

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. E.g. 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**