

Addressing Regional Health Threats

Knowledge and Support Technical Assistance (KSTA)


WGH Country Consultations | Sept 2021

Objective of the Working Group on Health consultation

- Present proposed CAREC Health Strategy and Terms of Reference for the CAREC Working Group on Health
 - consult on the draft **CAREC Health Strategy** 2030 for finalization and further review by the CAREC National Focal Points Meeting which will be held in October 2021;
 - consult on the **Terms of Reference** for the CAREC WGH for finalization; and
 - receive country feedback.



Agenda



15:00-15:10

Welcome Remarks – Ms. Rie Hiraoka
– Ms. Sabina Ahmadova

15:10-15:30

CAREC Health Strategy 2030
Present draft CAREC Health Strategy 2030

15:30-16:00

Terms of Reference (TOR) for CAREC Working Group on Health (WGH)
Present TOR of WGH
Country feedback on Strategy and TOR

16:00-16:10

Break

16:10-17:25

Breakout sessions and summary of highlights

17:25-17:30

Closing Remarks – Ms. Xinglan Hu

**Developing a
CAREC Health Strategy
towards 2030**



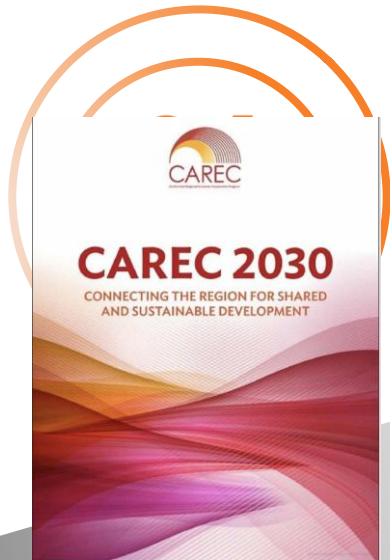
CAREC Program and CAREC 2030



- Partnership of 11 countries and development partners working to promote development through cooperation, leading to accelerated growth and shared prosperity
- CAREC 2030 strategy supports five operational clusters
- Human development including **health is a new sector**, supporting framework in addressing pandemics and cooperation on non-communicable diseases

