

# **Regional Health Inception Workshop** Towards a CAREC Regional Health Strategy

4 March 2021, 15:00 – 17:00, MNL time

# Agenda

15:00-15:10	Welcome Remarks – Ms. Rie Hiraoka
15:10-15:25	Advancing Regional Health Cooperation and Developing CAREC Health Strategy 2030 Overview and updates on Regional Technical Assistance Presenting proposed Framework for CAREC Health Strategy 2030
15:25-16:20	Breakout sessions and summary of highlights
16:20-16:55	Institutional Arrangements for CAREC Health Cooperation Proposed Objectives of Working Group on Health Experience from the GMS Working Group on Health Cooperation Open discussion on Working Group on Health
16:55-17:00	Closing Remarks – Mr. Safdar Parvez

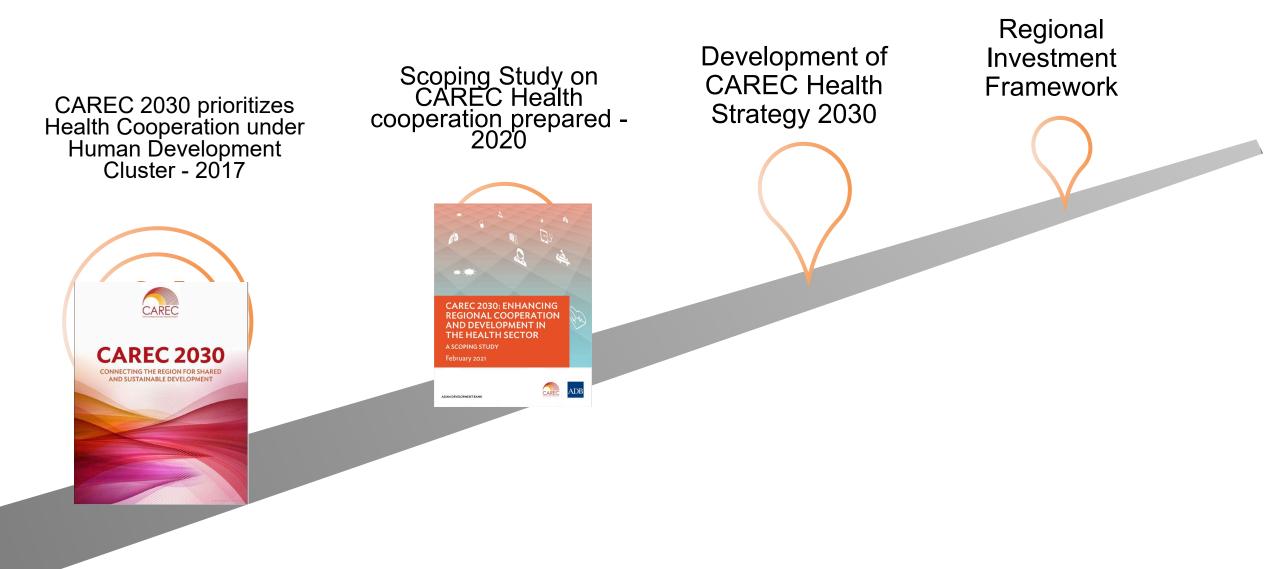
# **CAREC Program and CAREC 2030**



### CAREC 2030 CONNECTING THE REGION FOR SHARED AND SUSTAINABLE DEVELOPMENT

- 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

### **CAREC** Regional Health Cooperation





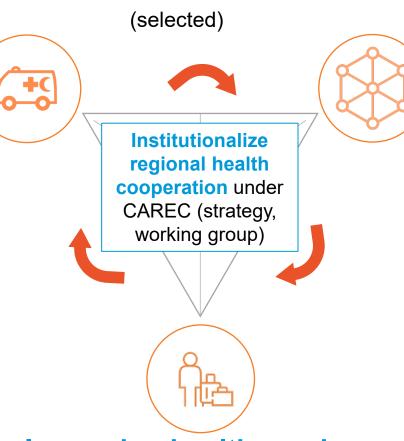
# Towards a CAREC Health Strategy 2030

### Starting from recommendations from CAREC Health Scoping Study

**Recommendations** 

### Strengthening Regional Health Security

Distill lessons learned from COVID-19; information sharing; explore joint outbreak investigation, regional emergency stockpiles, regulatory coordination and procurement during crises; strengthen nat. health security capacities (IHR)



