Virtual Regional Inception Workshop
"Formulation of CAREC Health Strategy 2030"
15:00-17:00 (Manila time), 4 March 2021

SUMMARY OF DISCUSSIONS

I. Introduction and Rationale

1. A virtual Regional Inception Workshop on the Formulation of the Central Asia Regional Economic Cooperation (CAREC) Health Strategy towards 2030 was held on 4 March 2021 from 15:00 to 17:00 Manila time. Around 100 participants from 11 CAREC countries' health authorities, development partners' representatives and Asian Development Bank (ADB) staff attended the workshop. This Regional Inception Workshop (RIW) was an initial step to support health cooperation among CAREC countries, including to formulate a CAREC health strategy towards 2030, promoting a forward-looking approach in CAREC health cooperation supported through an ADB regional technical assistance (TA). The workshop was organized by the CAREC Secretariat in ADB, with support from the Social Sector Division (CWSS) and the Regional Cooperation and Operations Coordination Division (CWRC) of the Central and West Asia Department (CWRD). The workshop was co-chaired by Ms. Rie Hiraoka, Director, CWSS, ADB and Mr. Safdar Parvez, Director, CWRC, ADB. It was facilitated by Ms. Kirthi Ramesh, Social Sector Specialist, CWSS, ADB, and Ms. Xinglan Hu, Principal Regional Cooperation Specialist, CWRC, ADB.

2. The main objectives of the workshop were to: (i) support advancing Regional Health Cooperation and developing a CAREC Health Strategy towards 2030, providing an overview and updates on regional TA and presenting a proposed Framework for CAREC Health Strategy 2030; (ii) deliberate on the challenges and priorities for CAREC countries on the proposed focal areas for the strategy; and (iii) establish and discuss the scope of the CAREC Working Group on Health, drawing on the experience of the Greater Mekong Subregion (GMS) Working Group on Health Cooperation. Breakout sessions were conducted to allow more time for in-depth and informal discussions among participants from all CAREC member countries, development partners (World Health Organization, the World Bank, United Nations Children's Fund, The Global Fund, Japan International Cooperation Agency), and ADB. The appendices contain the workshop agenda (Appendix 1), the summaries of breakout group discussions (Appendix 2), 3 briefing notes (shared prior to the workshop) on key issues derived from the CAREC health scoping study (Appendix 3), and a graphic recap of the workshop (Appendix 4).

II. Highlights

3. In her **opening remarks**, Ms. Rie Hiraoka highlighted that the coronavirus disease (COVID-19) pandemic has been a reminder that viruses do not stop at national borders. She mentioned the intensive communication with CAREC countries on COVID-19 pandemic strategies in the past months as an example of effective cross-border arrangements in fighting

infectious diseases. In addition to jointly fighting infectious diseases, she pointed out other areas of potential cooperation such as strengthening human resources for health in the region.

4. **Development of a CAREC Health Strategy 2030**. The workshop then proceeded with a presentation of a proposed outline for the CAREC Health Strategy 2030 as a first stepping-stone for regional health cooperation. Ms. Kirthi Ramesh presented three focus areas proposed for the strategy for further discussion with member countries, based on the recommendations of the CAREC health scoping study. These are: (i) strengthening regional health security, (ii) supporting health systems through regional cooperation, and (iii) improving health services for migrants, mobile populations, and border communities. She emphasized that while the CAREC health strategy shall be aligned with global and regional health policy frameworks, such as the Sustainable Development Goals (SDG), and International Health Regulations (IHR), 'global health begins at home' with the supporting environment at the national level. This requires alignment of the CAREC health strategy with national strategies to ensure policy coherence, strengthening institutional mechanisms, coordination and resources at the national level, as well as advancement of health diplomacy. She emphasized that a regional cooperation strategy is meant to be complementary to national strategies in areas of mutual interest where cooperation can add value to building resilient health systems and safeguarding population health.

5. Where possible, the CAREC health strategy shall build on existing regional initiatives, which were mapped in the scoping study. The development of the strategy and investment framework will be supported by TA through information gathering and assessments, compilation of innovative regional and global solutions, and development of regional approaches and models, flanked by capacity building, and knowledge generation and sharing. The aim is to have the strategy endorsed by the CAREC Ministerial Conference in December 2021 and develop the regional investment framework by 2022.