Development of CAREC Regional Health Cooperation

CAREC 2030 prioritizes Health Cooperation under Human Development Cluster - 2017



Scoping Study on CAREC Health cooperation prepared 2020



Establishment of Working Group on Health – March 2021



Endorsement of CAREC Health Strategy 2030 - by Nov 2021



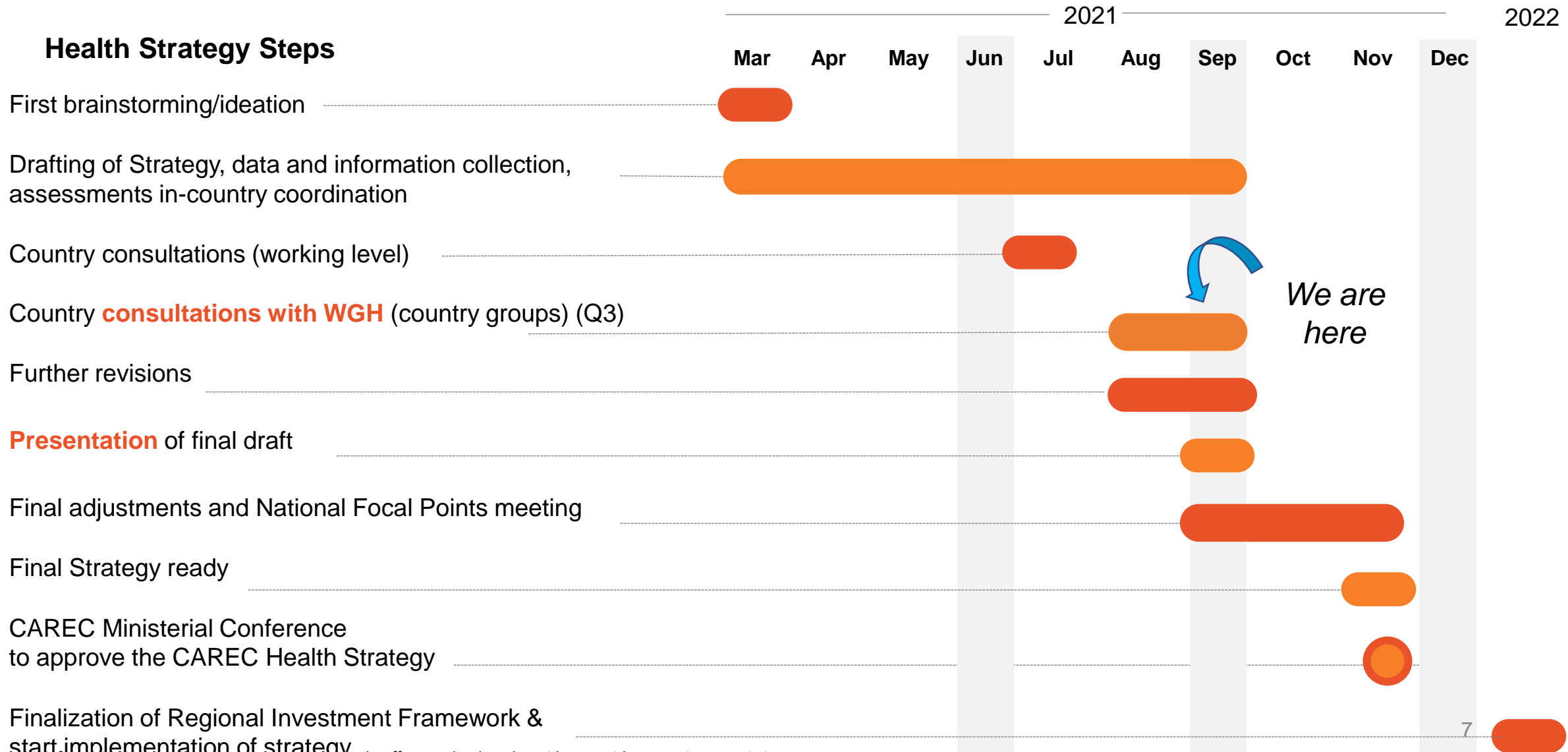
Regional Investment Framework – by 2022



Recommended cooperation in three areas:

- regional health security,
- health systems strengthening,
- improving health services for migrants, mobile populations and border communities

Timeline for development of the CAREC Health Strategy 2030



Methodology for drafting the CAREC Health Strategy 2030

- Gathered information on ***most pressing health needs and gaps*** in CAREC region and on ***lessons learned from the COVID-19 pandemic***, through following approaches:
 - a) further desk research based on findings of scoping study
 - b) national and regional assessments and
 - c) in-person meetings with representatives from the CAREC countries.
- Subsequently, **health needs were prioritized** through country consultations and prioritization matrix
- CAREC Health Strategy is **aligned with other CAREC Strategies**, such as the Gender Strategy, the forthcoming CAREC Digital Health Strategy, and builds on regional and global frameworks and initiatives

Methodology for drafting the CAREC *Health Strategy 2030*

STEPS

1 – Gathered lessons learned on COVID-19

2 – Desk research, assessments and consultations

3 – Problem tree analysis.