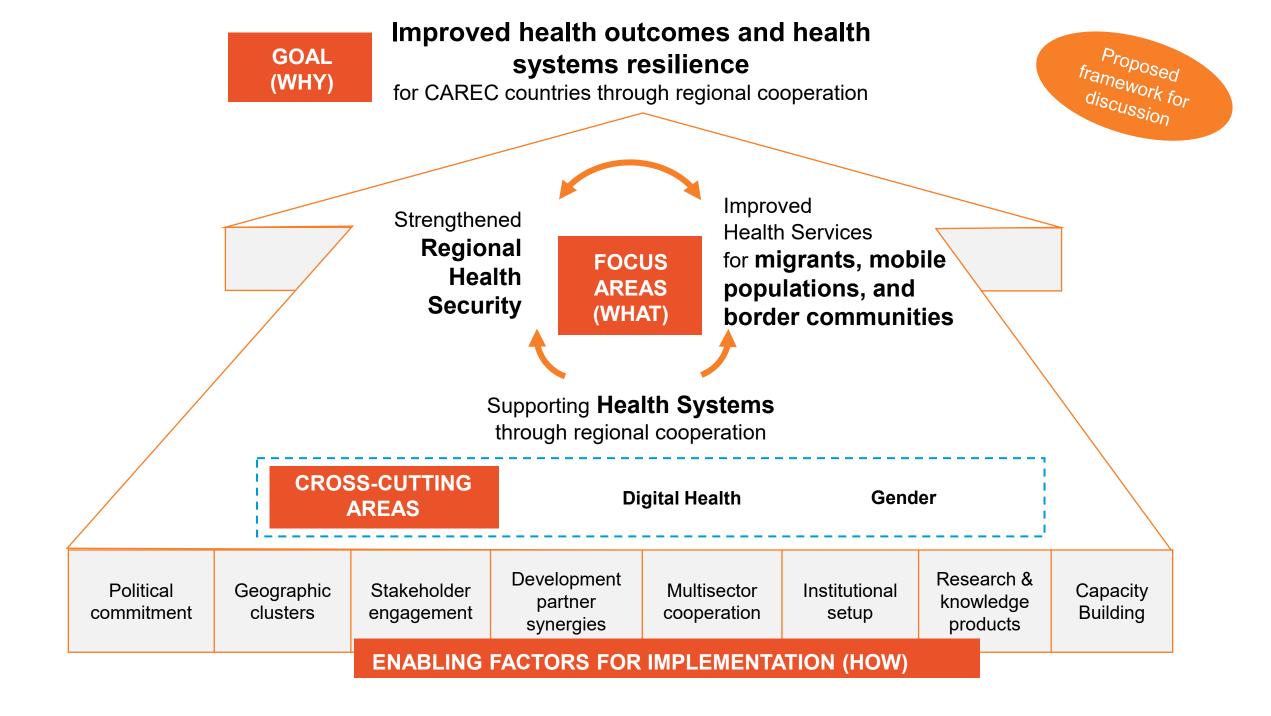
### Supporting Health Systems

Build leadership for regional health cooperation; regulatory coordination and reliance policies; regional HR skills, learning and training; develop sustainable financing mechanisms; explore joint procurement of medicines and technology; information sharing on NCD risk factors and disease monitoring; knowledge sharing on innovative ICT

### **Improving health services**

### for migrants, mobile populations, and border communities

Joint strategies to protect most vulnerable residing in border areas and improve access to services; explore potential for health services along CAREC economic corridors, cross-border provision of specialty care and current state of portability of benefits



## **Strategy 2030 Outline – For discussion today**

- Background
- Vision/Goal
- Principles
- 3-5 Focus Areas (to be defined) (What)
- Implementation arrangements/Enablers (How)
- Appendix: e.g. Results Framework



# Implementing the Regional Health Strategy in Multi-level Governance setting

- Alignment with common global and regional health policy frameworks (SDGs, International Health Regulations, Tobacco Control Convention etc.)
- Global and Regional Strategies need to be implemented at the National level
  - Aligned with and reflected in national health strategies and policies (some countries have national global health strategies)
  - Institutional mechanisms at national level (intersectoral and inter-ministerial coordination, strategic alignment, policy coherence) and dedicated resources
  - Health diplomacy (health expertise in foreign service)

