

Addressing Climate Change and Health to Enhance Regional Health Security in CAREC

7-9 April 2025 | Bishkek, Kyrgyz Republic



1. SUMMARY OF PROCEEDINGS

I. BACKGROUND

1. The Central Asia Regional Economic Cooperation (CAREC) region is becoming increasingly interconnected, with a growing mobile population and rapidly developing urban hubs. These factors, together with the importance of livestock production to the region's economy, make it especially prone to communicable disease outbreaks and epidemics. Climate change is increasingly recognized as a critical driver of health security in the CAREC region. CAREC countries are highly vulnerable to climate change impacts and natural hazards, which are set to increase in the future. Climate change projections show that on average, the CAREC region is set to become considerably warmer, leading to a shift in climatic patterns, extreme rainfall events, heatwaves, droughts, and glacial retreat. Rising temperatures combined with worsening air pollution, extreme weather events, and shifting precipitation patterns are amplifying existing health threats and giving rise to new ones. These include the growing incidence of vector-borne and communicable diseases, heat-related illness, chronic respiratory and cardiovascular conditions, water scarcity, food insecurity, and disruptions to essential services caused by population displacement and migration.

2. Addressing these transboundary challenges requires proactive multisectoral responses and close regional cooperation. The CAREC Working Group on Health (WGH) was established in March 2021 to guide regional collaboration in health under the CAREC Health Strategy 2030 and the Regional Investment Framework for Health (RIF) 2022–2027. These frameworks, endorsed by the CAREC Ministerial Conference and the WGH respectively, prioritize regional health security and emphasize the importance of cooperation to address cross-border health threats.

3. The fifth CAREC WGH meeting in November 2023 highlighted the urgent need to link climate and health agendas, endorsed the development of climate-resilient health systems, and identified opportunities to leverage the CAREC platform for joint action. Building on this momentum, the sixth CAREC WGH meeting focused on strengthening health system resilience in the context of climate change.

4. The CAREC Climate Change Action Plan (CCAP) builds on the regional climate change scoping study and the CAREC Climate Change Vision,¹ endorsed at the 22nd CAREC Ministerial Conference in November 2023 in Tbilisi, Georgia. The CCAP provides a comprehensive framework to address climate change challenges and advance regional climate actions through enhanced coordination among the various CAREC sector committees and working groups. A rolling 3-year plan spanning initially 2025–2027 the CCAP focuses on achieving a climate-resilient and low-carbon CAREC region through four thematic action areas, including the integration of climate and health for both resilience and mitigation activities. To promote cross-sectoral collaboration, the sixth CAREC WGH meeting included a joint session with the CAREC Working Group on Climate Change (WGCC), providing a unique opportunity to deepen intersectoral collaboration, exchange technical expertise, and identify coordinated regional responses to climate and health challenges.

¹ ADB. 2023. [CAREC 2030: Supporting Regional Actions to Address Climate Change—A Scoping Study](#). April; and ADB. 2023. [Regional Action on Climate Change: A Vision for CAREC](#). November.

5. Multisectoral collaboration was also discussed in relation to other sectors to explore how health components can be integrated into regional investments in economic corridor development, trade, or transport to achieve health outcomes and create co-benefits for all.

6. The sixth CAREC WGH meeting was held in a hybrid format, both in person in Bishkek and online, from 7 to 9 April 2025, with the Kyrgyz Republic as the CAREC host and chair country. The meeting brought together WGH and WGCC members and country delegates, representatives from development partners, and staff and consultants from the Asian Development Bank (ADB).

7. The objectives of the meeting were to:

- (i) Share best practices and advance discussion on regional approaches to enhancing health system resilience and transitioning to low-carbon health systems, and discuss two deliverables on climate and health to be tabled to the CAREC Ministerial Conference in November 2025;
- (ii) Explore how to achieve health outcomes through multisectoral collaboration and include health components in non-health sector investments in CAREC; and
- (iii) Review implementation of the CAREC Health Strategy 2023 and Regional Investment Framework (RIF) 2022–2027, including:
 - (a) Feedback on CAREC Sub-Working Group (SWG) health activities;
 - (b) Endorse the CAREC health workplan; and
 - (c) Discuss coordination mechanisms for the WGH.

8. The agenda and participant list are attached as Appendix 1.

II. HIGHLIGHTS FOR DAY 1

9. Day 1 of the meeting featured a panel on cross-sector collaboration opportunities in climate and health and beyond, a session exploring the integration of health interventions in regional non-health projects, and a review of the implementation of the CAREC Health Strategy 2030. Opening remarks were delivered by Ms. Baktygul Ismailova, Head of the Department of Public Health at the Ministry of Health of the Kyrgyz Republic, and Ms. Leah Gutierrez, Director General of the Sectors Department 3, ADB. Dr. Ismailova emphasized the urgent need for comprehensive, multisectoral approaches to address the complex links between climate change and health, particularly highlighting the vulnerability of mountainous regions like Kyrgyz Republic to floods, landslides, and water scarcity. Director Gutierrez emphasized the strategic progress made under the CAREC Health Strategy 2030 and underscored the importance of developing investment cases that integrate health into non-health sectors such as transport and energy. The meeting was also positioned as a significant step toward advancing climate-resilient and low-carbon health systems, with two deliverables to be tabled at the 2025 CAREC Ministerial Conference.