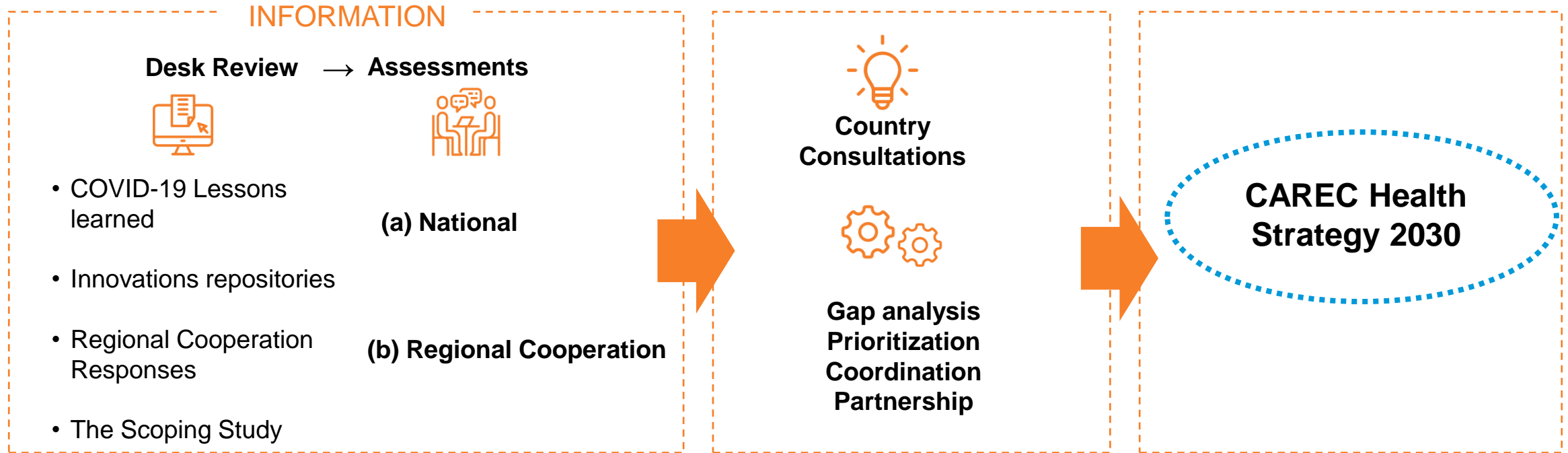
PURPOSE

1. To understand which factors affected the health systems of the CAREC region the most during the pandemic
2. To analyze **health needs in emergency situations**

1. To learn more about **health trends** in the CAREC region
2. To assess national and regional health policies
3. To **prioritize health demands** in the CAREC region

1. *Work out the **core regional health problems** for CAREC countries*
2. *Phrase a **vision** of the CAREC health strategy 2030 and its **guiding principles**, and*
3. *Draft the **CAREC strategic framework** for the health strategy, including the **main pillars, objectives and actions**.*

Health Strategy Development Process





CAREC Health Strategy 2030

Strategy Outline

- Background
 - Health Systems and Trends in the Region
 - COVID-19 Pandemic Impact and Lessons Learned
- CAREC Health Strategy 2030
 - Vision
 - Guiding Principles
 - Four Strategic Pillars and Actions
- Implementation Mechanisms for CAREC Health Cooperation
- Monitoring Outcomes of CAREC Health Strategy (Results Framework)



CAREC Health Strategy 2030

Lessons Learned - main aspects identified for optimal COVID-19 response:

1. Resilient and responsive health systems
 - that cope with stress of demands of pandemic
2. Government preparedness
3. Investments in the social determinants of health
 - To reduce deaths among people with NCDs
4. Using innovations
 - to adapt to new situations
5. Global and regional health cooperation and solidarity



CAREC Health Strategy 2030

Guiding Principles:

- Cooperation between countries
- Fostering multisectoral coordination
- A clear focus on benefitting the population
- Ensuring feasibility and an evidence-based approach
- Safeguarding sustainability and ownership
- Alignment with international policies and frameworks

Problem Tree Analysis

EFFECTS

Available resources (finance, staff, equipment) ineffective

Limited response to new situation prolongs pandemic

Inappropriate, inefficient response to crisis

Insufficient lab diagnosis of cases leads to more spread of infection

NCDs lead to worse outcomes in infected cases

Lack of quality tests, PPE, medicines and equipment

Supplies/ equipment costly & low quality, slow to arrive

Spread of disease from people/ animals crossing borders

Poor health outcomes for labor migrants

CORE REGIONAL HEALTH PROBLEM

Poorly controlled health threats
(slow and uncoordinated response; disease; deaths)

CAUSES



Coordination response

Poorly coordinated emergency response

Slow take-up of new ideas to address new problems

Lack of surveillance/ data sharing among countries

Inconsistent (COVID) treatment guidelines

Slow release of available finances

Technical/human capacity

Lack of facilities for testing at entry points

Standards of lab services not well controlled/ recognized

Lack of trained staff/ epidemiologists in pandemic situation

Low quality/quantity of data analysis/research

Slow, non-evidence-based emergency response planning

Supplies/ Equipment & Services

Inefficient Supply Chain Management

Procurement: lack of competition/ poor quality (counterfeits)

