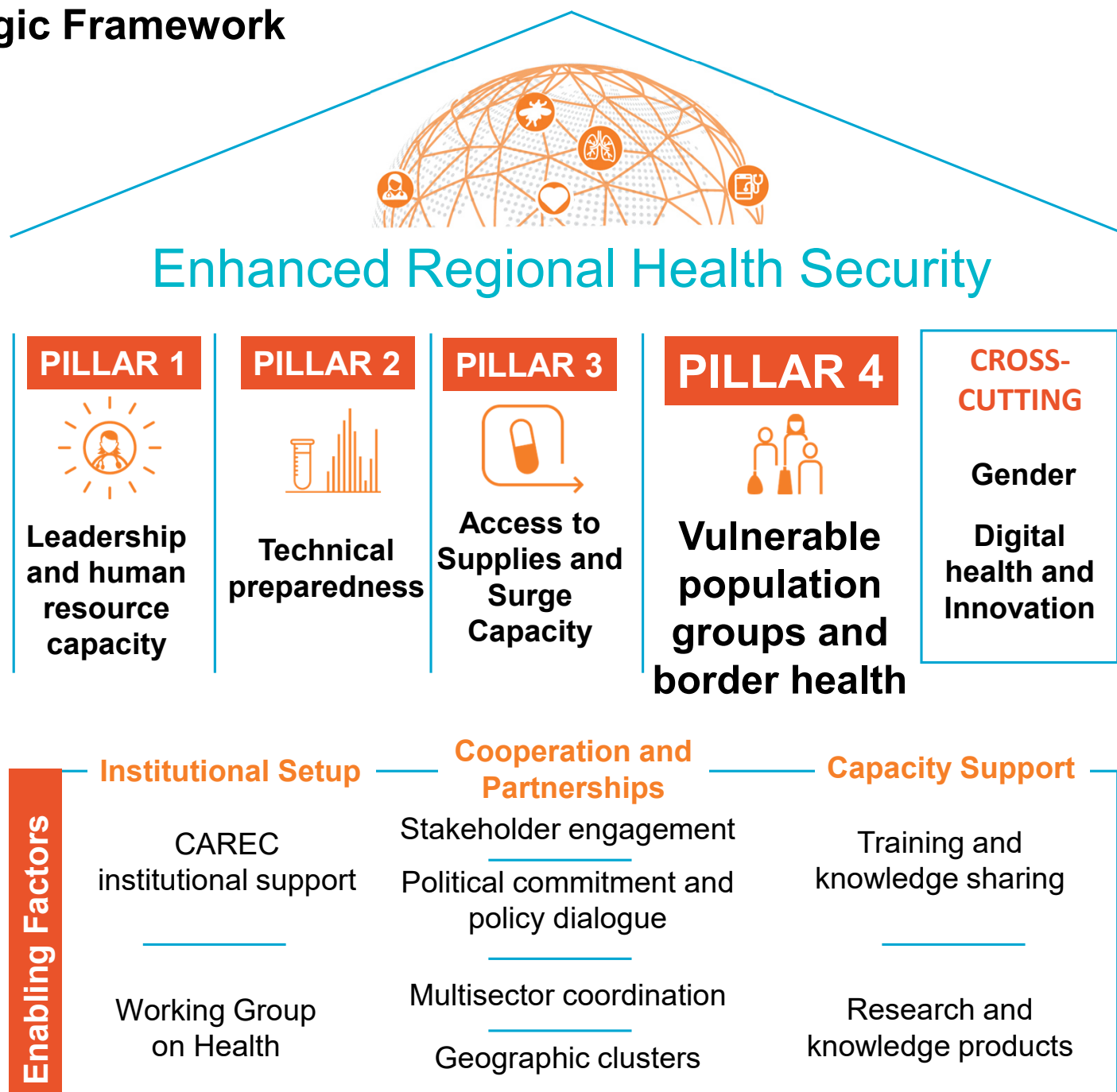


Strategic Framework





Issues regarding vulnerable groups and border health

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Cross-border Health Security