Panel on cross-sector collaboration opportunities in climate and health and beyond.

The panelists explored the importance of multisectoral collaboration to achieve health outcomes and critical enablers. They emphasized that effective responses to health challenges require integrated, cross-sectoral collaboration anchored in shared vision, institutional coordination, and governance, and critical enablers such as shared data systems and multisectoral budgets. Panelists highlighted primary health care as a key platform for integration and called for stronger governance mechanisms—such as interministerial steering committees—and long-term stakeholder commitment. They also stressed the need for investment in cross-sectoral education, monitoring and evaluation systems, and drawing on data and analysis to showcase evidence, and create a common understanding. Geographic circumstances such as mountainous regions may also call for cross-sector approaches and

cooperation with local authorities. Country representatives from Kyrgyz Republic and the People's Republic of China (PRC), shared models of implementation: Kyrgyz Republic's national steering committee chaired by the Prime Minister and supported by weekly interministerial coordination; collaboration across health, transport, and digital sectors to address mountain health barriers; and the role of Village Health Committees in translating national policies into local action. The PRC underscored the role of local coordination during health emergencies, investment in workforce education, and health promotion in schools. Regional development partners also pointed to the importance of stakeholder mapping, One Health coordination, research, and regulatory alignment across borders. During the plenary, delegates from countries such as Pakistan and Tajikistan reinforced the need to engage the private sector, share best practices, and ensure local authorities are empowered to implement national strategies, highlighting that meaningful cross-sector collaboration must be inclusive, well-resourced, and context-sensitive.

Examples were also provided on practical cross-sector collaborations to achieve health outcomes. The ADB-financed Jilin Yanji Low-Carbon Climate-Resilient Healthy City Project promotes age-friendly, cross-sector interventions in health, transport, and urban sectors to improve health outcomes by reducing air pollution in public transportation and encouraging exercise through walkable streets and microparks.² The ADB-proposed Digital Agriculture Management project in Tajikistan aims to modernize animal health systems through strengthened veterinary legislation, a digital livestock management platform for real-time disease surveillance, and upgraded services aligned with international standards and promotes the One Health approach. Lastly, a technical assistance project involving the Kyrgyz Republic and Tajikistan fosters multisector collaboration in health security and tourism, aiming to rebuild resilient, sustainable tourism through safer travel practices, improved pandemic risk communication, and digital solutions that support public health responses, climate adaptation, and tourism recovery.⁴

10. Exploring cross-sector collaboration. The session on exploring cross-sector collaboration featured an interactive “3-2-1” group exercise where participants examined case studies based on actual ADB projects across transport, tourism, and trade, identifying health challenges, and proposing integration of health interventions. Key proposals included digitalized border procedures to reduce emissions and stress-related health risks; green belts and traffic safety measures along road corridors; infrastructure and service improvements in remote regions to support medical tourism; emissions-based road access taxation and trauma care for high-traffic areas; and climate-health policy coordination through national councils for policy-making and implementation. The discussions underscored the importance of upstream diagnostics, harmonized regional standards, and inclusive governance. Participants agreed on the need to systematically integrate health into economic corridor and infrastructure planning, explore pilot interventions along border areas, and mobilize financing by aligning health outcomes with national development and reform priorities.

The group exercise was then followed by a presentation on leveraging cross-sector investments—particularly through economic corridor development—to deliver tangible health outcomes across CAREC. ADB outlined its range of financing instruments for health sector improvements and explained its 3-year rolling programming cycle for regional projects. The importance of regional projects, was emphasized as a platform for regional health initiatives.

² ADB. 2019. [People's Republic of China: Jilin Yanji Low-Carbon Climate-Resilient Healthy City Project](#).

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2. [4 54420-001: Strengthening Multisector Technical Capacity to Respond to COVID-19 in Asia and the Pacific through Tourism | Asian Development Bank](#)

Proposed health initiatives could include developing medical tourism in cross-border regions, improving access to health care and social services in remote areas using CAREC corridor infrastructure, and addressing health risks or leveraging health benefits linked to economic corridor development. ADB also highlighted project examples where health outcomes are achieved through non-health sectors. Examples included Mongolia's Border Efficiency Trade Project,⁵ which incorporates One Health coordination at borders, and the PRC's Jilin Yanji Low-Carbon, Climate-Resilient Healthy City Project (footnote 2), which integrates health in urban infrastructure. Cross-border health coordination was further illustrated by projects in Cambodia and Lao People's Democratic Republic that strengthen health services in border areas, implement digital tools for data sharing, and address migrant worker health.⁶ In the Kyrgyz Republic, the ongoing Health Security Project is enhancing lab capacity and disease surveillance.⁷

11. Finally, ADB outlined next steps for regional project planning: conducting consultations with potential executing agencies to conceptualize pipeline projects, engaging CAREC National Focal Points and Ministries of Finance to integrate these into medium-term investment plans, and considering them for inclusion in the 3-year programming pipeline aligned with country allocations.

