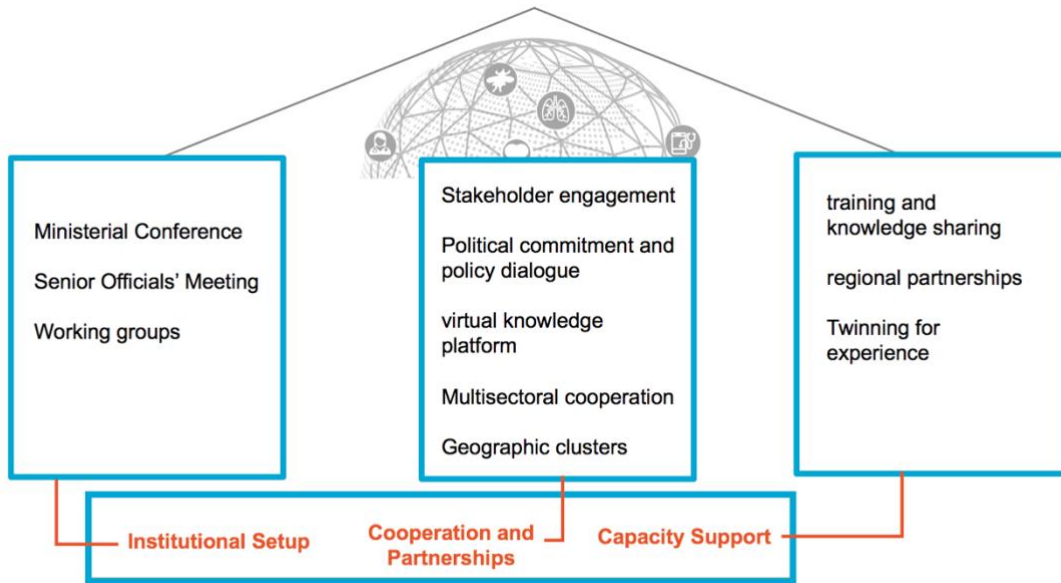


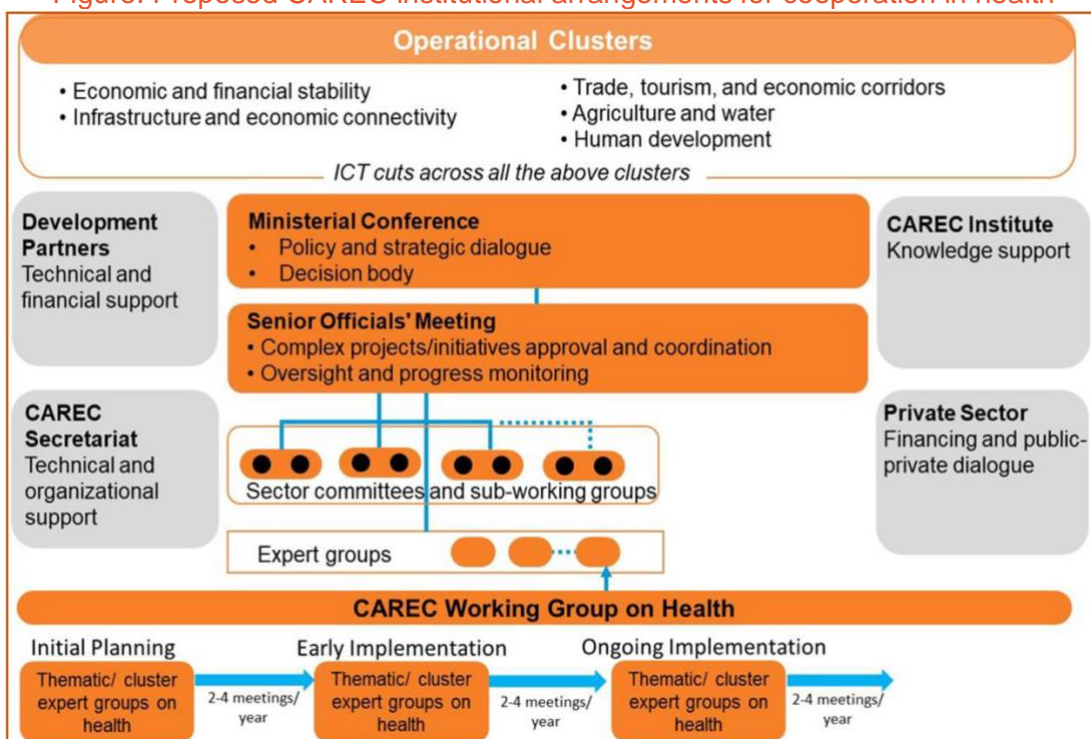
Implementation Mechanisms for CAREC Health Cooperation