Lack of point-of-entry (PoE) health services

- Lack of standard procedures for notification procedures
- Border area quarantine facilities insufficiently equipped and staffed
- PoE lack public health emergency contingency plans integrated into national emergency response plans

Deficient cross-border patient management

- Lack continuity of care due to unavailable
 - platform for patient record information exchange
 - cross-border referral systems
 - follow-up mechanisms for infectious diseases
- Lack information on available health services across borders

Gaps in multisector collaboration and coordination on border biosafety and health issues at all levels including international travel- related measures

Weak joint risk communication approaches

Insufficient trained personnel at points of entry

Border Health

- Comprised of significant migrant population that
 - are not formally registered
 - more difficult to assess and monitor
 - limited access to health services for different reasons
 - often live in poor, crowded and unhygienic conditions
 - higher risk for diseases from moving livestock
- Increasing burden of infectious and chronic diseases
- Ill-equipped and understaffed border area health facilities

Health and Financial Protection of Labor Migrants

- Often excluded from insurance-based schemes
- Undocumented migrants usually ineligible for public forms of health insurance coverage
- Where inclusive insurance schemes exist
 - low uptake among migrants
 - migrants are unable to afford membership
 - schemes not comprehensive and/or fully implemented



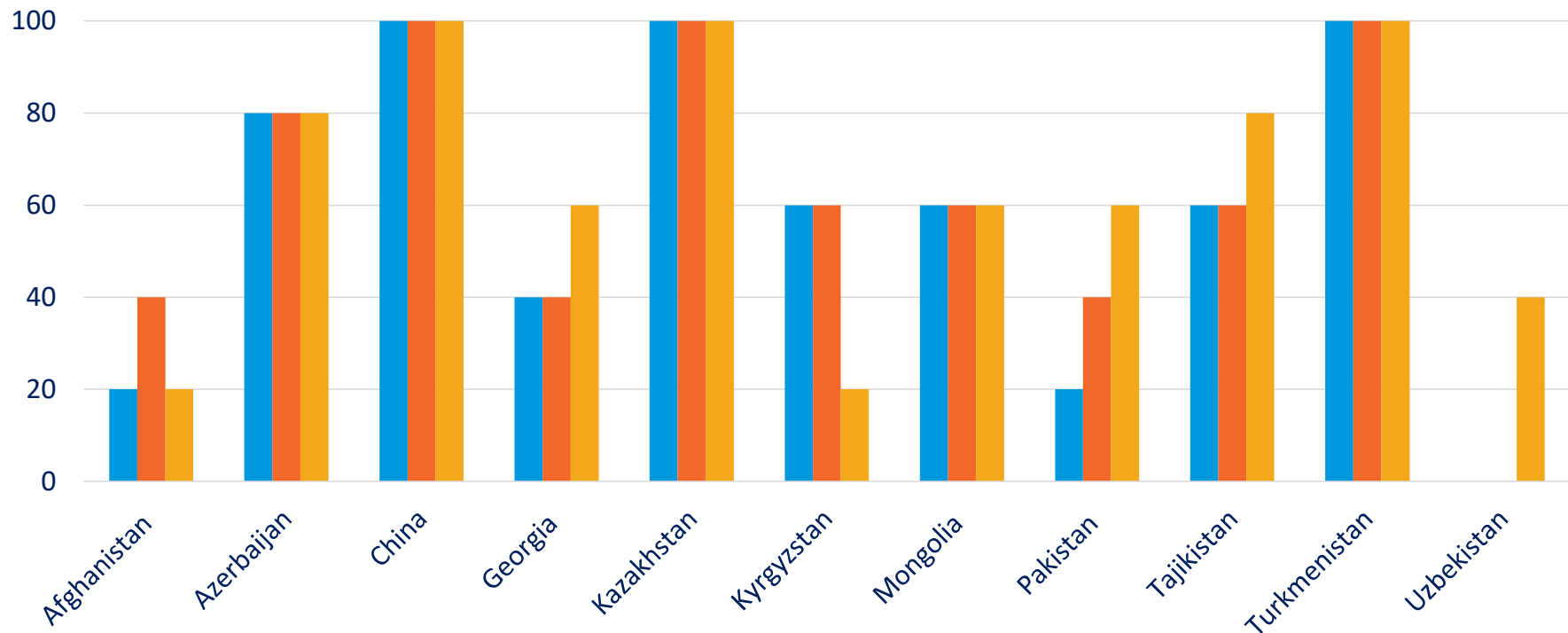
IHR (2005) State Party Self Assessment Annual Report (SPAR) 2021

