

**Virtual Regional Workshop
“Promoting Regional Health Cooperation under CAREC 2030”**

15:00pm-17:00pm (Manila time), 15 October 2020

**SUMMARY OF DISCUSSIONS**

1. **Introduction**

1. A regional workshop on “Promoting Regional Health Cooperation under Central Asia Regional Economic Cooperation (CAREC) 2030”—consultation workshop on the CAREC health scoping study, was held virtually from 15:00pm-17:00pm Manila time on 15 October 2020. Around 100 participants from 10 CAREC countries’ health authorities, development partners' representatives and Asian Development Bank (ADB) staff attended the workshop.[[1]](#footnote-2) The workshop was organized by the CAREC Secretariat in ADB, with support from the Regional Cooperation and Operations Coordination Division and the Social Sector Division of the Central and West Asia Department (CWRC and CWSS). The workshop was co-chaired by Mr. Safdar Parvez, Director CWRC, and Ms. Rie Hiraoka, Director, CWSS, who has delivered the opening and closing remarks respectively. The workshop agenda and list of participants are in Appendix 1 and 2.

**II. Rationale**

2. The CAREC 2030 strategy seeks to expand economic cooperation in the region by connecting people, policies, and projects toward shared and sustainable development. Promoting regional cooperation in the health sector is an operational priority under CAREC 2030. To initiate activities in this new operational area, a scoping study on “Toward CAREC 2030: Enhancing Regional Cooperation in the Health Sector” is being formulated by the CAREC Secretariat. The scoping study seeks to evaluate the potential of CAREC as a regional platform for promoting regional health cooperation, to mitigate regional health risks and build resilient national health systems. It aims to identify challenges and opportunities for regional health cooperation among CAREC countries to maximize health and social benefits, help countries better respond to the coronavirus disease (COVID-19) pandemic and prepare for future regional health threats. To this end, the CAREC Secretariat is also undertaking a technical assistance (TA) to support regional health cooperation among CAREC countries, including to formulate a CAREC health strategy towards 2030, promoting a forward-looking approach in CAREC health cooperation.

3. The main objectives of the regional workshop were to: (i) solicit feedback and inputs from key stakeholders of CAREC countries and development partners on the draft CAREC health scoping study; (ii) deliberate on key challenges and opportunities for regional initiatives and collaborative actions in the health sector; and (iii) provide a platform for knowledge sharing and cross learning of best practices of health cooperation including on effective response to and mitigation of the COVID-19 pandemic.

**III. Highlights of the Workshop**

4. ADB made a presentation on “Towards CAREC 2030: Enhancing Regional Cooperation in the Health Sector, and highlighted the key findings of the health sector scoping study. ADB noted that the CAREC region faces a few health risks. The region is prone to outbreaks from emerging infectious diseases and transboundary animal diseases given its heavy reliance on agricultural farming and animal husbandry, and on trade of livestock and food products through land borders. The region has large number of migrants exposed to health risks without access to proper healthcare. The region is also challenged with limited health financing to address the increasing burden of non-communicable diseases and achieve universal health coverage and the Sustainable Development Goals. Regional cooperation will be crucial for CAREC countries to address cross-border health threats, mitigate regional health risks and support national health systems development. For this purpose, the scoping study recommends three key areas for health cooperation going forward: strengthening regional health security, supporting national health systems through regional cooperation, and improving health services for migrants, mobile populations, and border communities. Institutionalization of the health cooperation is proposed through establishment of a CAREC health working group and formulation of a CAREC health strategy towards 2030.

5. ADB also presented the status and the economic impact of COVID-19 in the CAREC region, and ADB’s support to CAREC countries in responding to COVID-19. ADB noted the importance to help CAREC countries get prepared for COVID-19 vaccine, through joint efforts from development partners and CAREC countries including knowledge sharing, TA and financing. A senior representative from the World Health Organization made a keynote speech on the importance of regional cooperation in addressing health threats in the region, particularly the COVID-19 pandemic.

6. Participants from the CAREC member countries discussed the scoping study and updated progress of their countries’ health systems development in effectively responding to the COVID-19 pandemic. They expressed gratitude to the CAREC Secretariat for initiating CAREC health cooperation conducting the first health sector workshop and welcomed the timely preparation of the health scoping study. Overall, they expressed positive feedback on the scoping study, commended the comprehensive analysis of the report, and agreed on the recommendations for health cooperation going forward. They highlighted that health sector development is a high priority in their countries’ national agendas, particularly under the current situation of COVID-19, to restore economic growth. They also noted the importance of knowledge sharing among CAREC countries in COVID-19 response and health system reform. They all highlighted the role of CAREC Program in facilitating health sector development and health cooperation in the region, and committed to working together supporting CAREC health cooperation and implementing the recommendations of the scoping study. Key issues discussed were summarized below.