Review of the CAREC Health Strategy 2030 implementation. The CAREC Health Secretariat and the CAREC Health SWGs highlighted implementation progress across the four CAREC Health Strategy pillars and crosscutting themes, mostly supported under a regional TA.⁸

- **Pillar 1 (Leadership and Human Resource Capacity).** A SWG on Human Resources for Health was established, with plans to create a Network of Centers of Global Public Health Excellence, develop a standard Global Public Health curriculum and professional development modules, and conduct an analysis for mutual recognition of health worker certifications.
- **Pillar 2 (Surveillance).** COVID-19 epidemiology and surveillance webinars were completed, along with a repository of innovative responses to the pandemic. A regional health security dashboard is planned, and an ADB-financed health security project is ongoing in the Kyrgyz Republic, with one planned for Tajikistan.
- **Pillar 3 (Surge Demand and Access to Supplies).** Assessments of regulatory practices and reliance were completed, and dialogues among CAREC National Regulatory Authorities (NRA) were held. A meeting in Baku is planned to develop a road map for regional collaboration and assess NRA capacities. The establishment of a SWG for Drug Regulation will also be explored.
- An SWG on Supply Chain Management and Procurement was established, with several meetings held. Planned outputs include a feasibility study on pooled procurement, a pilot regional information-sharing platform, and a regional risk management plan.
- **Pillar 4 (Border Health and Vulnerable Groups).** A concept note was developed for border health needs and service availability and readiness assessment. A pilot on data exchange between Uzbekistan and Tajikistan is planned. The ongoing Kyrgyz Health

⁵ ADB. 2023. [Mongolia: Border Efficiency for Sustainable Trade Project](#).

⁶ ADB. 2024. [Lao People's Democratic Republic: Greater Mekong Subregion Border Areas Health Project](#).

⁷ ADB. 2022. [Kyrgyz Republic: Strengthening Regional Health Security Project](#).

⁸ ADB. 2020. [Regional: Addressing Health Threats in Central Asia Regional Economic Cooperation Countries and the Caucasus](#).

Security Project will upgrade select health facilities in border areas to be climate-resilient.

- **Digital Health.** Digital health readiness assessments were completed for CAREC countries, and a repository of COVID-19 digital solutions was developed. Planned activities include capacity development workshops on electronic health records and digital health app evaluation, and a feasibility report on digital health applications in the region.
- **Climate Change and Health.** A survey is ongoing to assess capacity development and investment needs for climate-resilient health care infrastructure. Anticipated outputs include a regional decarbonization strategy and minimum standards for climate-resilient health facilities.

12. The CAREC countries have made notable strides in implementing the CAREC Health Strategy 2030, with a strong focus on climate resilience, digital health, and regional collaboration. Each country gave a statement on their progress in integrating climate resilience into health systems, with initiatives ranging from early warning systems and digital health platforms to decarbonizing infrastructure and strengthening regional cooperation. Countries also emphasized the need for continued multisectoral collaboration, workforce development, and investment in climate-smart, inclusive, and technology-driven health solutions.

- **Azerbaijan** declared 2024 the “Green World Solidarity Year,” advancing priorities in green spaces, water efficiency, and sustainable energy. Climate-health is now integrated into medical education, and rural health workforce gaps are being addressed. Early warning systems are in place, though digital platforms and One Health coordination need strengthening. Azerbaijan has strong regulatory capacity, and health access is improving via expanded mandatory insurance for vulnerable groups and strengthened primary care, particularly in rural and border areas.
- **The PRC** reaffirmed its support for the CAREC Health Strategy 2030 and active engagement in the SWGs. It hosts regular trainings for Central Asian health professionals, including the recent digital health training. Through *Healthy China* and *Digital China*, policies promote AI, big data, and digital platforms in health care. Hospitals now offer online services (virtual consultations, medicine delivery, and mobile payments), improving access and distribution. The PRC also highlighted its use of big data in epidemic control.
- **Georgia** is advancing climate and health efforts with a national heatwave action plan, early warning and notification systems, a health adaptation plan, a health care facility decarbonization road map, climate change surveillance guidance, and a health impact assessment framework. Standards for waste management, water security, and energy-efficient health infrastructure are in place, though additional support is needed to expand renewable energy use in large health facilities.
- **Kazakhstan** is focused on reducing the consumption of basic materials through improved product design and the use of alternative materials in industry. The country is also working to increase waste processing, introduce new production technologies with zero greenhouse gas emissions, and improve the energy efficiency of existing buildings and the efficient use of centralized thermal power plants.