Slow procurement procedures

Inadequate NCD prevention, diagnosis, treatment

Low digital skills across health sector areas (e.g., SCM)

Migrants/ mobile population

Movement of migrants & mobile populations poorly monitored

Difficult for labor migrants to access health services

Unrecognized infectious diseases among labor migrants/livestock

CAREC Health Strategy 2030

Proposed vision of the CAREC Health Strategy 2030

Public health threats in the CAREC region

- are addressed comprehensively, efficiently and sustainably,*
- through adopting a regional approach,*
- while safeguarding the needs of the most vulnerable segments of the population.*

Health Security as entry point for regional cooperation **is defined as** the activities required, both proactive and reactive, to **minimize the danger** and impact of acute public health events that endanger people's health across geographical regions and international boundaries (WHO).

GOAL

Enhance regional health security

PILLARS

PILLAR 1
Response to emergency public health threats

PILLAR 2
Technical and human capacity

PILLAR 3
Procurement and supplies

PILLAR 4
Services for migrants and mobile populations

ENABLING FACTORS

Institutional Setup
Political commitment
Multi-sector coordination
CAREC Institutional Support

Partnerships
Stakeholder engagement
Development partner synergies
Geographic clusters/ economic corridors

Capacity Support
Training/ knowledge sharing
Research/knowledge products
Equipping

Digital health/ Innovation

Gender

CROSS - CUTTING

Focus areas for improvement

PILLARS		Strategic Objectives	
1	Response to emergency public health threats	1.1	Improved inter-ministerial and multisectoral coordination and governance in the CAREC region to respond to epidemic and pandemic health threats
		1.2	Effective surveillance response to public health threats including the current COVID-19 pandemic (e.g., sharing of electronic data, standardized surveillance systems, regional dashboards with automated early warning system, and regionally aligned information materials for awareness on communicable diseases)

Actions: how to respond emergency public health threats

- (i) improvement of inter-ministerial and inter-sectoral **coordination** and governance
- (ii) improvement of **shared electronic surveillance data**
- (iii) improvement of technical **skills for early warning**, alert and response in emergencies
- (iv) improvement of **regional alert and early warning systems** for infectious disease outbreaks among humans and animals including anti-microbial resistance (One Health; Emergency Operating Centres).

Focus areas for improvement

PILLARS		Strategic Objectives	
2	Technical and human capacity	2.1	Sufficient workforce skills and capacity , especially in public health and epidemiology and research, for planning and implementing effective measures and innovations in response to public health threats including the current COVID-19 pandemic.
		2.2	Sufficient laboratory infrastructure and management according to international quality and biosafety requirements.
		2.3	Effective infection control measures in border regions to protect travelers and the population including for COVID-19 cases



Actions for improving technical and human capacity (1)

- (i) strengthen **capacity** across the CAREC countries of **health policy, planning, and management** through regional capacity building and knowledge sharing
- (ii) strengthening **knowledge and skills** of public health and epidemiological workforce
- (iii) strengthening of national and regional **laboratory networks** and **laboratory systems** for testing



Actions for improving technical and human capacity (2)

- (i) improving laboratory infrastructure and management according to international quality and biosafety requirements
- (ii) expanding test and quarantine facilities in border regions
- (iii) improving **research and best practice** results
- (iv) Improve the infrastructure and technical capacity of testing and quarantine facilities in cross-border areas in the region.

Focus areas for improvement

PILLARS		Strategic Objectives	
3	Procurement and supplies	3.1	Effective regulatory mechanisms and standards for medications and supplies.
		3.2	Efficient national and regional procurement mechanisms for medications and supplies.
		3.3	Reliable supply chain management that assures sufficient supply/stocks for emergency situations.

