



Webinar on Experience and Lessons from GMS Health Security Cooperation

15 December 2020, 15:00-16:30 (Manila time), Microsoft Teams

I. Background and Context

1. The prolonged spread of the coronavirus disease (COVID-19)¹ continues to severely affect health and economic systems globally. The *Asian Development Outlook (ADO) 2020 Update*² estimates -0.7% gross domestic product (GDP) growth for developing Asia in 2020. This is the first negative economic growth since the early 1960s highlighting that the region and the world are still reeling from the pandemic's severe impacts on lives and livelihoods. In Southeast Asia, strict quarantines and travel restrictions significantly resulted to second-quarter economic declines with projected double-digit contractions in countries such as Malaysia, Thailand, and the Philippines. Projected subregional GDP in June 2020 was lowered to 3.8% contraction in 2020, with the forecast to rebound by nearly 1 point to 5.5% growth in 2021.

2. As COVID-19 infections continue to climb in some countries and outbreaks reappear elsewhere in Southeast Asia, economic recovery will continue to be slow and largely determined by developments in world trade and the global economy. This has necessitated the adoption by affected countries of a whole-of-government and multi-sectoral approach to combat COVID-19. Countries in Southeast Asia implemented public health measures on preparedness, prevention, control, detection, and response to contain the spread of COVID-19. In the Association of Southeast Asian Nations (ASEAN), the pandemic has forged stronger regional cooperation and coordination among its Member States and partners. Regional health mechanisms were activated to boost national measures and at the same time respond to the gaps and promote knowledge and information exchanges in risks assessment, surveillance, and communication and public awareness, among others. Annex A provides details on ASEAN cooperation amidst COVID-19.

II. GMS Health Cooperation and Security in the wake of the COVID-19 pandemic

3. Regional cooperation is a priority under the Greater Mekong Subregion (GMS)³ Economic Cooperation Program. Demand for health cooperation in the GMS is driven in part by the threats and opportunities emanating from enhanced connectivity and competitiveness. Increased cross-border mobility and trade has attendant risks of movement of disease causative agents and their vectors. Growing cross-border population movement also brings risk of marginalization and the exclusion of migrant, mobile, and vulnerable persons from social protections, particularly access to health care. Transport corridor and economic zones development can potentially create adverse public health impacts. Nevertheless, regional integration creates opportunities to draw on the subregion's health leadership, human resource skills, and programming experience to address common health challenges.

¹ COVID-19 is the short term for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2).

² ADB. 2020. *Asian Development Outlook Update. Wellness in Worrying Times*. September 2020. Manila

³ The Greater Mekong Subregion (GMS) is made up of Cambodia, the Lao People's Democratic Republic, Myanmar, the People's Republic of China (specifically Yunnan Province and Guangxi Zhuang Autonomous Region), Thailand, and Viet Nam. In 1992, with assistance from the Asian Development Bank and building on their shared histories and cultures, the six countries of the GMS launched a program of subregional economic cooperation—the GMS Program—to enhance their economic relations. The Program currently covers the following priority sectors: agriculture; energy; environment; health and other human resource development; information and communication technology; tourism; transport; transport and trade facilitation; and urban development, border economic zones, and other multisector assistance.

4. The GMS Program's track record as a platform for launching cooperation on health as a regional public good is impressive. This cooperation has traditionally focused on communicable disease control (CDC) combining disease-specific initiatives to tackle SARS, highly pathogenic avian influenza, and HIV, with cross-border programs to strengthen health systems capacity for communicable disease prevention, surveillance, and response. Building on earlier gains and to institutionalize health cooperation in the GMS, the 22nd GMS Ministerial Conference in September 2017 endorsed the creation of a new GMS Working Group on Health Cooperation (WGHC) and the development of a GMS health cooperation strategy.

5. The GMS Health Cooperation Strategy 2019–2023 (the Strategy) provides a framework to guide the collective efforts of GMS countries in tackling health issues impacting the subregion. Regional health cooperation have three priority outcomes: (i) improved GMS health system performance in responding to public health threats; (ii) strengthened protection for vulnerable communities from the health impacts of regional integration; and (iii) enhanced human resource capacity to respond to priority health issues in the GMS. Three pillars, aligned with each outcome, form the strategic framework (Box 1). Programming areas under each pillar constitute the operational priorities of the Strategy and the basis for project development. Priorities set out in the Strategy are aligned with the national sector strategies and legal frameworks of GMS countries and international frameworks including the Post-2015 Health Development Agenda of ASEAN.