The Kyrgyz Republic, with ADB support, implemented COVID-19 emergency projects and now leads a regional health security initiative on lab strengthening, antimicrobial resistance, and climate preparedness. In 2023, it launched the first national study on antimicrobial resistance with WHO and introduced genomic sequencing under a World Bank’ project. It proposes regional leadership training for climate-resilient health systems, cross-border

disease prevention, expanded telemedicine for migrants and women, and collaboration with neighboring countries on biosafety, food safety, and disease control.

- **Mongolia** established a Human Resources for Health SWG under the Ministry of Health to support regional health workforce development, and conducted an assessment of the national public and global health education landscape. The Public Health School of the Mongolian National University of Medical Sciences has been nominated as a Regional Center of Excellence candidate.
- **Pakistan** has deployed trained personnel at key points of entry, established nationwide disease surveillance units, and trained over 600 health professionals through the Field Epidemiology Training Program. Its National Multisectoral Health Workforce Strategy 2025–2035 focuses on governance, labor market dynamics, and surge capacity. Pakistan has strengthened laboratory and surveillance systems, and has established national and provincial supply chain systems to manage stocks during crises. Pakistan also developed core health capacities at major entry points, implementing digitalized traveler surveillance systems. It is integrating climate-smart strategies into health and urban planning, and emphasizing gender-sensitive health care for equitable access to women, children, and vulnerable populations.

Tajikistan has adopted a National Climate Change Adaptation Strategy for 2030, focusing on energy, water resources, transport, and agriculture, with cross-sectoral domains like health, education, and migration. A real-time registration system for births, vaccinations, and deaths is being piloted in select districts. Tajikistan’s proposed regional health security and primary health care project will promote multisectoral collaboration, cross-border health cooperation, and infrastructure upgrades. The country is also developing geothermal heating systems for health facilities using natural hot springs. This “Tajik Model” enhances climate resilience in health care infrastructure and supports sustainable energy solutions.

- **Turkmenistan** is making significant investments in health care infrastructure aligned with international standards. It aims to strengthen its health care system nationwide through advanced technologies and practical solutions. Turkmenistan voiced strong support for regional collaboration and endorsed the establishment of Regional Centers of Excellence focused on training in global health, including One Health and climate-health topics. The country highlighted its commitment to continuous medical education and using regional platforms for capacity building and mutual learning.
- **Uzbekistan** emphasized its health system’s vulnerability to climate change, citing water scarcity and extreme climates. The country is experiencing health impacts from heatwaves, cold spells, and floods, prompting prioritization of early warning systems and public health adaptation in national strategies. Its green economy strategy (2019–2030) focuses on climate mitigation and environmental protection, with its health care development plan (2019–2030) aimed at improving environmental safety, water supply, sanitation, and disease control. Supported by Presidential decrees, Uzbekistan is integrating digital technologies, improving health care efficiency, and upgrading laboratory systems. The country also stressed the need for regional partnerships and external financing to address climate-related health risks.

III. HIGHLIGHTS FOR DAY 2

13. Day 2 was a joint meeting with the CAREC Working Group on Climate Change, and discussions focused on delivering a regional decarbonization strategy, with lightning talks on steps toward preparing the strategy, a draft for the CAREC region, and a country case study from Pakistan. The day also addressed minimum requirements for climate resilience in health system operations, featuring a panel discussion on safeguarding vulnerable populations, improving public health preparedness, and enhancing early warning systems and climate-sensitive disease surveillance. A presentation on the draft regional minimum requirements for

climate-resilient health facilities was followed by a group discussion to provide feedback on the draft.

14. From the opening remarks, Choro Seyitov, First Deputy Minister of Economy and Commerce emphasized the growing cooperation within the Central Asian region, particularly in mobilizing financial resources for infrastructure projects like multimodal transport networks, which have become more crucial due to recent global instability. Additionally, the importance of addressing the intersection of climate change and health was underscored, as climate is a significant factor affecting public health. Director General Gutierrez focused on the critical intersection of climate change and health, and highlighted the importance of developing resilient health systems to cope with climate-induced health risks and emphasized the role of the CAREC Working Groups on Health and Climate Change in driving regional action on decarbonization and climate-resilient health facilities.

15. **Delivering a regional decarbonization strategy.** The session focused on advancing the development of a CAREC regional decarbonization strategy for the health sector. The strategy outlines three key areas for urgent climate action: (i) implementing "no-regret" measures with immediate operational and health benefits, (ii) establishing an evidence base to prioritize emissions reduction and long-term investment, and (iii) building system-wide skills, capabilities, and leadership. A case study from Pakistan on standardized national health care climate footprinting and development of a national decarbonization strategy was also shared. Key steps for preparing the strategy were outlined.

16. In the group discussions, countries identified priority actions as part of the strategy, including developing national regulations, implementing net zero supply chain policies, training health workers, adopting green building standards, digitizing health care, switching to low-carbon inhalers and anesthetic gases, optimizing operating theaters, shifting to electric transport, and improving waste management. Countries also highlighted technical support needs such as baseline setting, best practice sharing, regional coordination support, financing modalities, economic analysis of the decarbonization strategy, and cross-ministerial policy adoption. To enhance regional collaboration, countries called for shared guidelines and methodologies, and a regional road map with country specifics.