# **Building on existing initiatives**

#### **Strengthen Regional Health Security**

human resources	<ul> <li>CAREC SPS standards modernization project</li> <li>Shanghai Cooperation Organization</li> <li>FELTP regional epidemiology trainings</li> </ul>	Improving Health Information Systems and Laboratory networks	<ul> <li>International Health Regulations implementation</li> <li>Electronic Integrated Dise Surveillance System (EID)</li> <li>WHO collaborating centernation avian influenza</li> </ul>	on Resista ase •Global SS) Region on •Biosurv	al Antimicrobial ance center (Lugar Center) Disease Detection al Center veillance Network of the Silk Road AR network; Better Labs for Better
Strengthen Health	Systems through Regional Co	ooperation			
Harmonizing health policies and strategies	WHO Framework Heal Convention on Tobacco Control	alth technology assessment institution	<ul> <li>China National Health Development Research Center</li> </ul>	Regional network of surveillance	<ul> <li>Electronic health records, HMIS, and EIDSS</li> </ul>
Synergizing regional education and training capacity	<ul> <li>eLearning and telemedicine projects</li> <li>Provisions under CIS</li> <li>Mutual recognition of skills, e.g. CIS</li> </ul>	Group purchasing of medicines	<ul> <li>Existing pooled procurement (GAVI, HOPE, UNICEF)</li> <li>Single pharmaceutical market introduced under EAEU</li> <li>Technology Transfer</li> </ul>	Investing in cross-border service provision	<ul> <li>Hospital infrastructure built</li> <li>Common GOST/SNIPs construction standards remaining from Soviet era</li> <li>Cross-border telemedicine projects</li> </ul>

#### Improving Health Care for Migrants

Regional cooperation on provision of health and social benefits for migrant labor

- Regional cooperation on | Provisions existing under EAEU, CIS, and SAARC
  - Provisions in national legislation covering access to health care for migrants
  - Bilateral agreements

# Addressing Regional Health Threats

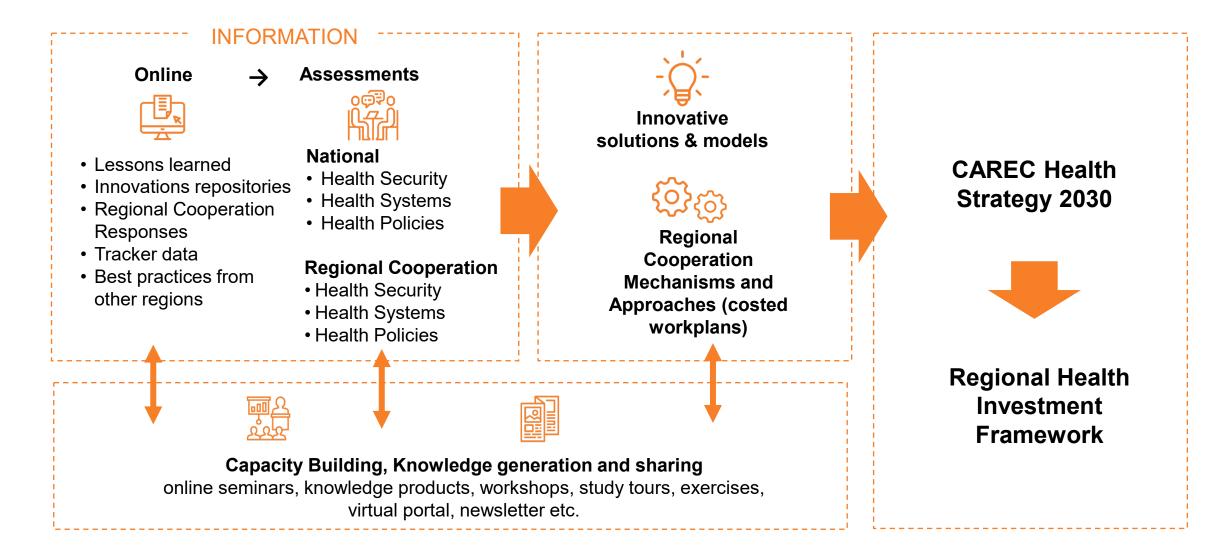
# \$4.35 million

\$0.5 from Regional Cooperation and Integration Fund
\$0.4 from People's Republic of China: Regional Cooperation and Poverty Reduction Fund
\$3.425 million from TA Special Fund

