretariat solicited ideas for potential activities that can be funded with remaining funds in the current regional TA, which will end on 31 March 2024. Consensus was reached to choose among the following options: retreat, study tour or visit on a specific field or topic (e.g. environmental health, climate change and adaptation, digital health, green and resilient health infrastructure/facilities, migrant health), and short training (e.g. skills training on multisectoral collaboration).

73. Mr. Elfving formally closed the meeting.

SUMMARY OF ACTIONS ITEMS:

74. **GMS Health Cooperation Strategy 2024–2030**

- a. **Comments on the zero draft.** All countries need to submit comments on the zero draft by 31 January 2024 so they can be taken up during the writeshop on 20–21 February 2024. Taking into consideration the discussions during the meeting, countries will continue to brainstorm on issues raised regarding the strategic framework (i.e., proposal for a standalone third pillar on climate change, programming areas under each pillar) as well as ideas for deeper engagement of development partners, increasing private sector participation, and potential ASEAN partnership. All inputs will be elaborated on during the writeshop.
- b. **Additional consultations.** As needed, the WGHC Secretariat may arrange a few consultations with stakeholders (e.g., ADB specialists, key development partners) for further inputs to chapters or sections in the new health cooperation strategy.
- c. **Presentation at the GMS SOM.** With the intention of seeking approval and support to organize a launch event, the WGHC will present the endorsed new health cooperation strategy at the GMS SOM to be held sometime in May or June 2024.
- d. **Preparations for the Summit launch.** Aside from the SOM, the WGHC Secretariat will coordinate with the GMS Secretariat on the critical meeting/s that will require the participation of WGHC members to prepare for the Summit. Once the GMS SOM approves the launch event to be held at the sidelines of the Summit, the WGHC Secretariat will work with GMS Secretariat to organize the launch event.

75. **New regional TA.** ADB will develop a new regional TA that will support the implementation of the new health cooperation strategy. To the extent possible, the design of the TA will capture the areas for support (e.g., digital health, climate change adaptation and mitigation) raised by the countries in the meeting. Countries will explore additional ideas for the TA. Since the TA will operationalize the new health cooperation strategy, themes to be covered like the potential ASEAN partnership can have a dedicated output in the TA. All inputs, including ideas and recommendations from the WGHC meetings (Siem Reap, Bangkok, and Beijing), will be discussed and fleshed out in the writeshop.

76. **Preparations for the writeshop on 20–21 February 2024.** The writeshop will be a two-day event dedicated to working on the new health cooperation strategy (Day 1) and new regional TA (Day 2). The WGHC Secretariat will draft the agenda, send invitations, and proceed with logistical arrangements. As requested by Thailand, relevant documents will be circulated ahead of the meeting to allow for sufficient preparation by participants.

77. **GMS RIF 2024–2026.** The PRC will confirm the three projects listed in the RIF by 16 February 2024. Mr. Elfving will provide details for the health security projects in Cambodia and Lao PDR to be funded by ADB. The GMS Secretariat will reflect the details in the RIF accordingly.

78. **Activities to be funded by remaining regional TA resources.** The WGHC Secretariat will coordinate with countries to decide on the activities on which to spend the remaining TA funds. Once agreement is reached, the WGHC Secretariat, together with relevant WGHC members, will organize the activities to be held before the TA ends on 31 March 2024.

79. **Collaboration with GMS TFTI.** After the TFTI meeting in January 2024, the WGHC Secretariat will reach out to Mr. Yamamoto to find out if the health-related topic was selected for the research. If the health-related topic will be chosen, additional members from the WGHC will be nominated as focal points for the research. *(Update: Following TFTI's decision on 24 January 2024 to pick the agricultural trade topic for the research, the WGHC will consider undertaking and leading the research under the new regional TA.)*

80. **Preparations for the 7th Meeting of the WGHC.** WGHC Secretariat and Lao PDR will look into workable and strategic dates as well as suitable venue for the next meeting.