17. **Regional minimum requirements for climate-resilient health facilities.** The session started with a panel discussion on critical aspects on building climate resilience of health systems such as safeguarding communities and vulnerable populations from climate-health risks, public health preparedness, early warning systems and climate-sensitive disease surveillance and data analysis, and awareness-raising for climate risks and heatwave preparedness. The panelists emphasized the urgent need to safeguard vulnerable populations through early warning systems, climate-sensitive disease surveillance, intersectoral coordination, and harmonized data and indicators to guide public health action. They also highlighted the importance of investing in digital technologies, building local capacity, and closing knowledge and funding gaps. Panelists from member countries shared practical efforts: Kyrgyz Republic identified 13 key climate hazards and prioritized the health sector in its impact assessments; Uzbekistan is implementing real-time climate monitoring, SMS alerts, and school-based awareness programs; Tajikistan has introduced early warning measures to reduce heat-related morbidity and mortality; and Turkmenistan is advancing public health education and intersectoral cooperation under a national adaptation plan. These experiences underscore the growing momentum for climate-resilient, low-carbon health systems across the CAREC region.

18. The session continued with a presentation on the purpose and scope of the draft minimum requirements aimed at strengthening the resilience of health care facilities, enabling them to prepare for, respond to, recover from, and adapt to climate and natural hazard risks and impacts (e.g., flooding, extreme heat, extreme cold, strong winds). An overview was

provided for each of the five key health facility asset types: (i) building infrastructure; (ii) equipment and products; (iii) water, sanitation, and hygiene (WASH) and waste management; (iv) energy; and (v) systems and processes. This was followed by a workshop session where country participants assessed the potential impact of each requirement on facility resilience and the ease of implementation, facilitating an understanding of varying priorities and challenges across CAREC countries.

19. The joint day ended with agreements to finalize the two deliverables: (i) the Regional Decarbonization Strategy and (ii) the Regional Minimum Requirements for Climate-Resilient Health Facilities. The documents will be revised based on feedback received, and the revised deliverables will be presented at the Senior Officials Meeting in June 2025. They will then be sent for review before the National Focal Points Meeting and tabled at the Ministerial Conference later in the year.

IV. HIGHLIGHTS FOR DAY 3

20. Day 3 was a WGH working session with several key objectives: identifying cross-sector collaboration opportunities for health for integration into the RIF, presenting the WGH terms of reference, agreeing on WGH coordination mechanism, reviewing the WGH 2025 workplan and calendar of events, and exploring the addition of other SWGs.

21. **Work plan development, presentations, and discussions.** In this session, the WGH members reviewed the RIF, which now includes multisectoral projects that integrate health interventions into non-health sector initiatives, such as economic corridor development, transport, and trade. A stand-alone regional health security project (with several countries participating) could also be considered by member countries. The updated RIF will be circulated for electronic approval by WGH members. Participants also proposed project ideas for their respective countries and identified areas where support is needed to further develop these concepts.

22. The WGH work plan and calendar of events for 2025 were reviewed, endorsed, and accepted, respectively. Members agreed to establish a SWG on Border Health, while the formation of an SWG on Climate Change and Health will be further discussed following agreements in the Climate Change Working Group meeting. There was also consensus on the communication and coordination mechanisms for WGH, with continued support from the Secretariat.

23. The sixth meeting of the CAREC WGH concluded with closing remarks delivered by Sofia Shakil, Director of the East, Central, and West Asia Team of the Human and Social Development Sector Office, Sectors Department 3 at ADB, and by Dr. Baktygul Ismailova, Head of the Department of Public Health at the Ministry of Health of the Kyrgyz Republic.

V. FIELD TRIP

24. The WGH members participated in a field trip in the afternoon of Day 3 to the Department of Disease Prevention and State Sanitary and Epidemiological Surveillance of the Ministry of Health of the Kyrgyz Republic. The members were briefed on the functions and capacities of the Public Health Emergency Operations Center and the Laboratory Testing Center, and on food safety research findings. A visit to the Radiation Safety Department was also included, along with visits to various laboratory facilities, including the laboratory for molecular-genetic and virological research, chemical-analytical testing, sanitary-bacteriological research, and antimicrobial resistance.