Box 1: GMS Health Cooperation Strategic Framework

STRATEGIC PILLARS					
Pillar 1: Health security as a regional public good		Pillar 2: Health impacts of connectivity and mobility		Pillar 3: Health workforce development	
PROGRAMMING AREAS				CROSS-CUTTING	
1.1: Core IHR capacities of national health systems		2.1: Border area health systems strengthening		3.1: Regional health cooperation leadership	Policy convergence
1.2: One Health response to public health threats		2.2: UHC for migrant and mobile populations		3.2: Intraregional capacity building	Gender mainstreaming
1.3: Cross-border and subregional cooperation on health security		2.3: Health impact assessment of GMS urban and transport infrastructure development			Inclusive and equitable development
ENABLERS					
Synergies between regional platforms and programs		Stakeholder engagement	Research and knowledge products	Information and communications technology	Cross-sector cooperation and coordination

GMS = Greater Mekong Subregion, IHR = International Health Regulations (2005), UHC = universal health coverage.
Source: GMS Working Group on Health Cooperation.

6. The onset of the COVID-19 pandemic has underscored greater relevance of GMS health cooperation in particular strategic pillar 1 which puts emphasis on health security as a regional public good. Earlier work in the GMS prior to the institutionalization of the WGHC and adoption of the Strategy focused on GMS health security. The effectiveness of GMS health cooperation to combat COVID-19 builds on previous and ongoing interventions focusing on CDC in Cambodia, the Lao People's Democratic Republic (PDR), Myanmar, and Viet Nam and focuses on the four countries' health system strengthening, including regional cooperation; surveillance and outbreak response; laboratory quality and biosafety; and hospital infection prevention and control.

7. The Asian Development Bank (ADB) is working with the Governments of Cambodia, the Lao PDR, Myanmar, and Viet Nam to enhance responses to emerging infectious diseases and the management of other major public health threats. The ongoing ADB GMS Health Security project is addressing weaknesses in these countries' health systems and promoting cross-country cooperation to improve national and international health security. At the early stages of the pandemic in February 2020, ADB also fast-tracked additional financing for the GMS Health Security project to support a range of COVID-19 response measures, including the rapid delivery of essential medical equipment that health providers need to stay safe and save lives, capacity building for infectious disease outbreak prevention and response, and upgrading of hospital equipment and laboratories, among others.

III. Webinar on Experience and Lessons from GMS Health Security Cooperation

8. COVID-19 prompted a sense of urgency to address health issues. It also reinforced that health and economy are intertwined. Tackling the COVID-19 crisis requires stronger regional integration and sustained cooperation. The COVID-19 pandemic has highlighted that efforts to enhance regional cooperation and integration, while fundamental to economic growth, have exposed countries in Southeast Asia to complex health challenges across borders. Responding to these challenges requires collective action.

9. The Brunei Darussalam—Indonesia—Malaysia—Philippines East ASEAN Growth Area (BIMP-EAGA),⁴ being a subset of ASEAN, has long recognized the importance of cross-border cooperation in achieving economic growth and promoting inclusive development. Although health cooperation is not part of the BIMP-EAGA development agenda, disease control forms part of the initiatives under the purview of the Working Group on Customs, Immigration, Quarantine, and Security (WG CIQS). The BIMP-EAGA One Borneo Quarantine Initiative, aims to strengthen cooperation in monitoring and inspection in the subregion's quarantine systems and enhance protection from pests and diseases. The signing of the Letter of Intent by all member countries on the implementation of the One Borneo Quarantine Initiative is due for completion soon.

10. The WG CIQS met on 19 October 2020 to discuss the impact of COVID-19 to the subregion and explore collaborative responses. The working group meeting served as an important platform for information exchanges on the status of borders (including adjustments and reopenings), new guidelines for safe movement of essential goods and people, and additional health measures. Potential collaboration in coordinated responses, strengthening health security systems, timely information via the BIMP-EAGA quarantine bulletin, and further improvements in CIQS such as joint border surveillance and inspection in the wake of the pandemic and beyond were discussed. A BIMP-EAGA Pandemic Plan for the Quarantine Sub-Working Group which aims to institutionalize pandemic mitigation, preparedness, and response protocols within BIMP-EAGA member countries at Points of Entry was proposed.