Capacity area 11 - Points of Entry and Border Health

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Reported capacity by indicator (%)



■ 11.1 Core capacity requirements at all times for PoEs (airports, ports and ground crossings)

■ 11.2 Public health response at points of entry

■ 11.3 Risk-based approach to international travel-related measures



IHR Designated Points of Entry (PoE) (SPAR 2021)



State Party	Airports	Ground Crossings	Ports	PoEs with:		
				Competent authorities identified	Programme for vector surveillance and control	Public health emergency contingency plan
Afghanistan	1	2	0	1	N/A	3
Azerbaijan	1	3	1	5	5	2
China	71	78	126	275	270	269
Georgia	1	0	2	3	3	1
Kazakhstan	17	5	2	24	19	24
Kyrgyzstan	2	1	N/A	3	N/A	1
Mongolia	1	16	0	17	N/A	17
Pakistan	9	6	3	17	4	N/A
Tajikistan	5	29	N/A	21	21	21
Turkmenistan	3	0	1	4	4	4
Uzbekistan	N/A	N/A	N/A	N/A	N/A	N/A



Profile and Mobility of Migrants in Central Asia

Mobility between Central Asia (CA) and the Russian Federation (RF):
one of the largest labour migration corridors in the world

Approximately 4M workers from CA working in RF

- 1M from Tajikistan
- 1M from Kyrgyzstan
- 2M from Uzbekistan
- >200K from Kazakhstan
- 14K from Turkmenistan

Are both seasonal and long-term workers

- Construction
- Transportation
- Agriculture
- Service sector

- Visa-free movement between CA countries and the RF
- Longstanding historical mobility from CA to the RF
- Free labour mobility among Eurasian Economic Union Member States



- Vast majority of labour migration in the corridor occurs informally
- Prospective migrants use social networks to plan their migratory routes & employment (except Turkmenistan)

Mobility between CA and the RF during the COVID-19 pandemic has been limited,
affecting the livelihoods of migrants



Profile and Mobility of Migrants in Central Asia

During the 2020-2021 pandemic

Russian Federation's border closure and COVID-19 restrictions affected Central Asia migrants

- Restricted mobility
- Weakened labour market
 - Loss of jobs
 - Reduction in salaries



22%↓
Remittances
to Central Asia

Disproportionately impacted women migrants → more likely than men to be working in pandemic-affected industries such as hospitality, accommodation, and wholesale



Opportunities for regional collaboration (potential interventions)

PILLAR 4



Cross-border Health Security



Cooperation for Health Security

- Coordinated processes for public health emergency and response planning
- Regional exchange of knowledge and best practices
- Joint cross-border outbreak and response mechanisms
- Joint simulations exercises at PoE



Cross-border disease surveillance and notification

- Data-sharing and notification standards, protocols & mechanisms
- Building infrastructure and technical capacity for disease screening
 - laboratory networks with quality assurance and system
 - system for specimen collection and transport



Cross-border infection prevention and control

- Setting up quarantine facilities at PoEs that are adequate, sufficiently equipped and with trained staff



Risk communication

- Developing culturally-sensitive risk communication strategies

Suggestions for the Regional Investment Framework 2022-2027

Strengthening multisector and cross-border coordination and emergency response planning, including joint simulation exercises and risk assessments

Infrastructure and capacity strengthening investments to improve point-of-entry screening and quarantine facilities