Implementation period

13 July 2020 -31 July 2023 -COVID-19 COVID-19 COVID-1

### **TA support towards Regional Strategy and Investment**



### **Consultants: KSTA 6535 Addressing Regional Health Threats**

GOPAHealth security and<br/>health systems strengthening

Peter Campbell: Team Lead

Mamuka Djibuti: Deputy Team Leader & Health Security Expert Diana Quirmbach-Scarabelli: Data Manager & Analyst Lionel Genty: Health Service Delivery/ Quality Expert Martina Merten: Health Innovations Research Expert Sam Tornquist: Disease Surveillance/ Information Systems Expert Raphael Broniatowski: Project Manager VAMED

D Digital health

1

Chris Bishop: Team Lead Erion Dasho: Deputy Team Lead &Telemedicine Expert Peeter Ross: Digital Health Innovation Expert Arun Natarajan: Digital Health Innovation Expert Arnulf Blattl: Project Supervisor

**Individual Consultants** 

Valerio Reggi: Regulatory Expert Maeve Magner: Supply Chain Management Expert Virginia Williams: Behavior Change Communication Expert

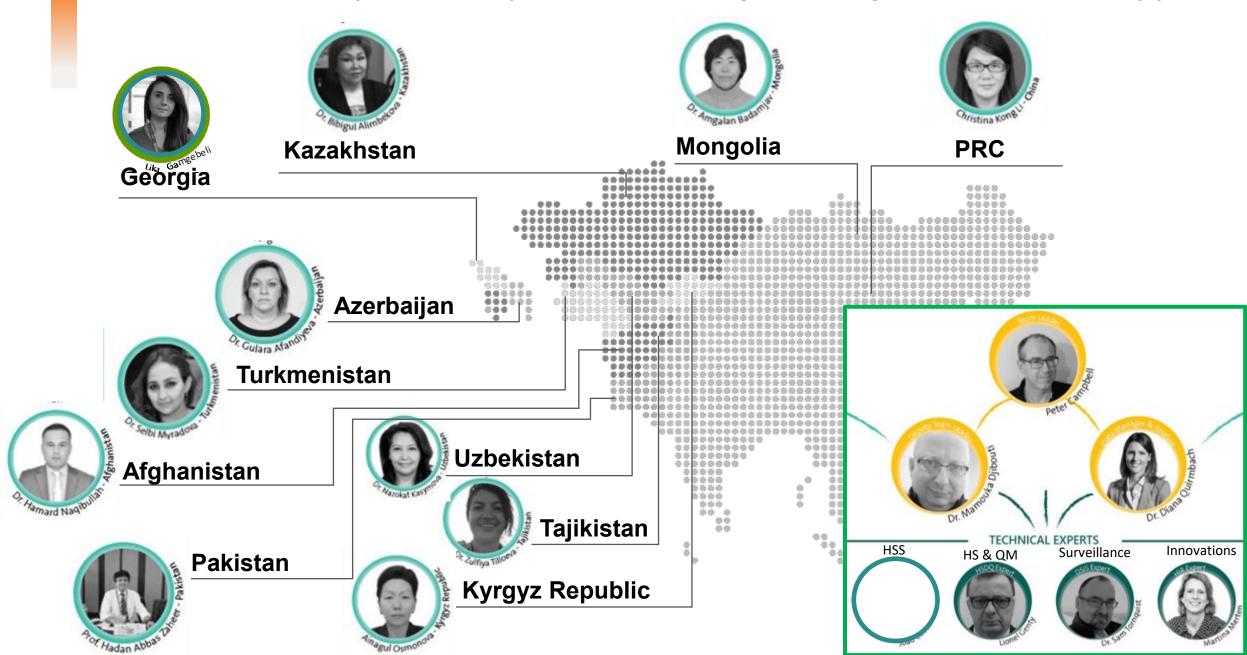
Keisuke Taketani: Graphic Designer Hanneli Austria: Financial Expert Rosebelle Azcuna: M&E Resource Person Jane Parry: Strategic Communications Expert Forthcoming: Migrant Health Expert; Laboratory Expert; Regional Coordinator, others



# **Timeline for development of CAREC Health Strategy 2030**

	2021									2022	
Health Strategy Steps	Mar	Apr	Мау	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
First brainstorming/ideation		)									
Drafting of Strategy, data and information collection, in-				-							
Country consultations (country groups) (Q3)											
Further revisions											
Presentation of final draft											
Final adjustments and National Focal Points meeting											
Final Strategy ready											
CAREC Ministerial Conference to approve the CAREC Health Strategy											
Finalization of Regional Investment Framework &											