11. BIMP-EAGA can learn from the experience and lessons of the GMS in health security cooperation. The COVID-19 outbreak has exposed the vulnerabilities of ASEAN and subregions like BIMP-EAGA to acute public health events that endanger populations within and across borders. According to the World Health Organization, global public health security is defined as the activities required, both proactive and reactive, to minimize the danger and impact of acute public health events that endanger people's health across geographical regions and international boundaries. Strong national public health systems with capacity to prevent, detect, and respond to transnational health threats are the cornerstone of health security. The GMS experience has also demonstrated that subregional cooperation serves to maximize synergies between the

⁴ BIMP-EAGA covers the sultanate of Brunei Darussalam; the provinces of Kalimantan, Sulawesi, Maluku, and Papua of Indonesia; the states of Sabah and Sarawak, and the federal territory of Labuan in Malaysia; and Mindanao and the province of Palawan in the Philippines.

health systems of the GMS member countries thereby consolidating health security as a regional public good that carries benefits for people across the subregion.

12. In this context the ADB will convene a webinar on **Experience and Lessons from GMS Health Security Cooperation** in virtual format on 15 December 2020 (Tuesday) from 15:00–16:30 (Manila time) using Microsoft Teams. The Webinar is organized under the ADB-supported BIMP-EAGA, IMT-GT, and GMS (B-I-G) Capacity Building Program in collaboration with the BIMP-Facilitation Center.

IV. Objectives

11. The webinar will feature global good practice examples of effective SMEs crisis recovery policies, featuring phased approaches to manage and mitigate COVID-19 impacts, and build-back more sustainable, inclusive, and resilient economies. The objectives are to:

- promote a better understanding of health cooperation in mitigating COVID-19 impacts and recover in the aftermath of the crisis;
- disseminate experience and lessons on GMS health security cooperation before, during and beyond the COVID-19 pandemic; and
- provide a platform for BIMP-EAGA policy makers and stakeholders to share knowledge and collaboratively explore potential ideas to pursue health cooperation given its crucial part in shaping post-pandemic conditions in the subregion.

Webinar on Experience and Lessons from GMS Health Security Cooperation

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TIME	DETAILS
15:00-15:05	<p>Webinar – Overview and Objectives <i>Mr. Alfredo Perdiguero, Director, Regional Cooperation and Operations Coordination Division (SERC), Southeast Asia Department (SERD), Asian Development Bank (ADB)</i></p> <p>Introductory remarks on the webinar context, objectives, and structure</p>
15:05-15:40	<p><u>Session 1: Featured Experts Presentations (35 mins)</u> Experience and Lessons from GMS Health Security Cooperation <i>Mr. Rikard Elfving, Senior Social Sector Specialist, Human and Social Development Division, SERD, ADB</i> <i>Dr. Eduardo P. Banzon, Principal Health Specialist, Health Sector Group, Sustainable Development and Climate Change Department, ADB</i></p> <p>Presentations on the GMS Health Cooperation Strategy 2019-2023 and the ongoing GMS Health Security project highlighting experience and lessons at both subregion and country levels.</p>
15:40-16:20	<p><u>Session 2: Open Discussion and Questions (40 mins)</u> Pursuing Health Cooperation in BIMP-EAGA <i>Mr. Alfredo Perdiguero, Director, SERC, SERD, ADB</i></p> <p>Participants to the webinar invited to provide inputs and field questions to the featured experts. Potential ideas to pursue BIMP-EAGA health cooperation given its crucial part in shaping post-pandemic conditions can be discussed.</p>
16:20-16:30	<p>Synthesis and Closing Remarks <i>Mr. Alfredo Perdiguero, Director, SERC, SERD, ADB</i></p> <p>Moderator summarizes the key discussions and recommendations in previous sessions and closes the webinar.</p>