6. Mr. Peter Campbell (team leader, consortium led by GOPA Worldwide Consultants) presented the GOPA team members and gave a short overview of the approaches for the strategy development, which will involve both learning from the past (problem-focus) and from the future (solution-focus). The consortium is preparing a repository of global and regional innovations on COVID-19 response which can further inform the strategy and investment framework. The presentation finished with three examples of global innovations—one for each of the three focus areas proposed for the health strategy, for reference and potential adoption in CAREC.

7. **Discussions in breakout groups.** The workshop participants were then assigned to 3 groups to discuss main challenges and potential solutions along the three focus areas proposed for the strategy. The group discussions completed after 45 minutes, and all participants returned to the main plenary session to continue the discussion. The three facilitators of the breakout sessions, Mr. Peter Campbell, Ms. Martina Merten and Mr. Mamuka Djibuti (GOPA Consortium) provided a brief summary of the group discussion respectively and highlighted a few key issues discussed, which are summarized below:

(i) **Regional health security/resilience** can be strengthened through better sharing and standardization of electronic surveillance data that can also offer early warning of infection spread in the region; more and better trained epidemiologists; a better mechanism for effective regional consultations on response measures; improved supply-chain logistics for necessary consumables; and higher quality of laboratory performance and increased access to testing and quarantine facilities.

(ii) **Regional cooperation to support health systems** can be provided by training of managers for faster and more effective resource mobilization; establishment of regional quality assurance mechanisms; regional support for improved laboratory

functioning; harmonization of policies and regulations as well as simplification of procedures to remove barriers for the registration of new drugs in the region; and more integrated health information systems.

(iii) **Health services for migrants, mobile populations, and border communities** can be supported by setting up an accessible database of migrants to allow them better access to health services, setting up mobile health services to reach far-flung border communities, better continuity of care for those traveling across borders especially for those with communicable diseases including tuberculosis (TB).

(iv) **Other areas of interest** proposed included the capacity to conduct healthcare research for communicable and non-communicable diseases, social inclusion, and the threat of drug-resistant TB.

8. Participants voiced their interest to continue the discussions over the coming months, which will be facilitated by the project consultants. A detailed summary of the breakout group discussions is provided in Appendix 2.

9. **Institutional arrangements and Establishment of Working Group on Health.** After the breakout sessions, Ms. Xinglan Hu and Ms. Kirthi Ramesh presented the CAREC institutional framework and proposed scope of work for the Working Group on Health (WGH). Key take-away points of the presentation included: (i) the CAREC program is an open and inclusive platform, which includes all development partners, (ii) the CAREC Ministerial Conference is the highest decision-making body supported by senior officials and sector committees and sectoral working group/expert groups, and (iii) a CAREC WGH is to be established and the detailed terms of reference will be developed. The suggested objectives of the WGH are to complete the formulation of the draft Health Strategy 2030 (by end 2021) and the Investment Framework (by 2022), further discuss institutional mechanisms for health cooperation under CAREC, and deliberate on regional mechanisms and approaches for cooperation. It will also serve as a platform for exchange of knowledge and best practices between member countries.

10. As an example of a regional Working Group on Health Cooperation, Dr. Phusit Prakongsai, Acting Senior Advisor on Health Promotion, Office of Permanent Secretary, Ministry of Public Health in Thailand, presented lessons from **Regional Health Cooperation in the GMS**. The GMS Working Group on Health Cooperation serves as a platform to promote multilateral and bilateral coordination among the six GMS countries, particularly for cross-border health initiatives. An annual meeting of the Working Group on Health Cooperation, together with development partners, civil society organizations, and other relevant organizations working on health cooperation in the subregion is held each year. Among the key lessons from the GMS experience, Dr. Prakongsai mentioned the importance of raising awareness about the platform at national level and of building a common understanding, commitment, and trust among participating countries to secure successful collaboration.

11. During the ensuing discussion session, one participant asked how to get the WGH operational. Dr. Prakongsai recommended to understand the limitations and challenges for each country (e.g., due to different levels of development), but also to see the solutions each country can offer to strengthen peer-to-peer support. An additional suggestion made was to include stronger coordination with other CAREC sectoral bodies as well as under the One Health approach (e.g., environment and animal health).