Programs to develop and pilot culturally-sensitive risk communication for communities residing in border areas

Regional coordination on the decision-making and implementation of international travel-related public health measures during health emergencies



Opportunities for regional collaboration (potential interventions)

PILLAR 4



Border Health

Equitable access to essential health services

Joint researches and assessments on

- Border health needs, risks and social determinants of health
- Sex-differentiated effects of outbreaks/pandemics
- Health service availability and quality and facility readiness
- Options for other service delivery mechanisms (mobile clinics, temporary dispensaries, telemedicine)

Bilateral arrangements to connect facilities

- Enable sharing of patient information
- Allow referral of cases across borders

Border health facility upgrading in terms of

- Infection prevention and control
- Laboratories and lab linkages
- Outbreak prevention, detection and control
- Case management
- Quality of care

Strengthen health worker capacities

- Standardized trainings to deliver culture/gender-sensitive services
- Digital health tools to support health workers in hard-to-reach areas

Border community engagement and empowerment

- Promote health literacy
- Build capacity for disease management and control
- Support community-led social actions for building resilience

Suggestions for the Regional Investment Framework 2022-2027

Joint research/assessments on issues in border health facilities and health of communities residing in border areas; Border health facility and laboratory upgrading investments; Pilot of mechanisms and platforms for patient information sharing and case referrals across borders; Standardized trainings to deliver culture/gender-sensitive services; Pilot mechanisms for community engagement and empowerment to build resilience



Opportunities for regional collaboration (potential interventions)

PILLAR 4



Health and Financial Protection of Labor Migrants

- Explore possibilities and agreements for the portability of benefits for migrants
- Define benefit catalog for migrants including access to medical and diagnostic services
- Joint research and actions to determine and address barriers of insurance uptake by labor migrants
- Support dialogues to improve inclusivity and implementation of insurance schemes
- Health impact assessments to identify, mitigate and manage the health risks and impacts on labor migrants in special economic zones

Suggestions for the Regional Investment Framework 2022-2027

Feasibility study on financial protection and portability of benefits for labor migrants

Health impact assessments in select special economic zones



Examples of regional collaboration



Cross-border health security and border health

- Regional operational framework for international- travel related public health measures in the context of COVID-19
- Cross- border reporting and communication under the IHR (2005)
- IOM and US CDC Project on enhancing health and border management in Kazakhstan, Kyrgyzstan, Tajikistan, and Uzbekistan to respond to COVID-19 and other communicable diseases
- Cross-border telemedicine projects between Afghanistan, the Kyrgyz Republic, Pakistan, and Tajikistan, as well as the international hospital in Urumqi (PRC)

Improving Health Care for Migrants

- Provisions in national legislation covering access to health care for migrants: Kazakhstan has included national migrants under its national insurance scheme
- Bilateral agreements for service provision and information exchange
 - Kazakhstan, the Kyrgyz Republic, and Tajikistan bilateral agreements on cross-border cooperation for TB- and MDR-TB control, prevention, and care among migrant workers from Central Asia, and the establishment of a mechanism for exchanging information on TB patients



Examples of regional collaboration

PILLAR 4



Regional operational framework for international- travel related public health measures in the context of COVID-19

Aim

- Supports Member States in their decision-making options with regards to international travel measures in the context of the changing epidemiological situation.
- Developed based on a series of consultations with Member States and partners

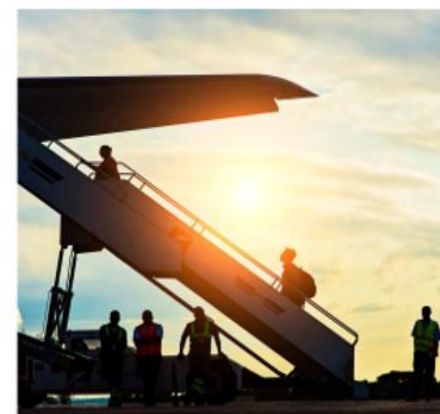
Provides an overview of

- Current provisions of the IHR on international travel.
- Guiding principles on the implementation of international travel measures.
- Key considerations on common international travel measures (from WHO and partner organizations), in light of the spread of new SARS- COV 2 variants and roll-out of vaccination, and the health system capacity context in countries.
- Proposed risk-assessment criteria to implement a coordinated and harmonized approach to travel measures.