Actions for strengthening procurement and supplies

- (i) improvement of regulatory mechanisms (incl. authorization, registration, importation), standards and procedures for medicines, laboratory equipment and supplies, e.g. through harmonization
- (ii) improvement of procurement activities
- (iii) create more competitive and efficient market mechanisms to increase supply and reduce prices for medicines and supplies
- (iv) Improvement of visibility and management of the end-to-end procurement and supply chain from manufacturer through to consumption
- (v) streamline movement of goods in the region
- (vi) development of Procurement and Supply Management, Human Resources (HR) workforce and alignment across the region, including approach, training, and tools;
- (vii) improvement of supply and stocks for emergency situations, including use of Virtual Control Rooms (e.g., situation rooms), joint opt-in procurement mechanisms; and
- (viii) further develop considerations for regional manufacturing.

Focus areas for improvement

PILLARS		Strategic Objectives	
4	Services for migrants & mobile populations	4.1	Improved access to health and social services and follow-up options for labor migrants crossing borders in high numbers.
		4.2	Decreased burden of communicable diseases among migrant population



Actions for improving services for migrants and mobile populations

- (i) research on **needs of CAREC cross-border communities** and mobile populations
- (ii) improvement of **accessible health and social services**, incl. continuity of care across borders
- (iii) improvement of good quality treatment for migrants with TB and HIV
- (iv) improved and gender-sensitive Risk Communication and Community Engagement **strategies** for vulnerable groups and border communities
- (v) regional mechanism established for linking registration of documented migrants to social security services.

Cross-Cutting Issues

Cross-Cutting Issues	Digital Health/Innovations	
		Sufficient health information systems , data management, regional knowledge sharing and innovation capacity.
	Gender	
		Disaggregation of data by gender assured; specific needs of women considered in health planning and design of services and buildings



Actions for achieving gender equity

- (i) **informing about gender concepts**, meanings, gaps, and implementation options in health projects;
- (ii) including specific needs of women in health planning and designing of services;
- (iii) **improving RCCE strategies** to address women's needs effectively.



Actions for improving Digital Health services

- (i) Identify countries' digital health priorities and assess its digital health landscape.
- (ii) In partnership with willing CAREC member countries, conduct gaps assessment for achieving graded stepwise health system data interoperability.
- (iii) Based on the gap analysis, propose health data exchange architectures, application interfaces and standards which enable data to be accessed and shared appropriately and securely across the complete spectrum of care in CAREC member countries and between when such sharing is decided to take place, within all applicable settings and with relevant stakeholders and provide necessary training.
- (iv) Launch practical initiatives for cross-CAREC unified coding of health data, through CAREC-wide promotion of WHO recommended International Classification of Disease ICD-10 (and upcoming ICD-11) and International Classification of Primary Care (ICPC), to help ensure cross-country compatible and comparable data in national health IT systems IT and databases.
- (v) Implement standardized and interoperable health information systems to overcome separate vertical systems, and different overlapping sources of data.
- (vi) Adopt methods to enable cross-border data sharing and use
- (vii) Develop digital health leadership in the region and foster knowledge exchange between countries.



Actions for supporting Innovations

- (i) Create **awareness** on existing national, regional, and global **innovative solutions**.
- (ii) Offer **capacity building workshops** and webinars on innovative solutions.
- (iii) Consider **a fund** for supporting innovations in emergencies.
- (iv) Support creation of a regional **knowledge exchange platform**

Cooperation between countries and enablers

- Cooperation between countries:
 - Can happen across **entire CAREC region**, at **sub-regional level** with countries cooperating **bilaterally** or in **clusters**
 - Should **complement national efforts** for strengthening health systems as well as improving health security

The enabling factors include:

- The existing **institutional setup/membership** of various regional groupings or bilateral agreements (ECO, SCO, SAARC, BSEC, CIS)
- **Partnerships/capacity support from DPs** (WHO, USG, EU, etc.)
- **Lessons learned** from current pandemic experience emphasizing the **importance of regional cooperation and solidarity**