Institutional Setup

For the CAREC countries to develop regional cooperation in health, an institutional structure must be established. The CAREC institutional structure, shown in Figure below, will be taken as a starting point for aligning and incorporating the appropriate institutional arrangements for the CAREC Health Strategy. At the top, the CAREC Ministerial Conference functions as the main high-level policy and decision-making body, responsible for providing strategic guidance on issues of regional relevance and accountable for the overall results of the CAREC program. The Senior Officials' Meeting monitors progress on all operational clusters and sectors, recommends operational improvements, and ensures that the high-level decisions, made at the CAREC Ministerial Conference, are effectively implemented.

Figure. Proposed CAREC institutional arrangements for cooperation in health



At the sector level, the overall CAREC health work will be led initially by the CAREC WGH.¹ This group is composed of high-level representatives from the health-related government agencies with multidisciplinary expertise in various sectors including agriculture, environment who were appointed by each CAREC country since March 2021. The WGH would also include development partner representatives including WHO global and/or regional representatives, upon their willingness and availability. The CAREC Secretariat has been made responsible to provide technical, administrative, and organizational support during implementation of the CAREC Health Strategy 2030.

The WGH will be tasked to: (i) support the development and implementation of the CAREC Health Strategy 2030 and the Regional Investment Framework; identify and mobilize additional resources from other development partners for proposed regional investments in health; lead the planning and delivery of health cooperation projects and activities at the country level. (ii) assure adequate engagement of and coordination with regional actors such as other operational clusters and sector committees and/or working groups, other regional networks and groupings academic, educational or others; and (iii) contribute to the development and implementation of a supportive environment for regional health cooperation taking into account gender equality issues through linkages, as needed, with the CAREC Regional Gen-der Expert Group.

The WGH will be chaired by CAREC countries on a rotational basis following the CAREC chairmanship rules. The WGH, with support from the CAREC Secretariat, will be accountable to the CAREC Senior Officials' Meeting for delivering on the assigned tasks. It will also be responsible for regional action planning and development of health pipeline projects for inclusion in Regional Investment Framework 2022-2026. In addition, the WGH will develop a rolling biennial workplan for each strategic pillar which will detail output-based and time-bound actions toward agreed milestones. Outputs may include research, knowledge products, capacity building activities or policy-related actions, or other deliverables defined in the rolling workplan.

There will be regular reporting of implementation progress against the work plan. Results will guide forward planning and milestone review, as well as provide lessons for adjusting activities and implementation mechanisms. This process of reflection and review ensures flexibility during strategy implementation to respond to the evolving programming context. The WGH, through the CAREC Secretariat, will track and compile results for reporting within the CAREC program. The WGH will be supported at the country level by the focal point—WGH Country Focal—nominated by each CAREC country, who will serve as the contact point for the CAREC Secretariat and the focal point for in-country liaison with the health ministry and related non-health agencies and sectors.

The institutional mechanism of the CAREC program serves to facilitate and strengthen CAREC health cooperation within and beyond the health sector. Horizontal linkages between the CAREC WGH and other sector working groups and/or committees will be formed through a variety of means, including the participation of non-health sector stakeholders in WGH meetings, convening of cross-sector thematic discussions, and engagement of non-health stakeholders in project fact-finding and project preparation missions.

Vertical linkages between the WGH and the CAREC Senior Officials Meeting (SOM) and CAREC Ministerial Meeting provide a mechanism to elevate the profile of health cooperation within the CAREC program. Following the practices of other CAREC sectors, the opportunity to convene meetings of CAREC health ministers as appropriate on consensus base will be explored as a mechanism to support high-level policy dialogue and decision-making on issues critical to health cooperation in the region. The CAREC Institute will support the implementation of the CAREC Health Strategy 2030 through providing knowledge and technical analysis, including knowledge sharing among CAREC countries, as well as with developing member countries in other countries and regions.

¹ Depending on the pace and scale of the progress, made by the working group, it can later evolve into a full-fledged sector committee, like in more advanced CAREC sectors of transport and energy.

Collaboration with the Regional Expert Working Group on gender issues according to the identified CAREC Gender Strategy health-related issues will be sought. These include strengthening surveillance systems across borders for control of CDs and NCDs and improving access of women and men to quality medicines at more affordable costs across the region. In addition, there can be exploration and sharing knowledge on new technologies and digital solutions such as cross-border telehealth and e-health services. This will enhance access, particularly of women, who have constrained mobility.