Annex A: ASEAN Cooperation Amidst COVID-19

1. Prior to COVID-19, ASEAN has been co-managing epidemics during SARS, H1N1 and MERS-CoV. ASEAN health cooperation falls under the ASEAN Socio-Cultural Community (ASCC) Pillar of the three ASEAN Community pillars with the other two being ASEAN Political-Security Community and ASEAN Economic Community. The ASEAN Post-2015 Health Development Agenda was formulated in 2018 with a vision of “A Healthy, Caring and Sustainable ASEAN Community.” It includes goals and health priority issues in promoting healthy lifestyle, responding to all hazards and emerging threats, strengthening health system and access to care, and ensuring food security. Promoting a resilient health system in response to communicable diseases, emerging infectious diseases, and neglected tropical diseases formed part of the priority goals of the Post-2015 Health Development Agenda.
2. In terms of COVID-19 response, the relevant institutional mechanisms under the ASSC and as aligned with the ASEAN Vision 2025 on disaster management are: (i) the ASEAN Health Ministers and ASEAN Plus 3 Health Ministers which provides policy guidance and directives; (ii) ASEAN Plus Three Senior Officials Meeting for Health with working level senior officials tasked to operationalize set directives; (iii) the ASEAN Emergency Operations Centre Network for public health emergencies (ASEAN EOC Network) which shares daily situational updates on diseases and information exchanges in a timely manner; and (iv) ASEAN BioDiaspora Virtual Centre for big data analytics and visualization (ABVC) which provides reports on risk assessments, readiness and response planning efforts.
3. Under Viet Nam’s ASEAN Chairmanship in 2020, the ASEAN Coordinating Council Working Group on Public Health Emergencies (ACCWG-PHE) was established to promote cooperation in the ASEAN Community to cope with the complicated developments of the COVID-19. At its first meeting in March 2020, participants pledged to exchange information and experiences and ensure the safety of medical staff, among others.
4. Recognizing the urgent need to address the pandemic, the ASEAN health ministers convened several videoconference meetings to ramp up efforts aimed at collective action to deal with the pandemic. A special video-conference of the ASEAN Health Ministers in Enhancing Cooperation on COVID-19 Response was conducted on 7 April 2020 with the following agreements: (i) enhancing exchange and timely sharing of data and information; (ii) cooperation in risk communication; (iii) using digital technology to facilitate timely public health response; (iv) coordinating cross-border public health response through existing bilateral and regional health mechanisms; (v) cooperation in capacity building, sharing lessons and best practices, and policy dialogues; (vi) ensuring access to health services including migrants; (vii) combating the outbreak with partners and regional and global entities; and (viii) committing to revitalize national health systems, learning from experiences and institutionalizing preparedness, surveillance, prevention, detection and response mechanisms in ASEAN with partners including the World Health Organization (WHO), on public health emergencies and other crises.
5. The heads of ASEAN Member States endorsed also on 14 April 2020 the “Declaration of the Special ASEAN Summit on Coronavirus Disease 2019 (COVID-19)” and called for members to “remain united and vigilant against COVID-19 and commit to work closely with the WHO, ASEAN’s external partners and the international community to suppress the spread of the pandemic, protect people’s lives and livelihoods, maintain socio-economic stability while sustaining ASEAN Community building momentum for sustainable development, inclusive growth and leaving no one behind.”
6. Strengthening collaboration was reiterated in the Special ASEAN Summit Declaration through measures agreed including: (i) strengthening public health cooperation; (ii) prioritizing the people’s well-being and providing assistance to nationals of the Member States; (iii) enhancing effective and transparent public communication; (iv) taking collective action and coordinating policies to mitigate the economic and social impact from the pandemic; (v) emphasizing multi-stakeholder, multi-sectoral, and comprehensive approach by ASEAN to effectively respond to COVID-19 and future public health emergencies; (vi) making arrangements to preserve supply chain connectivity; and (vii) proposing the establishment of the COVID-19 ASEAN Response Fund to boost emergency stockpiles for future outbreaks.

7. Paragraph 29 of the “ASEAN Leaders’ Vision Statement on A Cohesive and Responsive ASEAN” issued on 26 June 2020 specified the need to “strengthen the capacity of ASEAN and existing regional mechanisms on public health and emergencies response to optimize their operations and enhance regional preparedness and health security to quickly and effectively address rapidly evolving threats, and assess the risks of emerging, reemerging infectious and communicable diseases, pandemics or other future public health emergencies.” Practical measures to be undertaken include, inter alia, promoting ASEAN Community’s holistic approach on addressing public health emergencies through the enhanced work of the ACCWG-PHE, utilization of the COVID-19 ASEAN Response Fund, establishment of the ASEAN Regional Reserve of Medical Supplies for Public Health Emergencies and formulating the ASEAN Standard Operating Procedures (SOP) for Public Health Emergencies, coordinating cross-border public health responses, such as contact tracing and outbreak investigation, where appropriate, through existing bilateral and regional cooperation mechanisms.