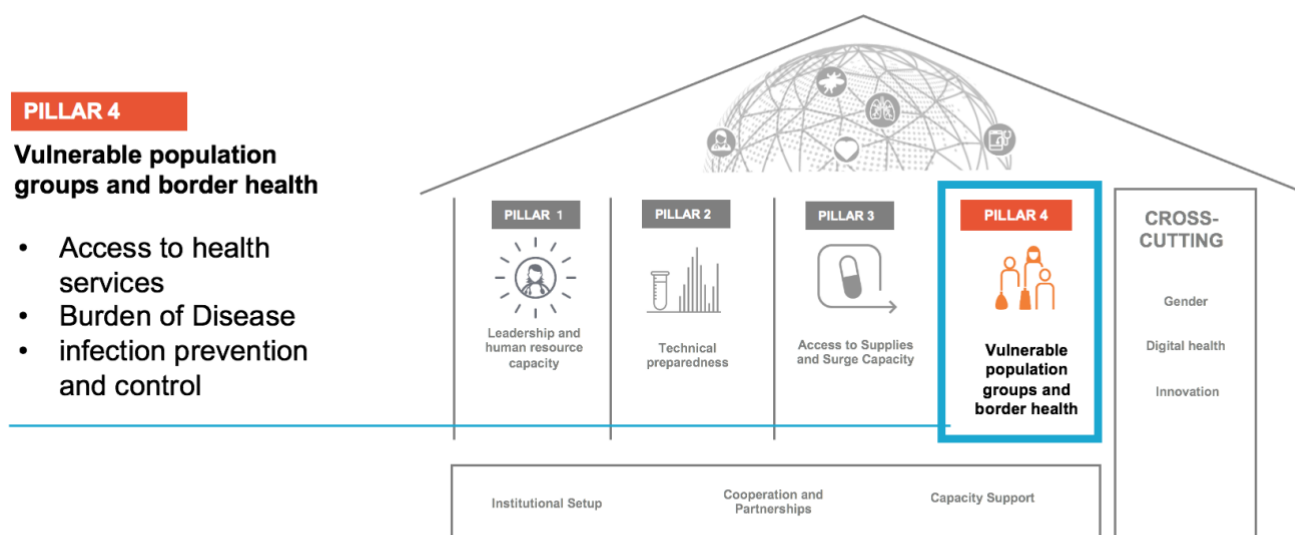


Pillar 4: Vulnerable Population Groups and Border Health



Key challenges. The current pandemic has uncovered the existing challenges for vulnerable population groups, be they poor, elderly, female or migrants. Millions of migrants from CAREC countries work outside their home countries and effective control measures are needed to control the spread of infectious diseases when they cross borders. In addition, social protection for labor migrants is not comprehensive, so that access to health care can be difficult. The lack of health insurance coverage for this group has burdened them even more and increased inequalities. In addition, the lack of accessibility to health services in border areas has broadened gaps for migrants, mobile populations and border communities and affected their health status.

Other critical gaps with important implications for migrants and mobile populations in the region include hospital bed shortages (e.g., due to the surge of COVID-19 cases) and insufficient legal frameworks and oversight mechanisms for quality improvement of COVID-19 services. The overall burden of CDs like HIV and TB among vulnerable population groups has been an ongoing threat, which has not been sufficiently addressed in the past and has been even more neglected due to the pandemic. Delivering sexual and reproductive health services to women, girls, and victims of GBV during the crisis has been proven to be a challenge for many countries, too. IPC is an area that is generally substandard in health facilities at all levels, due to poor infrastructure, lack of equipment, insufficient policies and regulations, etc.¹ and is especially critical in border areas.

¹ ADB. 2021. *Toward CAREC 2030: Enhancing Regional Cooperation in the Health Sector. A Scoping Study*. Manila; and ADB. 2021. *COVID-19 Vaccine Support Project under the Asia Pacific Vaccine Access Facility: Report and Recommendation of the President: Due diligence on hazardous health care waste management*. Manila; and Khan O. 2014. *Injection Safety in Central Asia*. Thesis, Georgia State University.

Proposed actions. The CAREC Health Strategy 2030 will focus on enhancing health services for migrant, border and vulnerable population groups through increased health and social protection mechanisms, an improved database on this target group and their health needs and a strengthened referral system that ensures continuity of care for migrants and border-crossing communities with communicable diseases. Areas of intervention may include the following:

- (i) Research on health needs of CAREC cross-border communities and mobile populations, including women and other vulnerable groups.
- (ii) Improve accessibility of health services, while avoiding financial hardship and providing referral options to enhance continuity of care, especially with regards to PHC, for labor migrants and mobile populations, crossing borders in high numbers, with special consideration of women's health needs.
- (iii) Improve good quality treatment for migrants with TB and HIV, for example explore to expand existing agreements on eligibility of migrants for HIV and TB diagnosis, care and treatment to willing CAREC countries.
- (iv) Explore strengthening or expanding agreements which target portability of benefits for migrants.
- (v) Improve IPC measures including in hospitals and primary care facilities in border areas, such as evidence-based facility-adapted IPC guidelines and SOPs.
- (vi) Improve the infrastructure and technical capacity of testing and quarantine facilities in border areas and points of entry, including for COVID-19 patients, to protect travelers and the population.
- (vii) Support the upgrading of health facility infrastructure in border areas and cross-border economic corridors.
- (viii) Define minimum package of actions in response to public health threats in border areas and points of entry, including i) access to medical services including diagnostic services, ii) access to equipment and personnel for transporting infected travelers to an appropriate medical facility, iii) surveillance activities, iv) risk communication and social mobilization, v) environmental health (i.e., vector control, solid and liquid waste management, potable water and general sanitation) and vi) data management and information exchange in close collaboration with WHO.

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>