12. A further question concerned the organization of exchange in the WGH. Depending on the development and control of the pandemic, at present, meetings of the WGH will be organized virtually, while the national TA consultants and the CAREC Regional Coordinators will support

communication and coordination at the country level. In addition, a virtual learning and exchange platform will be established to continue sharing of ideas and experience on health cooperation. Additional ideas from countries for regular exchange were welcomed. With no objections, the plenary then announced the establishment of the WGH.

13. In his **closing remarks**, Mr. Safdar Parvez highlighted that the health perspective has gained more importance within CAREC during the past 2-3 years. He emphasized that countries should own the CAREC Health Strategy development and its implementation. He congratulated the plenary on the establishment of the WGH as a first step in institutionalizing the cooperation in health.

III. Next steps

14. The next formal meeting of the WGH will be in June or quarter 3 2021 to discuss the first draft CAREC Health Strategy. In the meanwhile, online communication tools and coordination through national TA consultants and CAREC regional coordinators will be leveraged for further consultation with CAREC countries for data/information gathering and other support at individual country level. The first draft strategy is planned to be presented at the CAREC Senior Officials Meeting in June 2021, and for review in ADB. A second draft strategy will be completed in quarter 3 for CAREC country (and development partners) consultation, which will be presented at the CAREC National Focal Points Meeting in September 2021. The final strategy will be completed and submitted for endorsement at the CAREC Ministerial Conference in late November/early December 2021.

Virtual Regional Inception Workshop on Formulation of CAREC Health Strategy 2030
15:00pm-17:00pm (Manila time), 4 March 2021

AGENDA

Co-chairs: Ms. Rie Hiraoka, Director, Social Sectors Division, Central and West Asia Department (CWSS), ADB
Mr. Safdar Parvez, Director, Regional Cooperation and Operations Coordination Division, Central and West Asia Department (CWRC), ADB

Facilitators: Ms. Kirthi Ramesh, Social Sector Specialist, CWSS, ADB
Ms. Xinglan Hu, Principal Regional Cooperation Specialist, CWRC, ADB

Objectives: Establish a CAREC Working Group on Health
Initial Consultations on the CAREC Health Strategy 2030

Time	Session
14:30-15:00	Signing up; video/audio connection checks
15:00-15:10	Moderator: Ms. Xinglan Hu, Principal Regional Cooperation Specialist, CWRC, ADB Welcome Remarks • Ms. Rie Hiraoka, Director, CWSS, ADB
15:10-16:20	**Advancing Regional Health Cooperation and developing a CAREC Health Strategy towards 2030** *This session will outline the scope and activities under the regional technical assistance (TA) "Addressing Regional Health Threats in Central Asia Regional Economic Cooperation (CAREC) countries and the Caucasus" and introduce the consultant team. A framework for the CAREC Health Strategy will be presented followed by breakout sessions to discuss vision, objectives and components of the CAREC health strategy.* Moderator: Ms. Kirthi Ramesh, Social Sector Specialist, CWSS, ADB Presentation: Overview of the Regional TA and a Framework for the CAREC Health Strategy 2030 (15 min.) • Ms. Kirthi Ramesh, Social Sector Specialist, CWSS, ADB • Mr. Peter Campbell, Team Leader, GOPA Consulting Group GmbH Breakout Session: Participants will be Divided into Groups to Brainstorm on the Vision, Objectives and Components of a CAREC Health Strategy towards 2030 (45 min.) **Main topics for group work:**