7. **National health systems.** Participants highlighted the efforts and progress their countries have undertaken in strengthening their national health systems to address health threats, particularly in responding to the COVID-19. These include reforming healthcare system through developing human resources, improving primary healthcare, and shifting towards mandatory health insurance. Some countries have renewed health strategies and formulated new programs (e.g., Sehat Sahulat Program in Pakistan) to improve regional health security, expand universal health coverage, protect the poor, vulnerable and marginalized groups, and improve health services for migrants, as well as apply digital and innovative technologies (e.g., in Azerbaijan) to tackle the pandemic. They also noted on the weaknesses of the health system, such as rising poverty levels and presence of a significant number of refugees and displaced people (e.g., in Afghanistan) which pose significant challenges delivering comprehensive and effective health services to all groups.

6. **COVID-19 responses.** Participants shared experiences of COVID-19 responses at national and regional level. These include strengthening information sharing (e.g., through conduct of virtual seminars, share expertise and best practices), coordination of joint actions and activities, provision of mutual assistance including humanitarian aid (e.g., Kazakhstan), to improve the prevention and treatment of the COVID-19 patients. Some countries have developed protocol on the prevention and treatment of COVID-19 patients (e.g., Uzbekistan), which contributed to the reduced mortality rates through more effective medical treatment. These knowledge sharing activities have helped CAREC countries in overcoming the COVID-19 pandemic. They all appreciated the timely assistance provided by development partners including ADB in helping the CAREC countries fighting against the virus.

7. **Challenges and opportunities for advancing regional health cooperation.** Participants highlighted the need for regional approaches in addressing the region’s health risks, and challenges to be tackled. They noted the need to balance efforts for the treatment and prevention of non-communicable diseases and emerging infectious diseases. Some CAREC countries (e.g., Central Asian and Caucasus countries) have shared health system inherited from the Soviet era, with similar strengths and weaknesses, which provide a good basis for cooperation and coordination. Given that health sector development involves multi-sector development and coordination, coordination and collaboration among multiple sectors remain a challenge to be tackled. Application of high technology can be a good solution for regional cooperation. Another rampant emerging disease outbreak affecting Central Asian countries is tuberculosis (TB), particularly MDR/XDR TB. Some countries (e.g., PRC) raised the issue of relationship of health cooperation in CAREC with existing health cooperation programs and strategies under other regional mechanisms (e.g., the Shanghai Cooperation Organization), and how to distinguish CAREC feature and value added. In this regard, the PRC expressed willingness to share health sector development experiences and contribute to the discussion on a more comprehensive health strategy in CAREC, which were welcomed and appreciated.

8. **Other issues.** The CAREC Secretariat welcomed the participation of development partners in the workshop and highlighted that CAREC 2030 seeks to actively engage with CAREC’s existing and new development partners and strengthen their contributions to the CAREC Program. The broadened scope of CAREC manifested in the five operational clusters provides new and increased opportunities for development partners’ participation and involvement in the CAREC program. ADB looks forward to working with all development partners in supporting the CAREC Program and CAREC health cooperation.

**III. Next Steps**

9. Following the first regional workshop, the CAREC Secretariat will (i) complete the health sector scoping study based on the comments and observations received from member countries and development partners and publish the report in 2020; (ii) communicate and coordinate with the CAREC countries to develop an action plan in implementing the TA facilitating CAREC health over the next two years; and (iii) facilitate the establishment of a health working group under CAREC, and the formulation of a CAREC health strategy towards 2030.

Appendix 1

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**I. Introduction**

The Central Asia Regional Economic Cooperation (CAREC) is a partnership between development partners and developing member countries in Central Asia that promotes development through cooperation, leading to accelerated economic growth and poverty reduction.[[2]](#footnote-3) The CAREC 2030 strategy seeks to expand economic cooperation in the region by connecting people, policies, and projects toward shared and sustainable development. Promoting regional cooperation in the health sector is an operational priority under CAREC 2030.

In the past two decades since the CAREC Program’s inauguration in 2001, growing socioeconomic ties such as trade and tourism have propelled the region’s economic development. However, the openness that enables increased movement of people and goods across borders has also facilitated the spread of infectious diseases, particularly the coronavirus disease (COVID-19).

Even though all countries in the region are successfully reducing their infectious disease burden, much of the CAREC region is prone to outbreaks from emerging infectious diseases and transboundary animal diseases as the COVID-19 pandemic demonstrates. Most CAREC countries rely heavily on agricultural farming and animal husbandry, including small-scale and nomadic farming. This results in a large population living in close proximity with animals, inflicting heightened risk of diseases which transfer between species. As CAREC is largely landlocked, much trade in livestock and food products happens over land borders, some of which are porous. With inadequate oversight of quality and standards, populations can be exposed to increased risk of transboundary animal diseases and emerging infectious diseases. High rates of labor migration can also contribute to such risks if migrant workers do not have access to proper healthcare. The CAREC region is also challenged with limited health financing to address the increasing burden of non-communicable diseases and achieve universal health coverage and the Sustainable Development Goals.