Cooperation and Partnerships

Stakeholder engagement will be critical to enable the strategy implementation and to provide technical expertise and financing. In particular, the cooperation and support of those active in fields of regional cooperation in health will be sought. In each of the countries, such stakeholders will likely include UN agencies, international finance institutions, bilateral development agencies, other development partners, civil society and community-based organizations, youth-led organizations, and academic institutions. In the CAREC region, those most likely to be involved include WHO, UNICEF, CDC, Global Fund to fight AIDS, TB and Malaria, the World Bank, ADB, China International Development Agency and United States Agency for International Development (USAID).

Regional collaboration needs to be built on synergies among such agencies and existing initiatives through regular exchange of information and developing collaborative partnership frameworks to combine knowledge, skills, capabilities and explore new funding mechanisms. In addition, mechanisms for developing partnerships with private entities in key areas such as public-private partnerships and insurance, data collection and statistics, surveillance, clinical and management, education, and skills development will be explored. Different approaches will be needed for cooperating with different groups of partners. For example, development partners who may be involved in several existing activities or who may have a mutual interest in promoting regional cooperation on relevant health security topics can become partners in regional cooperation projects and capacity development initiatives. Collaboration with intergovernmental organizations may be sought through improved knowledge sharing and dialogue. Existing regional health initiatives could be expanded to include more CAREC countries, or used as a framework for health cooperation, e.g., ABEC, FELTP. Cooperation with local governments in border areas will be sought as appropriate and where they carry out important public health functions. Where possible cooperation with community-based organizations shall be explored to implement activities in border areas.

Political commitment and policy dialogue, understanding and agreement facilitated by health policy dialogue and coordination amongst CAREC countries will be required to guide and lead the implementation of the CAREC Health Strategy 2030. This may involve close coordination and communication between countries at several levels including developing agreements and facilitating relevant data sharing, and joint mechanisms for capacity building. Linked to this is the need for clear governance and leadership with efficiently functioning organizational structures. **Creating a virtual knowledge platform** for CAREC countries may be relevant for sharing ideas and enabling health cooperation.

According to the national assessments carried out, the common national institutions responsible for regional cooperation in the health sector may include Ministries of Health, the Health Committee of the Parliament, President's office, Prime Minister's office, and Ministry of Foreign Affairs. They support implementation of the respective policies and programs at operational level, through such agencies as Departments of International Cooperation, National Food Safety Agency, Sanitary and Epidemiological Control Committee etc. (see Appendix 1 in the draft CAREC Health Strategy).

Multisectoral cooperation at national and local level is needed since health care, as evidenced by the current COVID-19 pandemic, requires action by several sectors including trade, tourism, environment, agriculture, customs control, and labor migration. This is particularly true for the CAREC group of countries, for whom there are shared borders through which the spread of disease requires collaborative measures.

Geographic clusters shall be encouraged for addressing health security issues among the CAREC countries where there are shared borders, political-cultural affiliations, and common interests. Geographic country clusters can facilitate effectively combining some activities and implementing agreements between certain countries. Based on immediate geo-graphic proximity and shared borders, and on existing health-related alliances and agreements, the proposed clusters are selectively detailed in Box:

Box: Selected Proposed Geographic Clusters

- (i) Azerbaijan, Georgia, and Kazakhstan (Azerbaijan and Georgia share common borders and may cooperate in the Lugar Center, all three cooperate in One Health: participating in the Electronic Integrated Disease Surveillance System).²
- (ii) Tajikistan, Uzbekistan, Kyrgyz Republic, Turkmenistan (share extensive common borders, language, culture, socioeconomic factors, bilateral agreements related to cross-border TB prevention and control to facilitate surveillance and referral of infectious diseases.)³
- (iii) Mongolia, PRC (share common border, participate in similar projects on aligning food safety, animal health and plant health with the World Trade Organization's SPS Agreement, similar infectious disease surveillance and investigative response initiatives).⁴
- (iv) Azerbaijan, Georgia, Kazakhstan, Kyrgyz Republic, Pakistan, Uzbekistan, and Mongolia implemented join the FELTP program.⁵
- (v) PRC, Pakistan vaccine related activities: National Institute of Health of Pakistan cooperation with CanSinoBio (People's Republic of China-based vaccine developer) and the Beijing Institute of Biotechnology.⁶
- (vi) Azerbaijan, Kazakhstan, Kyrgyz Republic, Tajikistan, Turkmenistan, Uzbekistan (develop ideas for joined actions under the UN SPECA).⁷
- (vii) Kazakhstan, Kyrgyz Republic, Tajikistan, Turkmenistan, Uzbekistan join the Central Asian Leadership Program of education for sustainable development.⁸
- (viii) Countries along economic corridors such as ABEC.