	1) Current **challenges** and **priorities** for future regional cooperation between the CAREC countries in the areas: 1) Regional Health Security 2) Health Systems Strengthening through Regional Cooperation 3) Improving Health Services for Migrants, Mobile Populations and Border Communities 2) **What are some main Enablers for Implementation?** Facilitators: • Mr. Peter Campbell, Team Leader, GOPA Consulting Group GmbH • Ms. Martina Merten, Health Innovations Research expert, GOPA Consulting Group GmbH • Mr. Mamuka Djibuti, Regional Health Security expert, GOPA Consulting Group GmbH Summary/Highlights of Discussions from Each Group (10 min.) • Breakout Session Facilitators
16:20-16:55	**Institutional Arrangement for CAREC Health Cooperation** *The session will discuss institutional arrangement for advancing CAREC health cooperation. Experience from the Greater Mekong Subregion (GMS) Working Group on Health will be shared and objectives for a CAREC working group on health proposed. CAREC countries will be invited to provide views and insights on the scope which will be further refined and detailed following this workshop. The session will conclude with a formal establishment of the Working Group on Health.* Moderator: Ms. Xinglan Hu, Principal Regional Cooperation Specialist, CWRC, ADB Presentation: CAREC Institutional Framework and Proposed Working Group on Health (5 min.) • Ms. Xinglan Hu, Principal Regional Cooperation Specialist, CWRC, ADB • Ms. Kirthi Ramesh, Social Sector Specialist, CWSS, ADB Presentation: Experience from the Greater Mekong Subregion Working Group on Health Cooperation (10 min.) • Mr. Phusit Prakongsai, Acting Senior Advisor on Health Promotion, Office of Permanent Secretary, Ministry of Public Health, Thailand Feedback from CAREC Countries (20 min. total)
16:55-17:00	Closing remarks • Mr. Safdar Parvez, Director, CWRC, ADB

Summary of Breakout Group Discussions

Strengthening Regional Health Security (control spread of communicable diseases)

Main Challenges	Suggested main priorities and concrete ideas
Lack of **synchronization in the planning** and implementation of measures in response to public health threats including the current COVID-19 pandemic	- Ensuring access to and sharing of electronic surveillance data between countries in the region (including standardization of data across countries as well as regionwide access to electronic early warning, surveillance, and risk communication systems).
Limited **technical capacity for planning** and implementation of effective measures in response to public health threats including the current COVID-19 pandemic	- Establishment and implementation of effective regional consultation mechanism and format for providing technical assistance to countries for planning and implementing of effective measures at both country and regional levels.
Weak **inter-ministerial and inter-sectoral response** in the CAREC region, including limited data sharing between governments.	- Strengthen regional dialogue and approaches for supporting dynamic inter-ministerial and inter-sectoral approach. Potential topics for cooperation and improvement: (i) Information sharing and capacity building, e.g., for outbreak preparation (workshops, regional trainings) (ii) Re-emerging infectious diseases (iii) Establishing transportation networks (iv) Mapping of status quo of International Health Regulations in the CAREC region.
Lack of standardized **surveillance systems** in CAREC countries	- Using role models like Emergency Operations Centers (EOC) used for previous and ongoing eradication efforts of other infectious diseases like poliomyelitis for the current pandemic and for future outbreaks. - Establishing standardized EOCs in each of the CAREC countries. - Providing capacity building workshops on surveillance to relevant stakeholders in the region.
Lack of **regional alert system** for infectious disease outbreaks	- Implementing regional dashboards which provide epidemiologists in the public health sector in the CAREC region an automated early warning system by generating signals or alerts when they detect a possible infectious-disease outbreak.
Limited supply/ stock outs of **health products/ consumables** (i.e., personal protective equipment (PPEs), diagnostic/laboratory tests, medical equipment, drugs, vaccines) to ensure an effective response to public health threats including the current COVID-19 pandemic	- Establishment of regional mechanisms for resource pooling and joint procurement. - Simplification of procedures/ removing barriers for custom clearance and importing/exporting of health products between countries in the region. - Start longer term planning for resource pooling to build a regional manufacturing capacity (PPE, diagnostics/lab tests, drugs, vaccines).
Insufficient quality/performance of national **laboratory systems** to address	- Supporting development and implementation of regional quality assurance/control mechanisms including implementation of laboratory quality

public health threats including the current COVID-19 pandemic	management standards (guidelines, standard operating procedures, training, etc.).
Limited capacity of **public health/ epidemiological workforce**	- Establishing a roster of national/regional experts by the respective technical area to be mobilized and deployed to individual countries across the region in case of public health emergency and need.
Limited **test and quarantine facilities** in border regions for COVID-19 patients	- Improving the infrastructure and technical capacity of testing and quarantine facilities in cross-border areas in the region.