Results Framework

Outcome (Vision)		Outcome Indicators
Public health threats in the CAREC region are managed comprehensively, efficiently and sustainably, while safeguarding the needs of the most vulnerable segments of the population.		Incidence of EIDs among population Average IHR score of CAREC countries
Increased regional cooperation in health*		Number of CAREC countries that incorporate joint regional approaches and cross-sector activities in their UHC and/or health sector strategies or plans
Strategic Pillars	Outputs	Output Indicators
1. Response to emergency public health threat	<ul style="list-style-type: none"> Improved inter-ministerial and inter-sectoral coordination and governance in the CAREC region to respond to epidemic/pandemic health threats 	Intersectoral Support Framework is established Number of meetings per year of CAREC health-related Technical Working Groups
	<ul style="list-style-type: none"> Effective harmonised surveillance response to public health threats including the current COVID-19 pandemic 	Number of countries with improved harmonised pandemic early warning systems Number of CAREC countries using standardized surveillance measurements
	<ul style="list-style-type: none"> CAREC countries' capacity to jointly respond to regional health threats enhanced* 	Number of CAREC government officials trained on regional health security and number of countries that share information on human infectious diseases with other countries for cross-border surveillance
2. Technical and human capacity	<ul style="list-style-type: none"> Sufficient workforce skills and capacity, especially in public health/ epidemiology and research, for planning and implementing effective measures and innovations 	Number of health-related personnel (sex-disaggregated) trained through CAREC support to address issues related to health security Number of research initiatives developed through CAREC support focusing on regional health security issues
	<ul style="list-style-type: none"> Sufficient laboratory infrastructure and management according to international quality and biosafety requirements. 	Number of CAREC-supported diagnostic laboratories with recognized capacity for providing high quality PCR analysis
	<ul style="list-style-type: none"> Effective infection control measures in border regions to protect travelers and the population 	% compliance with IHR core capacity requirements at designated airports, ports and ground crossings

Results Framework (2)

Strategic Pillars	Outputs	Output Indicators
3. Procurement and supplies	<ul style="list-style-type: none"> Effective regulatory mechanisms and standards for medications and supplies. 	Regional cooperation mechanism established to strengthen regulatory capacity
	<ul style="list-style-type: none"> Efficient procurement mechanisms for medications and supplies. 	Number of regulations among CAREC countries harmonized for the importing of medical products Regional procurement mechanisms developed (information sharing to actual procurement)
	<ul style="list-style-type: none"> Reliable supply chain management that assures sufficient supply/stocks for emergency situations. 	Regional Supply Chain Risk Management Plan developed
4. Health services for migrants and mobile populations	<ul style="list-style-type: none"> Improved access to health and social services and continuity of care for labor migrants and border communities 	Research conducted on needs of CAREC cross-border communities and mobile populations, including women and vulnerable groups Regional mechanism established for linking registration of documented migrants to social security serv
	<ul style="list-style-type: none"> Decreased burden of communicable diseases among migrant population 	Number of regional collaboration projects for trans-border support to migrants with chronic infectious diseases (eg TB, HIV)

Results Framework (3)

Strategic Pillars	Outputs	Output Indicators
	<ul style="list-style-type: none"> Decreased burden of communicable diseases among migrant population 	Number of regional collaboration projects for trans-border support to migrants with chronic infectious diseases (eg TB, HIV)
Cross Cutting Themes	<ul style="list-style-type: none"> Disaggregated statistical measures of routine health security surveillance 	Number of CAREC countries with capacity to collect disaggregated routine surveillance data on EIDs Research conducted on the sex-differentiated effects of the pandemic especially the health workers, patients, households, and working population.
	<ul style="list-style-type: none"> Digital interventions/ innovations piloted to improve health security response 	Number of CAREC nationally agreed vision and roadmaps for the interoperability of information systems
Institutions and governance	<ul style="list-style-type: none"> Institutional platform for regional health cooperation established* 	Number of joint regional health solutions developed under CAREC

CAREC Working Group on Health (WGH)