Operational Framework in ENG and RUS



Operational framework for international travel-related public health measures in the context of COVID-19



	CRITERIA	INDICATOR
	Local epidemiology in departure and destination countries	<ul style="list-style-type: none">• New confirmed cases per 100 000 population in a two-week period• Testing and tracing capacity• Detection of new variants
	Public health and health service capacity and performance to detect and care for cases and their contacts, including among travellers, in the destination country	<ul style="list-style-type: none">• Proportion of cases identified in the international context (international flights, others) that have their contacts traced and measures taken within 48 hours of case detection• Case fatality rate• Number of cases per 100 000 population in a two-week period• Proportion of cases identified within 24 hours of arrival
	PoE capacity	<ul style="list-style-type: none">• PoE request processing time• Number of PoE surveillance officers per 100 000 daily travellers• Percentage of cases identified in the international context (international flights, others) that have their contacts traced and measures taken within 48 hours of case detection
	PHSM implemented to control the spread of COVID-19 in departure and destination countries and available evidence on adherence	<ul style="list-style-type: none">• PHSM severity index• Support for adherence to PHSM by the population
	Travel volumes between countries	<ul style="list-style-type: none">• International tourism• International travel for work reasons• Existing bilateral and multilateral agreements between countries to facilitate free movement
	Contextual factors, including economic and mental health impact, human rights and feasibility of applying measures	



Examples of regional collaboration

PILLAR 4



Cross- border reporting and communication under the IHR (2005)

IHR (2005)





Examples of regional collaboration



PILLAR 4

Enhancing health and border management in Kazakhstan, Kyrgyzstan, Tajikistan, and Uzbekistan to respond to COVID-19 and other communicable diseases

Funding and technical support from US Centers for Disease Control and Prevention

Objective To contribute to reducing the spread of COVID-19 and other communicable diseases by improving border health management through strengthening response, intersectoral and cross-border cooperation

1. Updated health and border policy documents in compliance with international standards on implementing IHR are available
2. Information on the capacity of the border and health-related entities at PoEs made available
3. Enhanced knowledge and skills of border health specialists on identification and response to public health events at the PoEs
4. Required infrastructure and supplies for border and health entities including at PoEs made available
5. Established cross-border multisectoral regional dialogue on cross-border cooperation related to Public Health Emergency Response and compliant with IHR





Proposed Regional Investment Framework

Activity	Proposed Modalities	Possible Countries/Clusters
<ul style="list-style-type: none">Improvement of cross-border health security	<ul style="list-style-type: none">Project or project component, TA	<ul style="list-style-type: none">Kyrgyz Republic, Pakistan, Azerbaijan-Georgia borderAdditional countries to be identified
<ul style="list-style-type: none">Improved implementation of travel-related public health measures during health emergencies	<ul style="list-style-type: none">Project or project component, TA	<ul style="list-style-type: none">Countries to be identified
<ul style="list-style-type: none">Improved understanding of issues in border health facilities and health of communities residing in border areas	<ul style="list-style-type: none">TA (some support from ADB TA planned); project activity	<ul style="list-style-type: none">Kazakhstan, Kyrgyz Republic, Tajikistan, Uzbekistan, Pakistan
<ul style="list-style-type: none">Improve health services in border areas	<ul style="list-style-type: none">Project or project component , TA	<ul style="list-style-type: none">Kazakhstan, Kyrgyz Republic, Tajikistan, Uzbekistan, Mongolia, PakistanAdditional countries to be identified
<ul style="list-style-type: none">Feasibility study on financial protection and portability of benefits for migrants (labor migrants)	<ul style="list-style-type: none">TA (some support from ADB TA planned)	<ul style="list-style-type: none">Countries to be identified