## **GOPA Team** (Health systems strengthening/health security)





#### **Problem focus** What does work/does not work

- **Global Innovations** can serve as role models for regional implementation
- **Innovations** in individual CAREC countries can be adopted by the entire region
- Innovations inform continuous learning
   (not static)



**Problem focus** What does work/does not work

- **Global Innovations** can serve as role models for regional implementation
- **Innovations** in individual CAREC countries can be adopted by the entire region
- **Innovations** inform continuous learning (not static)

#### **Solution focus** What is desired

- Learning from the future creates opportunities
- Policy emerges from vision, not from the outcome
- of current problems.
- Our desires for the future, define the innovations
- we will need



# Innovation and Cooperation

### **Strengthening Regional Health Security**

- through controlling the spread of diseases

Closing gaps in laboratory leadership and management towards greater global health security

EXAMPLE OF GLOBAL INNOVATION FOR POTENTIAL REGIONAL ADOPTION

### <u>Global Laboratory Leadership Programme</u> (GLLP)

- Main goal: Laboratory directors and managers worldwide need specialized training in leadership and management so that laboratories fulfil a critical role in the prevention, detection, and control of diseases
- **Approach**: Virtual and in-person course materials using PPT presentations with instructor/ participant guides. Course materials include 4 sections (Introduction, Lab Management, Lab Leadership, Lab Systems) in 13 units and 43 modules, with over 200 contact hours' worth of materials, with a strong One Health focus. Preliminary version of the Learning Package will be ready mid-2021.
- **Target Group**: Laboratory directors and senior laboratory managers worldwide
- **Partners**: World Health Organization, Centers for Disease Control and Prevention, European Center for Disease Prevention and Control, Food and Agriculture Organization of the United Nations, World Organization for Animal Health, Association of Public Health Laboratories



# Innovation and Cooperation

# Supporting Health Systems through regional cooperation

Closing gaps in managing essential services towards health system strengthening

EXAMPLE OF GLOBAL INNOVATION FOR REGIONAL USE

### <u>Covid-19 Essential Supplies</u> <u>Forecasting Tool (ESFT)</u>

- **Target area**: *Closing gaps in managing essential services* such as supply of PPE to respond to crisis situations
- **Main goal**: To estimate potential requirements for essential supplies to respond to the current pandemic of COVID-19 and any future pandemics.
- **Approach**: The ESFT allows users to quantify for commodities used in the course of patient and disease management. This includes personal protective equipment, diagnostic equipment, biomedical equipment for case management, essential drugs for supportive care, consumable medical supplies.
- **Target Group**: Governments, Partners, other stakeholders
- Partners: World Health Organization

Migrant workers

Mobile workers: traders, transport workers, taxi drivers etc.

Border communities: farmers, livestock, border crossing staff

> Vulnerable groups: nomads etc.

# Innovation and Cooperation

Improving health services for migrants, mobile populations, & border communities

Closing gaps at borders through faster diagnostics

EXAMPLE OF GLOBAL INNOVATION FOR POTENTIAL REGIONAL ADOPTION

# Mobile laboratories for early detection at borders

- **Main goal**: Establishing mobile laboratories for the early detection of highly infectious pathogens
- **Approach**: Setting up a network of 9 mobile laboratories at the Tanzanian-Kenyan border for early detection in order to isolate infected patients before they infect other people.
- Target Group: Citizens crossing borders
- **Partners**: East African Community, German Corporation for International Cooperation, World Health Organization et al

# **Breakout sessions**



### **Breakout Groups – 45 minutes**

You will be automatically assigned to a group (RUS/ENG groups)

Each group will have a **facilitator** and a **notetaker**. They will ensure your ideas from this meeting are noted. The ideas will be shared with the workshop participants within 2 weeks.

There will be **recording** but it will not be published.

### Main question for group work:

1) Regional health **challenges** and **priorities** for future regional cooperation between the CAREC countries to inform focus areas?