The CAREC countries, due to heavy interdependencies in the health sector, recognize the significance of regional cooperation in managing regional health risks and supporting national health systems development, to be well-prepared for future public health threats. Interdependencies range from the spread of communicable diseases, or drug resistance across borders to cross-border factors that impact health systems and health outcomes such as water and food shortages, climate change, research and development of drugs and vaccines, lifestyle changes, or migration. These interdependencies have been evident in the COVID-19 pandemic. For instance, national healthcare systems, can benefit from joining forces to address health challenges such as non-communicable diseases, especially given limited access to and high prices of medicines. Regional health cooperation provides an opportunity for countries to jointly strengthen health systems performance and financing, and to eventually achieve better health outcomes.

**The Proposed Regional Workshop**

The CAREC Secretariat has prepared a scoping study to evaluate the potential of CAREC as a regional platform for promoting regional health cooperation, to mitigate regional health risks and build resilient national health systems. It aims to identify challenges and opportunities for regional health cooperation among CAREC countries to maximize health and social benefits of the countries, help countries better respond to the COVID-19 pandemic and prepare for future regional health threats. To this end, the CAREC Secretariat is also undertaking technical assistance activities to support regional health cooperation among CAREC countries, including to formulate a CAREC health strategy towards 2030, promoting a forward-looking approach in CAREC health cooperation.

The main objectives of the regional workshop will be: (i) solicit feedback and inputs from key stakeholders of CAREC countries and development partners on the draft CAREC health scoping study; (ii) deliberate on key challenges and opportunities for regional initiatives and collaborative actions in the health sector; and (iii) provide a platform for knowledge sharing and cross learning of best practices of health cooperation including on effective response to and mitigation of the COVID-19 pandemic.

The workshop foresees to agree on next steps for CAREC countries to institutionalize regional health cooperation under the CAREC platform. Consultation with CAREC countries at the workshop will enable countries to share their feedback of the scoping study in the context of the COVID-19 pandemic and a forward-looking perspective to prevent and manage future public health risks such as COVID-19. Given the current heightened focus on regional health cooperation, the workshop will provide an opportunity to exchange knowledge and experience in this strategic area of cooperation including responses to COVID-19.

Initially a 3-day workshop was planned for this purpose. Due to physical constraints from the COVID-19, the consultation will be virtual with much reduced length. Subsequent webinars on different topics of health cooperation including more knowledge sharing and cross learning will follow incrementally.

The regional workshop will target senior government officials on health sector development and diseases control, and development partners in the CAREC region.

**Virtual Regional Workshop**

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AGENDA

Co-chairs: Ms. Rie Hiraoka, Director, Social Sectors Division, Central and West Asia Department (CWSS), ADB

 Mr. Safdar Parvez, Director, Regional Cooperation and Operations

Coordination Division, Central and West Asia Department (CWRC), ADB

Facilitators: Ms. Xinglan Hu, Principal Regional Cooperation Specialist, CWRC, ADB

 Ms. Kirthi Ramesh, Social Sector Specialist, CWSS, ADB

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| 14:30–15:00 | Signing up; video/audio connection checks |
| 15:00–15:20 | **Opening Session**Welcome Remarks * Mr. Safdar Parvez, Director, CWRC, ADB

COVID-19 Pandemic in CAREC and ADB Responses* Mr. Patrick Osewe, Chief of Health Sector Group, ADB

Keynote speech: Importance of health cooperation under the current global and regional context* Ms. Dorit Nitzan Regional Emergency Director, World Health Organization European Region
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| 15:20–16:55 | **Advancing Regional Cooperation for Health in CAREC** *This session will present the draft CAREC health scoping study, with focus on health trends and health systems development in the region, and challenges and opportunities for health cooperation under the CAREC Program. It will also present ADB supported activities to advance CAREC health cooperation towards 2030. All CAREC countries will be invited to provide feedback on the health scoping study and experience of health cooperation in response to the COVID-19 pandemic.*Moderator: Ms. Xinglan Hu, Principal Regional Cooperation Specialist, CWRC, ADBPresentation: Findings of the CAREC Health Scoping Study (20 mins.)* Ms. Kirthi Ramesh, Social Sector Specialist, CWSS, ADB
* Ms. Mariya Khatiwada-Savchuk, ADB Consultant

Presentation: ADB Supported Activities to Advance CAREC Health Cooperation towards 2030 * Ms. Kirthi Ramesh, Social Sector Specialist, CWSS, ADB (5 mins.)

Feedback from CAREC countries – Heads of Delegations (5 mins. each country/55 mins total) Open discussion (15 mins.) |
| 16:55–17:00 | **Closing Remarks** Ms. Rie Hiraoka, Director, CWSS, ADB |

1. Mongolia was absent as 15 October is a local holiday and committed to send written comments on the draft CAREC health scoping study. Development partners representatives include: the Global Fund, Japan International Cooperation Agency (JICA), KfW Development Bank, World Bank, World Health Organization, and United Nations International Children’s Emergency Fund (UNICEF). [↑](#footnote-ref-2)
2. The CAREC Program is a partnership of the 11 countries (Afghanistan, Azerbaijan, Georgia, Kazakhstan, the Kyrgyz Republic, Mongolia, Pakistan, the People’s Republic of China, Tajikistan, Turkmenistan and Uzbekistan) supported by development partners. The CAREC Program aims to foster economic development by promoting regional economic cooperation and integration. [↑](#footnote-ref-3)