APPENDIX 1: MEETING AGENDA

Day Time (Bishkek/GMT+6)	Program Flow and Agenda
Day 1	Topic: Enhancing Health System Resilience and Health Security Through Multisector Collaboration (WGH only) Venue: Hyatt Regency Bishkek Hotel, Shayr A Meeting Room (Lobby level)
9:00–09:30	Registration and Welcome Coffee
09:30–10:00	Opening Session <i>Baktygul A. Ismailova, Head, Department of Public Health, Ministry of Health, Kyrgyz Republic</i> <i>Leah Gutierrez, Director General, Sectors Department 3, Asian Development Bank (ADB) (Co-chair)</i> Brief overview of objectives of the meeting and agenda – <i>Kirthi Ramesh, Social Sector Specialist, ADB</i>
10:00–10:30	Coffee Break and Group Photo
10:30–12:00	Session 1: High level panel on cross-sector collaboration opportunities in Climate and Health and beyond Enabling factors for cross-sector collaboration to achieve health outcomes Implementing One Health through cross-sector collaboration and regional collaboration Social determinants of health in Mountain Areas Moderators: <i>Brian Riley, Health Specialist, and Kirthi Ramesh, Social Sector Specialist, ADB</i> Speakers: <i>Asel Raimkulova, Deputy Minister of Natural Resources, Environment and Technical Supervision of the Kyrgyz Republic</i> <i>Baktygul A. Ismailova, Head, Department of Public Health, Ministry of Health, Kyrgyz Republic</i> <i>Wu Di, Program Officer, National Health Commission, People's Republic of China</i> <i>Leah Gutierrez, Director General, Sector Department 3, ADB</i> <i>Amanda Shriwise, Policy Advisor, World Health Organization</i> <i>Jyldyz Turgunbaeva, Health Specialist, World Bank</i>
12:00–13:00	Lunch
13:00–15:00	Session 2: Exploring cross-sector collaboration Moderators: <i>Begzod Djalilov, Regional Cooperation Specialist, ADB, and Lua Pottier, Regional Health Security and Cooperation Expert, ADB</i> Overview of regional programme development Group exercise on starting points for multisectoral collaboration
15:00–15:15	Coffee Break
15:15–17:00	Session 3: Review Implementation of CAREC Health Strategy 2030 - Chair: <i>Ministry of Health, Kyrgyz Republic</i> CAREC Secretariat and Program Updates - Kirthi Ramesh, Social Sector Specialist, ADB Review of implementation progress by pillar Pillar 1: Leadership and Human Resource Capacity Pillar 2: Technical Preparedness (Surveillance/Labs)

Day Time (Bishkek/GMT+6)	Program Flow and Agenda
	Pillar 3: Access to Supplies and Surge Capacity (supply chain management and procurement) Pillar 4: Vulnerable Population Groups and Border Health Crosscutting issues (digital health, climate change, and gender) Sub-Working Group Updates Present sub-working group (SWG) progress and deliverables for feedback SWG on HRH - Tea Bakradze, MOH Georgia, Ms. Asel Kulubek, MOH Kyrgyz Republic SWG on PSCM – Maia Nikoleishvili, MOH Georgia Country Updates and Discussions Chair: <i>Ministry of Health, Kyrgyz Republic</i> Each country to provide updates on key activities
17:00	Session 4: Outlook for Day 2 Discuss the roles of the Working Group for Health and the Working Group for Climate Change Introduce the potential synergies between the two working groups
17:30	Day 1 closing
18:30	Joint Social Networking Evening
Day 2	Topic: Addressing Climate and Health to enhance Regional Health Security through Joint Health and Climate Change Action (WGH & WGCC) Venue: Hyatt Regency Bishkek Hotel, Shayr A & B Meeting Room
09:30–10:00	Welcome and Introduction to objectives of the day Welcome: <i>Choro Seyitov, First Deputy Minister of Economy and Commerce, Kyrgyz Republic</i> <i>Leah Gutierrez, Director General, Sector Department 3, ADB (Co-chair)</i> Introduction: <i>Kristian Rosbach, Senior Economist (Regional Cooperation), ADB</i> <i>Kirithi Ramesh, Social Sector Specialist, ADB</i>
10:00–12:00	Session 5: Delivering a Regional Decarbonization Strategy Moderator: <i>Brian Riley, Health Specialist, ADB</i> Lightning Talks on regional decarbonization strategy for health sector Introducing steps toward preparing decarbonization strategy and draft regional decarbonization strategy for CAREC - <i>Nick Watts, Director, Centre for Sustainable Medicine, National University of Singapore</i> Country case study of standardized approaches to national health care climate footprinting (Pakistan) – <i>Irfanullah Khan, Deputy Director on behalf of Mehreen Mujtaba, Director; Climate Change, Nutrition and Health; Ministry of National Health Services Regulation & Coordination, Pakistan (virtual)</i> Group Discussion to provide feedback on draft Regional Decarbonization Strategy
12:00–13:30	Group photo and Lunch
13:30–14:45	Session 6: Delivering minimum requirements for climate resilience and low-carbon transition in health system operations Panel discussion on concrete collaboration priorities, joint investments and project opportunities relating to:

