

## I. Rationale for a GMS Working Group for Health Cooperation

Through various consultations, GMS countries (Cambodia, Lao PDR, Myanmar, People's Republic of China, Thailand and Viet Nam) have acknowledged the need for more comprehensive, coordinated and proactive approaches to address regional health issues. Countries have supported the creation of a GMS governance platform 'Working Group on Health Cooperation' (WGHC) to fulfil this need. The creation of WGHC is also confirmed through a recent review on the Strategic Framework and Action Plan (SFAP) for Human Resource Development in the GMS (2013-2017), which recommends: *"a GMS Health Cooperation Working Group is created to serve as a regional platform for health issues focusing on cross-border health issues and communicable diseases control, including those associated with migrant and mobile populations (MMPs) and on emerging health issues in economic corridors."*

## II. GMS WGHC Functions

The GMS WGHC serves as a platform to promote multilateral and bilateral coordination among GMS countries, particularly for cross-border health initiatives. Core functions of the WGHC are to:

- Develop and work for the endorsement of the GMS Health Cooperation Strategy; coordinate its implementation and assist to monitor impact.
- Facilitate policy coherence and alignment of current regional and national policies and guidelines on health coordination and collaboration.
- Promote knowledge sharing and information exchange on regional health issues through multiple channels, including online database, links and regular workshops/meetings.
- Provide guidance on operational research, reviews, assessments, surveys, and other knowledge products relevant to health cooperation, working with relevant research networks and institutions as necessary.
- Develop and promote a supportive policy environment for health cooperation such as forging MOUs among countries for common issues (e.g. health security, migrant health, drug regulation, food safety, etc.).
- Work with existing GMS networks and regional mechanisms/initiatives on health and health cooperation, including academic and education networks (university alliance for academic exchange, medical education and public health training).
- Coordination with relevant sectoral working groups/forums under the GMS Program including Transport (cross border movement of goods and people), Agriculture (zoonosis), Tourism (immigration), Environment (impact of climate change), Urban Development (urbanization and health impacts)
- Work with relevant national and international non-governmental organizations (NGOs) and civil society organizations (CSOs) providing technical support or guidance on health cooperation
- Work with national line ministries as appropriate on cross cutting issues.
- Report on progress of WGHC to GMS secretariat and higher-level bodies as appropriate.
- Review reports and relevant documents to be shared in relevant leaders' and ministers' meetings.
- Develop a GMS regional health investment portfolio as input to the GMS Regional Investment Framework.

- Work with development partners to identify and mobilize possible sources of funds for proposed regional investments in health.

Detailed annual workplans developed by the members and the Secretariat operationalize the functions above and identify concrete outputs and costs.

### III. GMS WGHC Composition and Member Roles

#### A. Core Working Group Members

To encourage sustained participation and ensure functionality of the group, the WGHC is composed of up to four (4) core members from within the International Relations, Planning, and Communicable Disease Control divisions/departments of the Ministries of Health of the GMS countries. In the case of PRC, 6 core members are nominated, to include two (2) members each from Yunnan and Guanxi provinces. Core members are usually Directors or Director-Generals nominated and endorsed by their respective national health authorities. WGHC core members are nominated for a fixed term of three years. Core members may be replaced, such as in instances where their incumbency of the nominated position ends, subject to formal advice from the government to other WGHC members and the Secretariat. To the extent possible, multiple changes in membership are discouraged, to ensure continuity of activities.