Proposed Terms of Reference

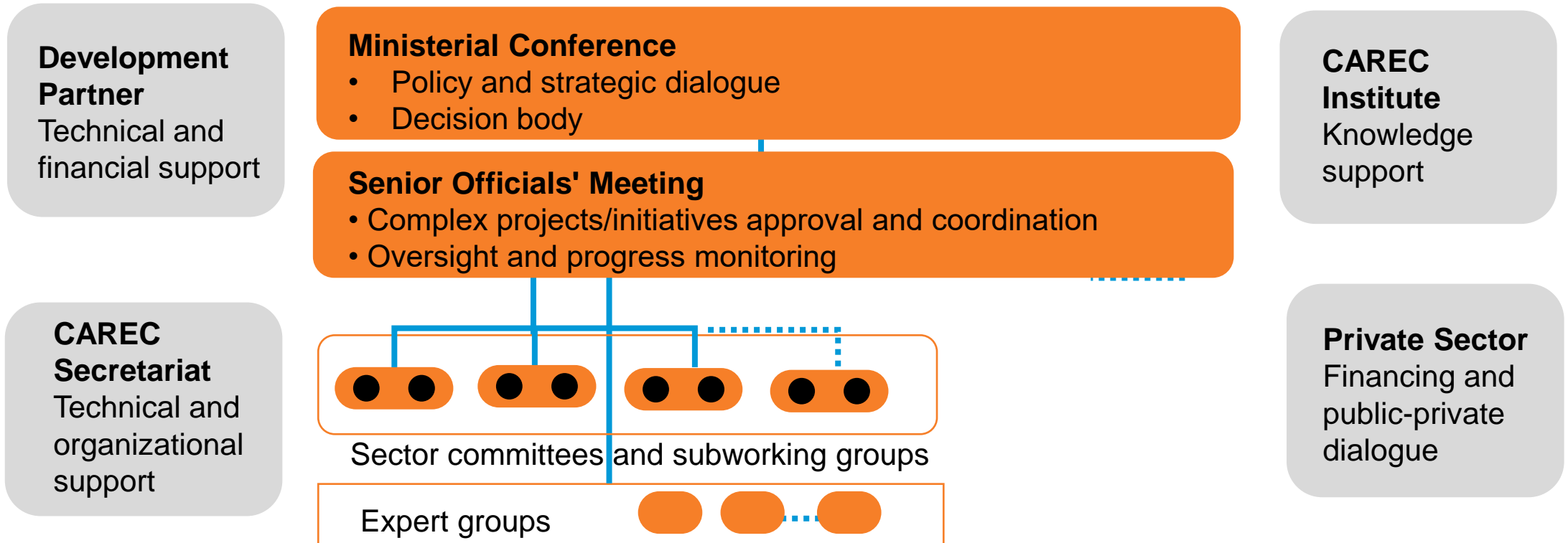


CAREC Institutional Framework

Operational Clusters

- Economic and financial stability
- Infrastructure and economic connectivity
- Trade, tourism, and economic corridors
- Agriculture and water
- Human development

ICT cuts across all the above clusters



Working Group on Health is expected to:

1. Support development and operationalization/implementation of the CAREC Health Strategy 2030 and Regional Investment Framework, which would require:

- Ensuring CAREC Health Strategy 2030, is relevant and aligned with regional and national policy priorities requiring coordinated and collaborative action at regional level.
- Facilitating endorsement of CAREC Health Strategy 2030 at national level, coordinating its implementation with national and regional counterparts and partners, and monitoring and reporting on strategy implementation, progress and achieved impact with support from CAREC Secretariat.
- Contributing to development of CAREC Regional Health Investment Framework.
- Providing a forum for coordinating assistance plans and support of international development partners on regional health issues, and working with them to identify and mobilize additional resources for proposed regional investments in health.
- Contributing to development of detailed annual work plans-supported by CAREC Secretariat and identifying concrete outputs.

2. Assure adequate engagement of and coordination with regional actors, namely:

- Cooperating and coordinating with relevant operational clusters and sectors under CAREC Program, such as transport, trade and tourism as necessary.
- Working with the existing CAREC networks and other regional groupings and initiatives on regional cooperation in health, including academic and education networks (university alliance for academic exchange, research funders, medical education, and public health training).