Supporting Health Systems through Regional Cooperation

Main Challenges	Suggested main priorities and concrete ideas
Weak **governance and leadership**; old-style budgeting (input-based rather than output-based), weak resource mobilization not matching needs (e.g., in human resources and skills)	- Supporting capacity building and training to improve management skills, including for planning and budgeting. - Development of regional handbook for awareness on communicable disease and pandemic control, including risk communication, vaccines, etc. - Consider the protection of patients' and families' rights to adequate care, safety and equal access to health facilities as a regional problem.
Insufficient **technical capacity** for adopting, implementing and scaling up innovative models and solutions supporting health systems	- Establishment of regional knowledge exchange platform to facilitate knowledge transfer and technical capacity building across different health systems blocks including: (i) Organization and delivery of health services (ii) Standardization/integration of health information systems (iii) Procurement supply chain management and quality of health products (iv) Governance and leadership.
Insufficient **quality/performance** of health services	- Supporting the development and implementation of regional quality assurance mechanisms and quality service delivery standards (guidelines, protocols, standard operating procedures) in high priority areas including primary healthcare, laboratory/ diagnostic services, clinical case management of priority infectious diseases, etc.
Laboratory facility shortages	- Establishing regional mechanism and format to provide technical support for increasing laboratory capacity for quality assurance with focus on equipment (in collaboration with World Health Organization, the World Bank, etc.).
Limited supply, availability, and affordability of stock outs of **health products/ medications/ consumables**—many countries in the CAREC region face similar challenges while also facing limited budget resources; a large proportion of	- A regional cooperation mechanism and/or supply "cushion" could have been helpful to mitigate this problem. - In order to make available funds cover more, a regional procurement facility which both could negotiate good prices and secure quality could be a useful mechanism for CAREC.

available funds are spent on medicines and medical device procurement.	- Harmonization of policies and regulations as well as simplification of procedures to remove barriers for the registration of new drugs in the region (including the lowering of drug registration costs, potentially allowing for lower retail prices of medicines and drugs).
Fragmented **health information systems**; using paper- based patient records and forms (particularly in remote and rural areas), insufficient data management and analysis.	- Regional knowledge sharing and technical support for (i) Standardization and integration of health information systems (separate vertical systems, different overlapping sources of data) (ii) Improving data management, analytical capacity, and presentation skills (iii) Improving data capture mechanisms as well as the quality of captured data (e.g., quality monitoring systems to measure data quality) (iv) Coordination between development partners (the World Bank, Asian Development Bank, World Health Organization, etc.).
Maldistribution of **human resources** for health	- Harmonization of policies and strategies for human resources for health, including: (i) Graduate/postgraduate medical education and continuous professional development (e.g., content, competencies, standards) (ii) Licensing and registration of medical professionals (e.g., standard approaches for licensure exams) (iii) Validation and/or recognition of medical diploma across countries in the region (iv) The regional database and information exchange between residency training programs in selected priority areas such as infectious diseases, family medicine, etc.

Improving Health Services for Migrants, Mobile Populations and Border Communities

Main Challenges	Suggested main priorities and concrete ideas
Poor **database on migrants**, in combination with high number of points of entry in many CAREC countries, leads to the following challenges: (i) Lack of identification and registration of migrants (ii) Lack of social services for undocumented migrants (iii) Lack of knowledge about social services available for documented migrants (iv) Difficulties in addressing the needs of mobile populations during crisis situations	- Supporting regional dialogue and efforts for investing into a common database for vulnerable groups (e.g., truck drivers, drug injecting populations). - Establishing a regional mechanism and format for linking registration of documented migrants to social security services available to them. - Developing innovations for providing social security services to undocumented migrants (e.g., based on ideas of the Royal Thai government). - Promoting a regional multi-sectoral approach for working with migrants (i.e., customs, police services, health and social services, etc.). - Improving the knowledge about the specific needs of mobile populations. - Supporting education on what services will be provided in the country they are migrating to.