Day Time (Bishkek/GMT+6)	Program Flow and Agenda
	<p>How to safeguard communities and vulnerable populations from climate-health risks Public health preparedness, early warning systems and climate-sensitive disease surveillance and data Awareness raising for climate risks and heatwave preparedness Country Experiences</p> <p>Moderators: <i>Kirithi Ramesh, Social Sector Specialist, and Kristian Rosbach, Senior Economist (Regional Cooperation), ADB</i></p> <p>Speakers: <i>Sharshenova Ainash Akynovna, Chief Researcher at the National Institute of Public Health, Ministry of Health, Kyrgyz Republic</i> <i>Olga Mirshina, Chief Specialist, Sanitation and Hygiene Department, Ministry of Health, Republic of Uzbekistan</i> <i>Tamar Khomasuridze, Sexual and Reproductive Health (SRH) Regional Advisor, United Nations Population Fund (virtual)</i> <i>Vladimir Kedrowskiy, Technical Officer (Climate Change and Health), WHO Regional Office for Europe (virtual)</i> <i>Nataly Olofinskaya, Regional Adaptation Adviser, United Nations Development Programme (virtual)</i> <i>Swati Mahajan, Senior Climate Change Specialist, ADB</i></p> <p>Plenary Discussion</p>
14:45–15:00	Coffee break
15:00–16:30	<p>Session 6: continuation</p> <p>Presentation Draft Regional Minimum Requirements for climate-resilient health facilities - <i>Anna Tuddenham, Climate and Health Expert, Arup</i></p> <p>Group Discussion to provide feedback on draft Regional Minimum Standards / Requirements for climate-resilient and low-carbon health facilities</p>
16:30–17:00	<p>Next steps Discussion on establishing sub-working group on Climate and Health Timelines and next meetings to finalize deliverables</p>
Day 3	<p>Topic: Operational planning (WGH only)</p> <p>Venue: Hyatt Regency Bishkek Hotel, Shayr A Meeting Room (Lobby level)</p>
09:00–09:30	Opening and reflection on insights from previous days
09:30–12:00	<p>Session 7: Work Plan Development, Presentations, and Discussions</p> <p>Moderator: <i>Rukhshona Qurbonova, CAREC Regional Health Coordinator</i></p> <p>Review of 2025 workplan Discussion on addition of sub-working groups (e.g., regulatory, digital health, border health etc.) WGH coordination preferences & calendar of events Identification of financing sources for CAREC Health Strategy and Regional Investment Framework implementation</p>
12:00	<p>End and closing remarks</p> <p><i>Sofia Shakil, Director; East, Central, and West Asia Team; Human and Social Development Sector Office, Sectors Department 3, ADB</i></p> <p>2. <i>Dr. Baktygul Ismailova, Head of the Department of Public Health, Ministry of Health, Kyrgyz Republic</i></p>

Day Time (Bishkek/GMT+6)	Program Flow and Agenda
12:30–13:30	Lunch
14:00	Session 8: Field Trip Department of Disease Prevention and State Sanitary and Epidemiological Surveillance of the Ministry of Health of the Kyrgyz Republic.

3. APPENDIX 2: LIST OF PARTICIPANTS

Central Asia Regional Economic Cooperation (CAREC) Countries (Onsite)

Azerbaijan

- Konul Ismayilova, Chief Advisor of International Cooperation Department, Ministry of Health
- Ramik Guliyev, Chief Advisor of International Cooperation Department, Ministry of Health
- Zumrud Rahimova, Head of Statistics and Reports Division, Strategic Development and Economic Analysis Department, State Agency on Mandatory Health Insurance

Georgia

- Mzia Jokhidze, Chief Specialist, Health Policy Division, Healthcare Policy Department, Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health, and Social Affairs of Georgia
- Robizon Tsiklauri, Acting Head of One Health Department, National Center for Disease Control and Public Health of Georgia

Kazakhstan

- Gaziz Naduyev, Deputy Director for sanitary and Hygienic Activities of the branch, the National Center for Public Health of the Ministry of Health of the Republic of Kazakhstan.
- Aida Abutalip, Chief Expert, the Sanitary and Epidemiological Control Committee of the Ministry of Health of the Republic of Kazakhstan

Kyrgyz Republic

- Ismailova Baktygul Abdylbaevna, Head of the Department of Public Health of the Ministry of Health
- Ubraitmov Zhanybek Muratalievich, Chief Specialist of the Public Health Department, Ministry of Health
- Ibraeva Nurgul Saparkulovna, Chief of the Department of the organizing medical aid and drug policy of the Ministry of Health
- Zhorojev Abdykadyr Abdalievich, Director of the Department on prevention diseases and state sanitary-epidemiologic control of the Ministry of Health
- Kubanychbekova Gulzat Kubanychbekovna, Director of the Republican Center for Quarantine and Particularly Dangerous Infections, Ministry of Health
- Beksultanov Chingiz Mirbekovich, Director of the Digital Health Center of the Ministry of Health
- Jumakanova Aygul Beishebaevna, Head of the Laboratory Testing Center, Department of Disease Prevention and State Sanitary and Epidemiological Surveillance, Ministry of Health
- Sharshenova Ainash Akynovna, Chief Researcher at the National Institute of Public Health (NIOZ) under the Ministry of Health; Professor at the Department of Public Health of the International Higher School of Medicine
- Otorbaeva Dinagul Satarovna, Head of the Division for Prevention of Infectious and Parasitic Diseases and Epidemiological Surveillance, Department of Disease Prevention and State Sanitary and Epidemiological Surveillance, Ministry of Health
- Shahmatova Anara Kydykovna – PhD, Senior Research Fellow at the National Institute of Public Health under the Ministry of Health
- Sarieva Gulnara Alamovna - General Hygiene Physician of the Department of Disease Prevention and State Sanitary and Epidemiological Supervision

- Buyuklyanov Artur Ishkhanovich - Acting Associate Professor at the Department of Public Health, International Higher School of Medicine.