3. Contribute to development and implementation of a supportive environment for regional health cooperation through:

- Facilitating or forging memorandum of understandings among CAREC countries dealing with common issues (e.g., health security, laboratory capacity enhancement, migrant health, drug regulation, necessary human resource development, etc.).
- Formulating input(s) for regional health cooperation across the government, working and coordinating, as appropriate, with
 - relevant line ministries and government agencies
 - relevant non-health national line ministries and government agencies on multisectoral issues
 - sub-national levels of government (e.g., those in border areas)
- Supporting information exchange activities focused on priority regional health issues and needs and promoting knowledge sharing through multiple channels, including online and face-to-face meetings, regular workshops, and meetings, and through repositories or databases.
- Suggesting priority focus areas for operational research, reviews, assessments, surveys, and other knowledge products necessary for the CAREC Health Strategy implementation.

Working Group Membership and Responsibilities

Each country designates at least **three senior working group members** of which one shall be appointed as the **WGH focal point** charged with the powers and responsibility to represent the country in the WGH and bearing responsibility for day-to-day communications.

Proposed Roles and Responsibilities

- Participating on behalf of country in online or physical meetings and conferences.
- Representing the WGH and the country in regional events relevant to promoting regional health cooperation and joint initiatives.
- Reviewing documents prepared for WGH meetings and formulating and presenting country's position on various issues and proposals.
- Sharing and reporting information from WGH meetings with respective national government authorities to acknowledge and approve issues and proposals, including regularly coordinating with and reporting to CAREC National Focal Points.
- Where necessary, tapping into national experts, organization(s) and other line ministries to provide necessary technical inputs required for WGH activities.
- Supporting implementation of activities outlined in CAREC Health Strategy 2030.
- Coordinating and monitoring implementation of activities at country level with support from CAREC Secretariat.
- Reviewing strategy, action plan, annual report(s), and other documents as appropriate before dissemination.
- Reviewing WGH reports before submission to higher-level officials.



Working Group on Health

Governance of Working Group on Health

WGH is chaired by countries on a rotational basis in alphabetical order, following the CAREC chairmanship rules.

- WGH with support from the CAREC Secretariat is accountable to CAREC Senior Officials Meeting (SOM) by preparing necessary inputs. Chairperson of WGH bears responsibility for delivering inputs.
- Annual progress reports are submitted to Senior Officials before the SOM. This includes reporting progress against the [CAREC 2030 Program Results Framework](#), which proposed CAREC Health Strategy results framework is aligned with.



Working Group on Health

CAREC Secretariat

WGH and WGH chairperson are supported by CAREC Secretariat responsible to:


- Schedule and convene WGH meetings and support communications between ADB members, other development partners, and agencies in CAREC region.
- Prepare necessary materials and documents for WGH meetings and deliver to WGH members before meeting.
- Coordinate WGH activities and manage day-to-day operations of the WGH and serve as the central contact point for information collection and exchange among WGH members.
- Where necessary, bring together key stakeholders, technical experts, and consultants to cooperate on developing and implementing responses to regional health issues.
- Assist in monitoring and reporting on the status and impact of implementation of the CAREC Health Strategy 2030 and annual work plan as input to relevant meetings.



Working Group on Health

Working Group on Health Operations

- An annual meeting of the WGH with development partners, CSOs, and other relevant organizations. The WGH meeting will serve as a forum for strategic discussion and strategic and operational planning.
- WGH business or operational meetings convened on needs-basis throughout year, on-site or virtually, to address emerging administrative and operational issues related to the WGH and CAREC health strategy implementation.
- Secretariat will organize on-site or virtual thematic meetings or workshops on needs-basis.
- In-country or virtual coordination meetings and cross-border meetings will be organized when needed.
- The WGH will prepare an annual work plan to guide activity implementation and monitoring. CAREC Secretariat will prepare and share progress reports and the minutes/reports of the meetings with governments, development partners, and other relevant CAREC groups. This includes periodic reports for the CAREC Senior Officials on the outcome of WGH meetings and to the CAREC Ministers on the overall progress of subregional health cooperation. WGH members review and approve the reports before dissemination.



Breakout Sessions – Main Objectives

- To provide **views and insights on the draft strategy**, which will be further refined for finalization following the workshop.
- To request **feedback and suggestions** from the participants on:
 1. Principles
 2. Four strategic pillars
 - Objectives and proposed actions
 3. Enablers, incl. geographic clusters
 4. TOR of WGH
- To clarify any other open questions participants have