Lack of standard approaches in the technical design and implementation of **disease surveillance** and control as well as limited access/sharing of data, including at cross-border areas and entry points	- A common regional surveillance system could enable countries in CAREC to see disease patterns and how they change over time. - Better coordination and sharing the information between cross-border authorities and facilities for testing and isolating patients (e.g., testing and isolating of COVID-19 patients among returning pilgrims from Iran to Pakistan). - Resourcing Border Crossing Points (BCPs) to screen, test, quarantine and to enable tracking migrant health better. - A regional data sharing system with a shared information platform, with each participating country to feed data without delay into such a database. - Considering that inflow of potential disease carriers does not only cross land border points, but also arrive by air from far away destinations, this information needs also to incorporate epidemic status data from major travel exchange destinations, not only CAREC.
Limited **health services and follow-up for labor migrants** crossing borders in high numbers	- Supporting design and implementation of cross-border mobile health services (e.g., addressing large volume of cross-border transport with trucks at Mongolia's border with China, and with Russia and Kazakhstan, where truck drivers practically live in their trucks with very poor access to sanitary conditions, and poor or no access to healthcare services). - Creating a medical passport issued by accredited facilities (perhaps digital), like an electronic record (e.g., Central Asian countries). - Digital health platform on the urgent health issues. - Provision of mobile ambulances. - Provision of basic medical items for migrants crossing borders. - Provision of transportation means for mobile populations to care facilities.
High burden of **communicable diseases among migrant population;** at the same time, for **patients crossing borders with chronic diseases** there is no systematic “hand-over” and no systematic follow-up (e.g., ongoing treatment for tuberculosis (TB), HIV, malaria etc.)	- Strengthening regional mechanisms for addressing highly prevalent infectious diseases like TB and HIV. - Regional collaboration is needed for trans-border regional projects to support migrants with chronic diseases such as HIV, TB, Malaria, but also other conditions. - As a mechanism to facilitate, there could be a regional institute established to facilitate regional cross-border collaboration on zoonoses as well as TB, HIV and also to address knowledge challenges and to share information.
Lack of effective **systems for referral** and ensuring continuity of treatment of the priority communicable diseases among migrants	- Establish an effective system for referral/cross-referral between countries by using digital health tools for tracking and facilitating the continuity of treatment and other services among migrant populations across the region.
One of the main public health concerns on migrant health follow-up is the rise of	- This is linked also to the need to improve laboratory networks, regional health security, infection prevention

multidrug resistant (MDR) and/or extensively drug resistant (XDR) TB	and control, access to good quality TB drugs, adequate access to transborder health services, quality of care, etc. - This can also be addressed through strengthening health systems

Other Potential Strategy Focal Areas

Main Challenges	Suggested main priorities and concrete ideas
Limited capacity for **research and development in healthcare**	- Establish regional mechanisms for identification and funding of research and development activities in healthcare in relevant high priority areas (e.g., MDR-TB).
Research on communicable and non-communicable diseases needs to be shared and best practices promoted through CAREC shared study reports.	- Already addressed by world-wide collaborations such as Cochrane, National Library of Medicine and others. One idea would be for the CAREC health initiative to select key topics for regional joint efforts (too many topics would be overwhelming); e.g., the regional challenge of rising cerebrovascular accident (stroke) deaths due to hypertension and diabetes. CAREC recommendations could be developed for the region, based on what has proven to reduce risk for cerebrovascular disease morbidity and mortality elsewhere in the world.
Social inclusion should be included as a proposed additional aspect to the already listed three aspects covered in the future CAREC strategy on health.	- Health-welfare could be facilitated through regional collaboration around methods and means such as data and digital tools and principles and practices. Types of data needed include public health information and surveillance (incidence, prevalence of disease), health systems performance data, resource allocation, clinical health records, supply chain and procurement information.
There is a lack of **differentiated technical support** at country level (country support).	- This should utilize an appropriate mix of modalities (such as policy dialogue, strategic support, technical assistance, service delivery) to meet emerging country needs.
Drug resistant TB is a huge health problem with high human and economic cost	- This can be better addressed though health system strengthening and strong regional cooperation.

Addressing Health Threats in the Central Asia Regional Economic Cooperation Countries & the Caucasus

Strengthening Regional Health Security (RHS)

Background

While the overall burden of diseases in the CAREC region is dominated by NCDs, Emerging Infectious Diseases (EID), and other communicable diseases continue to pose a significant burden and threat to human activities and economic growth in the CAREC region due to their transboundary nature and potential to spread fast and cause case fatalities.

The COVID-19 experience reconfirms the importance of investing in Regional Health Security (RHS) as a regional public good to mitigate large scale health and socioeconomic impact. Even before the outbreak of COVID-19, CAREC countries have been undertaking multiple efforts in improving Regional Health Security through national, regional, and global actions. Such efforts need to be sustained and strengthened to improve pandemic preparedness and control the spread of emerging and chronic infectious diseases in the region.

Technical areas for collaboration on Regional Health Security (RHS)

The WHO International Health Regulations (IHR) provide the global policy framework for emergency preparedness and response, which has been adopted by all CAREC WHO member states.