Capacity Support

Through the CAREC health initiative, ideas will be generated for **training and knowledge sharing** activities. Potential study tours or simulation exercises may enhance the capacity of relevant leaders and promoters of the CAREC health initiative. One approach to be considered for regional health capacity building is to explore strategic **regional partner-ships** – either within CAREC or outside the region, such as China CDC and the China National Health Development Research Center in PRC, the Robert Koch Institute in Germany or the Center for Global Health at the Graduate Institute of International and Development Studies in Switzerland with expertise in health security, health diplomacy and other areas to support implementing regional cooperation. In addition, the role of the CAREC Institute in facilitating capacity development and coordination in the health sector could be further explored.

2 Burdakov, A. Ukharov, and T.G. Wahl. 2013. One Health Surveillance with Electronic Integrated Disease Surveillance System. *Online Journal of Public Health Information*. 5 (1). pp. e199.

3 Stop TB Partnership. Press Release. 2017. [Central Asia addresses cross-border Tuberculosis Prevention and Control Among Migrants](#).

4 ADB. 2015. *Henan Sustainable Livestock Farming and Product Safety Demonstration Project*. Manila; ADB. 2015. *Regional Upgrades of Sanitary and Phytosanitary Measures for Trade Project*. Manila.

5 National Institute of Health. [Field Epidemiology & Laboratory Training Program \(FELTP\)](#).

6 Reuters. 2021. [Pakistan produces Chinese CanSinoBio COVID vaccine, brands it PakVak](#).

7 UNECE. [United Nations Special Programme for the Economies of Central Asia \(SPECA\)](#).

8 Regional Environmental Centre for Central Asia. 2021. [The Central Asian Leadership Program of Education for Sustainable Development \(Calpesd\)](#).

Twinning for experience and procedural how-to-do skills-sharing is another approach worth exploring. This could include both, institutional twinning, and with professional twinning between specialists from CAREC countries and with input of international “twin” specialists from other countries in providing technical assistance (TA) to various CAREC regional or country-centered efforts to build capacity. This could involve (i) TA for experience exchange in adapting clinical practice guidelines to match current antibiotic resistance situations, (ii) twinning in exchange networking for lab specialists or (iii) twinning among decision makers in skills and methods to interpret epidemiological data for guiding pandemic containment measures.

Research and knowledge products can be developed to help ensure that health activities are feasible and sustainable. There should be an emphasis on basing future projects around regional cooperation on the best available evidence. Knowledge products may serve to build capacity in CAREC countries in appropriate topics and fields of interest to countries.

Regional Investment Framework

To support the implementation of the CAREC Health Strategy 2030, a regional investment framework for 2022-2026 will be developed to guide partner investments and meet the gap in effectively addressing key regional needs, including protecting vulnerable populations in border areas. The investment framework will serve as a tool for prioritizing projects and will allow for greater coordination among development partners and mobilization of resources. The investments shall cover regional projects and initiatives under the four strategic pillars. It will detail relevant project proposals and outline the investment case of each. The framework will include potential public-private partnerships if appropriate, with indicative budgets, cost-benefit analyses, and recommendations for including gender-sensitive elements.

In recognition of the varying levels of development and capacity of CAREC countries, flexibility will be needed allowing two or more countries to implement regional projects and initiatives. CAREC health cooperation projects will form an integral part of the Regional Investment Framework 2022-26. Projects included in this framework will align with the CAREC Health Strategy priorities and address criteria for regionality, that is, projects that contribute to CAREC health cooperation outcomes through either:

- (i) A joint initiative (cluster) of two or more CAREC countries, or
- (ii) A single country initiative that has a clear impact on other CAREC countries.

The investment framework will be updated on a regular basis to guide programming and mobilize development partner resources. The Regional Investment Framework 2022-26 will include initiatives financed by ADB, CAREC governments, other development partners, and initiatives for which a financing source will be identified.

A full document of draft CAREC 2030 Health Strategy is available at <https://www.carecprogram.org/uploads/MC-2021-CAREC-Health-Strategy-2030-20211711-EN.pdf>