Mongolia

- Nomin Ganbaatar, Officer at the Public health policy department, MOH
- Jargalsaikhan Altansuvd, Officer, Non-Communicable Disease Division, Public Health Policy Department, Ministry of Economy and Development
- Davaadorj Zolzaya, Senior Specialist, Environmental Health, Health department of the Capital City

Pakistan

- Imran Ali, Deputy Director (P-IV), Health Systems
- Mumtaz Ali Khan, Chief CDC, NIH

People's Republic of China

- Wu Di, Program Officer, National Health Commission
- Fan Xiodan, Associate Researcher, China National Health Development Research Center
- Xu Yi, Program Officer, National Health Commission

Tajikistan

- Olimzoda Davlatmurod, Deputy Head of the State Supervision Service in the Sphere of the Ministry of Health and Social Protection, Republic of Tajikistan
- Davlatzoda Said Haidar, Head of the Department of Sanitary and Epidemiological Safety, Emergencies, and Emergency Medical Care, Ministry of Health and Social Protection, Republic of Tajikistan
- Odinaev Salim, Project Manager, Ministry of Health and Social Protection, Republic of Tajikistan,

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Turkmenistan

- Altyn Atayeva, Deputy Medical Director, Hospital with Research and Clinical Center of Cardiology, Ministry of Healthcare and Medical Industry
- Gulalek Yarashova, Senior Specialist, State Sanitary Epidemiological Service

Uzbekistan

- Mirshina Olga Pavlovna, Chief Specialist of the Sanitation and Hygiene department
- Anvarov Shoakbar, Chief specialist of the International Cooperation Department Committee for Sanitary and Epidemiological Welfare and Public Health under the Ministry of Health

Speakers (Onsite)

- Change and Health), WHO Regional Office for Europe Manas Toktomuratov, First Deputy Minister of Health, co-chair, Kyrgyz Republic
- Nick Watts, Director, Centre for Sustainable Medicine, National University of Singapore

Speakers (Virtual)

- Dr. Mehreen Mujtaba, Director Climate Change, Nutrition and Health, Ministry of National Health Services Regulation & Coordination
- Dr Rehan Rauf, Deputy Director, Climate Change, Nutrition and Health, Ministry of National Health Services Regulation and Coordination, Pakistan: on behalf of Dr Mehreen Mujtaba

- Dr. Tamar Khomasuridze, Sexual and Reproductive Health (SRH) Regional Advisor
- Mr. Vladimir Kedrowskiy, Technical Officer (Climate Change and Health), WHO Regional Office for Europe
- Nataly Olofinskaya, Regional Adaptation Adviser, United Nations Development Programme

Development Partners (Onsite)

- Sergio Esperanca, International Partnerships and Programme Coordinator, Head of Office, UNFPA Sub-Regional Office for Central Asia
- Tolkun Jukusheva, Senior Disaster Risk Management Specialist, World Bank
- Jyldyz Turgunbaeva, Health Specialist, World Bank
- Agapi Harutyunyan, Head of Research, Analytics and Monitoring Division, World Food Programme
- Amanda Shriwise, Adviser on Health Policy, World Health Organization
- Taalaibek Talantbek uulu, Programme Coordinator, International Organization for Migration/United Nations Migration Agency
- Hilke David, Deputy Country Director, World Food Programme

Asian Development Bank (Onsite)

- Leah Gutierrez, Director General, Sectors Department 3 (SD3)
- Kirthi Ramesh, Social Sector Specialist, Human and Social Development Sector Office (SG-HSD), SD3
- Madeline Dizon, Associate Project Officer, SG-HSD, SD3
- Brian Riley, Health Specialist, SG-HSD, SD3
- Sabina Yusifova, Senior Project Officer, SG-HSD, SD3
- Baktygul Omurzakova, Project Officer, SG-HSD, SD3
- Mansoor Ali Masoo, Senior Project Officer, SG-HSD, SD3
- Jayati Nigam, Health Specialist, SG-HSD, SD3
- Begzod Djalilov, Regional Cooperation Specialist, Regional Cooperation and Integration Unit, Central and West Asia Department (CWRD)
- Rosebelle Azcuna, Monitoring and Evaluation (Consultant), SG-HSD
- Rukhshona Qurbonova, Regional Health Coordinator (Consultant), CWRD
- Jeremy Gorospe, Technical Assistance Coordinator (Consultant), SG-HSD
- Lua Pottier, Regional Health Cooperation (Consultant), CWRD
- Anna Tuddenham, Climate Change Expert Consultant, CWRD
- Aidana Berdybekova, Senior Regional Cooperation Coordinator (Consultant), Kyrgyz Resident Mission, CWRD