Based on the IHR, 13 priority technical areas for RHS have been identified:

1. Legislation and financing
2. IHR coordination and regional cooperation
3. Zoonoses and the One Health approach
4. Food safety
5. Laboratory services
6. Surveillance and response
7. Human resources for regional health security
8. National health emergency framework
9. Health service provision
10. Risk communication
11. Points of entry
12. Chemical and radiation events
13. Control of other diseases of regional relevance

Recommendations for strengthening RHS

(i) **Strengthen regional surveillance**, including regional modelling and forecasting. Regional surveillance initiatives may include:
- Further investing in early warning, surveillance, and rapid response systems through improving existing national infrastructure and regional cooperation on human and animal health surveillance, and their interface, as well as intersectoral collaboration on human, animal, and plant health
- Strengthening laboratory and diagnostic capacity, standards, and quality control through upgrading laboratory facilities, and aligning with regional and international standards
- Expanding existing bilateral and multilateral health cooperation initiatives/agreements to involve more CAREC countries
- Enhancing exchange of information and experiences among CAREC countries on cross-border EIDs, and with countries outside the CAREC region

(ii) **Strengthen the One Health approach**, particularly regarding food safety, the control of zoonoses, and combatting antibiotic resistance, through regional programs, policies, legislation, and research that allow multiple sectors to communicate and work together.

(iii) **Consider a gradual approach** given the status of cooperation in various areas of surveillance and the significant variations across CAREC in laboratory and diagnostic standards and quality control mechanisms for CDs (animal and human) and NCDs. Start by expanding sharing information in selected sectors (e.g., human health), and gradually advance the cooperation to establish a regional laboratory network with a reference laboratory to enhance regional laboratory and surveillance capacities.

(iv) **Containing the COVID-19 pandemic** over the short term, using activities such as:
- COVID-19 related information sharing,
- Distilling lessons learned and exchange of experiences in disease control

(v) Financing **medical equipment** to treat COVID-19 patients and for public protection and **vaccines.**

Supporting health systems development through regional cooperation

Background

While health systems strengthening is generally considered more of a national than a regional health priority, there are strong rationales for strengthening health systems through regional cooperation because of potential mutual benefits for CAREC countries.

From the national health systems perspective, NCDs and their risk factors put major strains on services delivery and stretch health sector budgets. They are likely to increase the health sector's burden in the future with population aging, lifestyle changes, and demand for medical technologies.

From the COVID-19 pandemic experience, reducing the burden of NCDs will minimize the spread and impact of Emerging infectious Diseases (EID). It will also reduce high out-of-pocket spending associated with chronic NCDs which are likely to weigh more heavily on low income groups. Regional technology transfer and capacity building in NCD services can achieve better prevention and treatment of NCDs. Joint action can mobilize resources and improve efficiency in controlling NCDs. Developing regional standards can also contribute to reducing CDs and NCDs through, for example, quality control of medicines and food products and harmonized taxation policies on "sin goods" (e.g. alcohol, tobacco).

While this analysis focusses on NCDs, building strong health systems through regional cooperation is equally important for controlling non-communicable diseases (NCDs), CDs and other priorities such as improving maternal and child health.

Technical areas for collaboration to support health systems development

Evidence shows that both population-based (e.g., tobacco measures and a reduction in salt intake) and individual-based interventions (e.g., drugs to prevent or manage CVD by reducing blood pressure or cholesterol) are effective at reducing the NCD burden. Both types of interventions lend themselves to regional cooperation within CAREC.

There are at least 4 areas for cooperation in health systems strengthening:

1. Multisector action to tackle non-communicable diseases: Harmonizing tax policies and food labelling
2. Information systems and digital health
3. Human resources for health
4. Improving access to medicines and technology

Collaboration can also be envisioned for strengthening capacity on quality of care across the region.