1. Key responsibilities of GMS WGHC core members are to:

- Attend GMS WGHC meetings
- Participate in strategic and annual planning sessions
- Ensure regular intersession communication (for example, shared communications e-bulletin board; occasional video chats)
- Tap experts to provide technical expertise on GMS WGHC activities, as appropriate
- Support the implementation of activities outlined in the GMS WGHC Action Plan
- Share/report information from WG meetings with national government authorities for their acknowledgement and approval of issues
- Coordinate/monitor the implementation of activities (i.e. meetings and consultations) at country level when necessary
- Share information relevant to GMS health cooperation
- Represent the GMS WGHC in regional events relevant to promoting health cooperation and in joint initiatives with other GMS working groups
- Review strategy, action plan, annual report and other documents as appropriate prior to dissemination
- Review WGHC reports before submission to higher-level offices
- Perform other advisory/coordinative tasks as agreed by the GMS WGHC
- Participate in meetings and conferences organized by the GMS Secretariat where appropriate

2. Relevant Committees/sub-committees may be established to operationalize the functions of the WGHC and/or effectively implement the pillars/programs of the GMS Health Cooperation Strategy.

3. **Country Focal.** From the core group, the national health authorities in each country designate a country focal. Responsibilities of the country focal are to:

- Serve as the contact point for the secretariat and liaise with other sectors in-country and within the GMS
- Review periodic progress on the implementation of the endorsed GMS Health Cooperation Strategy and Action Plan, at regional and country levels, including country level coordination with non-health sectors relevant to health cooperation
- Participate in WGHC special meetings
- Assume the role of WGHC Chair when it is the country's turn to host.

4. **Strategy Development Focal.** The national health authorities of each country designate a strategy development focal. Responsibilities are to:

- Lead the country's engagement in the development of the GMS Health Cooperation Strategy and Action Plan
- Participate in regional drafting meetings
- Coordinate country level consultations with health and non-health sectors
- Facilitate country endorsement of the Strategy and Action Plan
- Oversee strategy implementation

#### **B. Associate Members**

5. Officers from departments/divisions of national health authorities in each country, development partners, CSOs and networks, and non-health sectors may be nominated to join WGHC meetings, thematic meetings or other forums as associate members. Example themes include HIV/AIDS, universal health coverage, integrating community-based health responses, migrant health, and cross-sectoral interventions in agriculture, trade and transport. Responsibilities of associate members will be defined on an as-needed basis and include contributing to workplan delivery, project design and implementation, and other programming related activities.

#### **C. Regional Secretariat**

6. The WGHC is supported by a regional secretariat, whose staff are posted at the ADB Headquarters, ADB resident missions, and in an office of the national health authority. Responsibilities of the Secretariat are to:

- Convene WGHC meetings and support communications between members, ADB, and other development partners and agencies in the GMS.
- Manage day-to-day operations, serve as the central contact point and coordinate WGHC activities.
- Bring together key stakeholders and technical experts to cooperate on the development and implementation of responses to regional health issues.
- Assist in monitoring and preparing reports on the status and impact of implementation of the GMS Health Cooperation Strategy and Action Plan as input to relevant GMS meetings.

### **IV. GMS WGHC Operational Mechanisms**

7. The WGHC, supported by the regional secretariat, conducts the following activities throughout the year:

- An annual meeting of the WGHC, development partners, CSOs and other relevant organizations working on health cooperation in the GMS, held in the last quarter of each year. The WGHC meeting will serve as a forum for strategic discussion and planning. The annual WGHC meeting will be hosted by one country, rotating on an alphabetical basis. The host country is delegated as the 'rotating chair'.
- WGHC business/operational meetings, convened on an as-needed basis throughout the year, via tele/videoconferences or face-to-face meetings, to address administrative and operational issues related to the WGHC and health cooperation strategy implementation.
- Thematic meetings or workshops (when needed).
- In-country coordination meetings and cross-border meetings (when needed).

8. A regional action plan and accompanying M&E framework will be prepared by the WGHC to guide activity implementation and monitoring. External or independent impact evaluation will be undertaken when necessary.

9. The GMS WGHC secretariat prepares and shares progress reports and the minutes/reports of the meetings with governments, development partners and other relevant GMS groups. This includes preparation of periodic reports to the GMS Senior Officials on outcome of WGHC meetings, and to the GMS Ministers and Leaders on overall progress of subregional health cooperation. WGHC members review and approve the reports before dissemination.