### **Breakout Groups**

Each group is assigned 2 topics, but all topics will be covered

- 1. Group 1 (RUS) Facilitor: Mamuka Djibuti
  - Strengthening Regional Health Security (control spread of communicable diseases)
  - Supporting Health Systems through regional cooperation
- 2. Group 2 (ENG/RUS) Facilitator: Peter Campbell
  - Supporting Health Systems through regional cooperation
  - Improving health services for migrants, mobile populations, & border communities
- 3. Group 3 (ENG) Facilitator: Martina Merten
  - Improving health services for migrants, mobile populations, & border communities
  - Strengthening Regional Health Security (control spread of disease)

### **Summary from breakouts - Highlights**

- 1. Group 1 (RUS) Facilitator: Mamuka Djibuti
  - Main topics
  - Key issues
- 2. Group 2 (ENG/RUS) Facilitator: Peter Campbell
  - Main topics
  - Key issues
- 3. Group 3 (ENG) Facilitator: Martina Merten
  - Main topics
  - Key issues

# CAREC Working Group on Health



## **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

#### **Development Partner** Technical and financial support

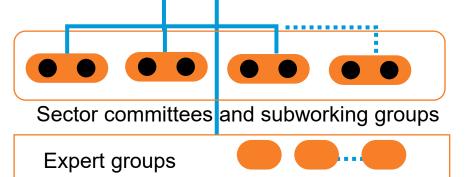
#### **Ministerial Conference**

- Policy and strategic dialogue
- Decision body

#### **Senior Officials' Meeting**

- Complex projects/initiatives approval and coordination
- Oversight and progress monitoring

CAREC Secretariat Technical and organizational support



#### CAREC Institute Knowledge support

**Private Sector** Financing and public-private dialogue

# **CAREC Working Group on Health (WGH)**

### Objectives (proposed):

- Develop Draft Strategy 2030 (by end 2021) and Investment Framework (by 2022)
- Further discuss institutional mechanism for health cooperation under CAREC
- Discuss regional mechanisms developed under TA (e.g. regulatory reliance, regional supply chains, laboratory networks etc.)
- Platform for exchange of knowledge and best practices between members
- Further tasks for WGH to be defined by Developing Member Country (country-owned process)

### Composition (proposed):

- 1-3 members per country + 1 focal person
- Further participants on needs-basis/topic-driven
- Development partners
- TOR to be prepared

Any suggestions and comments on the proposed scope? Suggestions for regular communication?

# Lessons from Regional Health Cooperation from the Greater Mekong Subregion (GMS)

### Phusit Prakongsai,

Acting Senior Advisor on Health Promotion, Office of Permanent Secretary, Ministry of Public Health in Thailand and Member of the Working Group on Health Cooperation in the GMS

# **GMS Health Regional Cooperation**

GMS Health Cooperation Strategy 2019-2023– a regional framework to inform health cooperation programming under 3 pillars:

- (i) strengthening national health systems to address transnational health threats and health security as a regional public good;
- (ii) respond to the health challenges and health impacts as a result of connectivity and mobility; and

(iii) health workforce development

- Results-based framework to monitor progress against the strategy
- Reinforced by LONG-TERM STRATEGIC FRAMEWORK GMS-GREATER MEKONG SUBREGION 2030 and the COVID-19 RESPONSE PLAN 2021–2023
- Aligned with WHO's International Health Regulations and ASEAN commitments on COVID-19 response



GREATER MEKONG SUBREGION HEALTH COOPERATION STRATEGY 2019–2023

JUNE 2019

ASIAN DEVELOPMENT BANK









### GMS WORKING GROUP ON HEALTH COOPERATION (WGHC)

- Serves as a platform to promote multilateral and bilateral coordination among six GMS countries, particularly for cross-border health initiatives
- Holds annual meeting of the WGHC, development partners, civil society organizations, and other relevant organizations, hosted and chaired by a GMS country, rotating on alphabetical basis
- Monitors Implementation of the Health Cooperation Strategy, discuss new projects under investment framework, and discusses emerging areas in the region
- Promotes knowledge sharing and information exchange on regional health cooperation with support from ADB, WHO and other development partners
- Coordinates with other relevant sectors under GMS and with existing regional initiatives and networks, incl. academia, working in health (cooperation) on multisectoral topics such as One Health
- ADB provides secretariat support to the working group (e.g. annual work plan drafting, set-up of extraordinary meeting such as public health outbreaks)

# Key lessons from the GMS experience

- Participatory and country-owned network facilitates country-to-country exchange and cross-border support.
- Important to create awareness of platform nationally to coordinate with existing initiatives and make coordinated contributions.
- Network supports discussing current and emerging regional and cross-border health issues, and sharing lessons and evidence-based practices on implementation of health activities, incl. COVID-19 responses.
- Mobilization of Technical Assistance/Grants for regional cooperation to complement loan investments. Many GMS countries require such mechanisms to start and maintain dialogues and test out new ideas at regional level.
- Building functional and operational regional health cooperation requires building a common understanding, commitment, and trust among participating countries to secure successful collaboration.