Recommendations for supporting health systems development

(i) **Harmonizing health policies and strategies** at regional level enhances NCD prevention and control efforts, especially for tobacco, alcohol, and food. This can lead to capacity building, technology transfer, economies of scale, and efficiency gains. Example areas:

(ii) **Human resources for health**: Most CAREC countries are facing a shortage of highly qualified health professionals, especially in rural areas. There is considerable migration of health professionals within and outside the CAREC region. Regional cooperation could include:

- Assessing health workforce requirements to support national health strategies toward achieving universal health coverage and SDGs
- Creating migrant health worker databases linked with employer databases (hospitals/clinics)

(iii) **Health information systems**: Regional cooperation on improving health information systems can focus on:

- Advancing interoperability of fragmented health information systems at national level facilitated by national eHealth strategies
- Facilitating harmonization of eHealth standards and strategy at regional level
- Investment in Information/Communication Technology, to improve access to regional trainings, sharing of information and knowledge, and diagnostic and clinical decision-making support
- Link underserved communities (including cross-border communities) to health care institutions and providers

(iv) Access to medicines and technology: (i) drug regulatory coordination, harmonization and reliance policies, (ii) facilitating pharmaceutical manufacturing in the region through transfer of technologies, and (iii) pooling of procurement of medicines in the region **for economies of scale**

Addressing Health Threats in the Central Asia Regional Economic Cooperation Countries & the Caucasus

Improving health care for migrant workers, mobile populations, and border communities

Background

Labor migrants, particularly the unskilled and undocumented, are often in poor working and living conditions, work under limited social protection and have poor access to health and other social services. These circumstances in turn may contribute to health hazards, especially infectious diseases. The economic rationale for providing access to healthcare for migrant labor is that it saves costs for healthcare systems of both origin and host countries. Infectious diseases cross borders bringing threats to migration and livelihoods of migrants and border communities. **Cooperation among countries to ensure access to health and social protection,** not only mitigates the threat but also increases control of infectious diseases.

Access to health care by undocumented migrants (with no contracts and healthcare not covered by the employer) remains a significant problem in CAREC. Providing health care for documented migrants remains difficult and its implementation has been slow.

Cooperation in providing **health care services across borders aims to bridge the gaps in regional healthcare provision** (due to economic, geographical or health system conditions), and eventually lower the cost of service provision across borders.

Existing initiatives

Acknowledging this regional issue, CAREC countries have been undertaking efforts at country and regional levels to provide social protection and healthcare access for migrants.

Example 1: Kazakhstan, Kyrgyzstan, and Tajikistan signed bilateral agreements on **cross-border cooperation for TB- and MDR-TB** control, prevention and care among migrant workers from Central Asia, and established a mechanism for exchanging information on TB patients among countries through the Euro WHO TB electronic platform (tbconsilium.org)

Example 2: Countries of the Commonwealth of Independent States (CIS) are introducing **electronic cards for migrant workers** under a July 2014 agreement. These cards contain migrants' personal data such as residence, employment status, health insurance coverage, and educational records. Once the mechanism is introduced, the countries can use the cards to facilitate access to healthcare for migrants by integrating the cards within an information system to access health services.

Example 3: Along the China-Pakistan Economic Corridor (CPEC) is a **facility building and service improvement** project. This is the China Pakistan Fraternity Emergency Care Centre and it was inaugurated in the port city of Gwadar, Pakistan in July 2017. It is the first facility (out of seven planned) with each center to be established according to the model of a community hospital in the PRC, with medical personnel, medical and communication equipment, and an ambulance. It was built to provide medical services to the workers along the CPEC. Prior to 2018, the ratio of Chinese to Pakistani patients was 8:2, it has since reversed to 2:8.

Recommendations for improving health care for migrants, mobile populations & border communities

Multiple modalities for regional cooperation in improving health services exist, ranging from:

- Assessing current state of portability of health care benefits and liabilities across borders
- Further develop health services and cross-border referrals along CAREC economic corridors (e.g., Almaty-Bishkek Economic Corridor),
- Develop joint strategies to improve access to health services for most vulnerable in border areas,
- Improving information at pre-departure stages,
- Updating and harmonizing provisions for access under bilateral agreements, and
- Expanding migrant health insurance schemes. Several CAREC countries are part of existing agreements under the CIS and/or EAEU framework.

There is potential to further assess cross-border health services along the CAREC economic corridors (e.g., Almaty-Bishkek Economic Corridor) and ascertain feasibility of cross-border specialty care. Some work has already been undertaken to upgrade cross-border facilities and enhance infrastructure and capacity, including for migrant workers.

VIRTUAL REGIONAL INCEPTION WORKSHOP ON FORMULATION OF CAREC HEALTH STRATEGY 2030