5th Meeting of the CAREC Working Group on Health

2-3 November 2023 | Almaty, Kazakhstan

OBJECTIVES

1 Review and implementation planning for the regional investment framework (RIF) 2022-2027

2 Update RIF to include climate and health actions

3 Endorse CAREC work program deliverables

AGENDA

Day 1 – 2 November 2023	
9:00-9:30	Welcome Remarks
9:30-10:15	Agenda, Introductions, Setting the Scene
10:15-10:45	Group Photograph
10:45-15:45	CAREC Health Implementation Progress
16:00-16:30	CAREC Health Program Deliverables Endorsement
16:30-17:00	Implementing Regional Investment Framework – Preparing next day

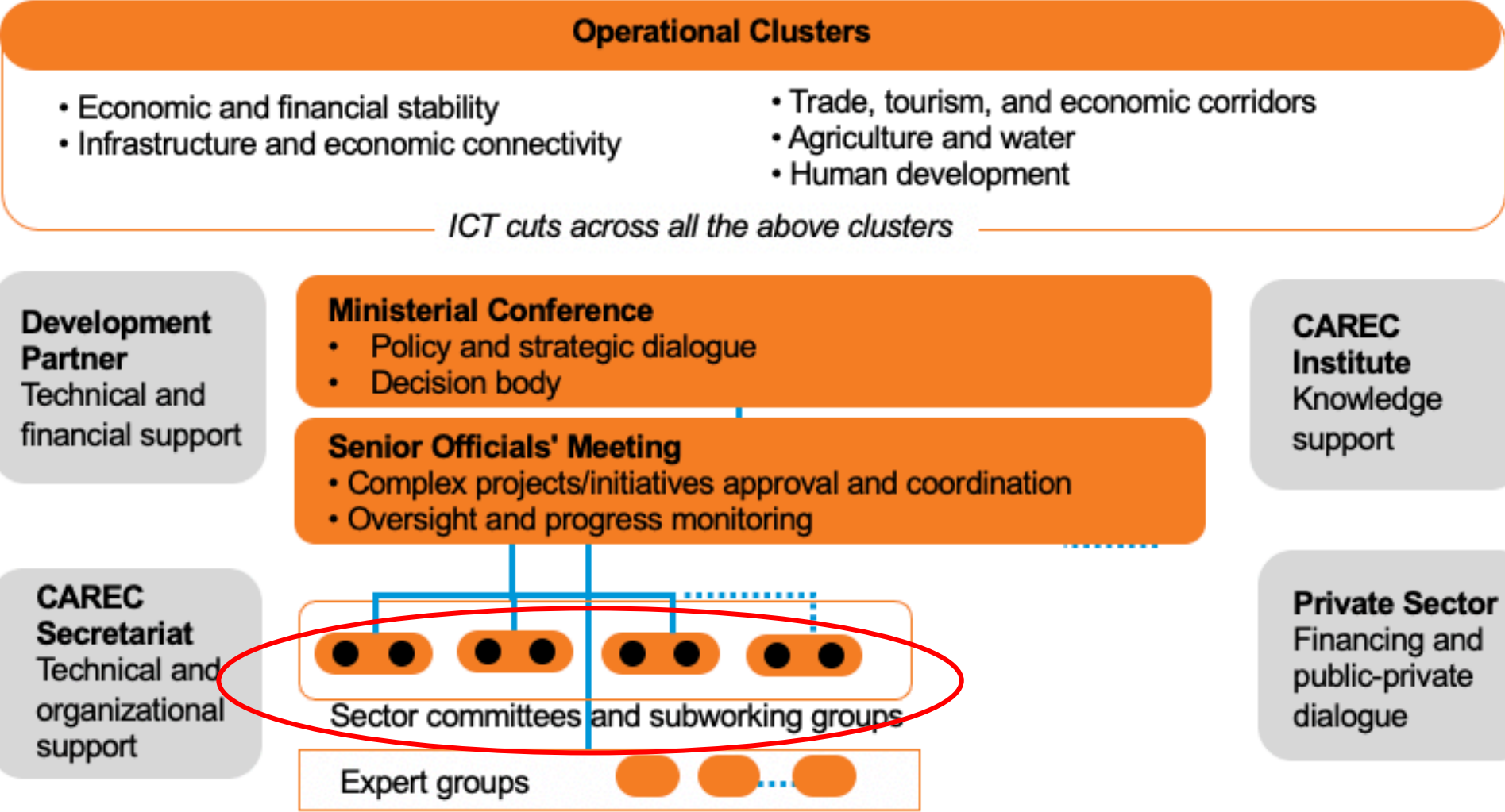| Day 2 – 3 November 2023	
9:00-10:30	Panel Discussion: Building climate resilient and low-carbon health systems in the region
10:45-12:30	Roundtable Discussions on Health and Climate Change
13:30-15:30	Implementing the Regional Investment Framework
15:45-16:45	Work Plan development
16:45-17:00	Debriefing on side event on drug regulation
17:00	Wrap up and closing

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 Working Group on Health

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 Institute
Knowledge support

CAREC Secretariat
Technical and organizational support

Private Sector
Financing and public-private dialogue

Sector committees and subworking groups
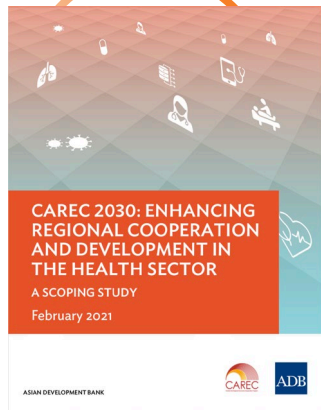
Expert groups

Development of CAREC Regional Health Cooperation

CAREC 2030 prioritizes Health Cooperation under Human Development Cluster - 2017
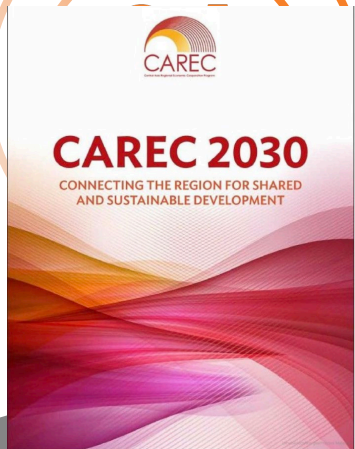
Scoping Study on CAREC Health cooperation prepared - 2020

Establishment of Working Group on Health – March 2021

Endorsement of CAREC Health Strategy 2030 - Nov 2021
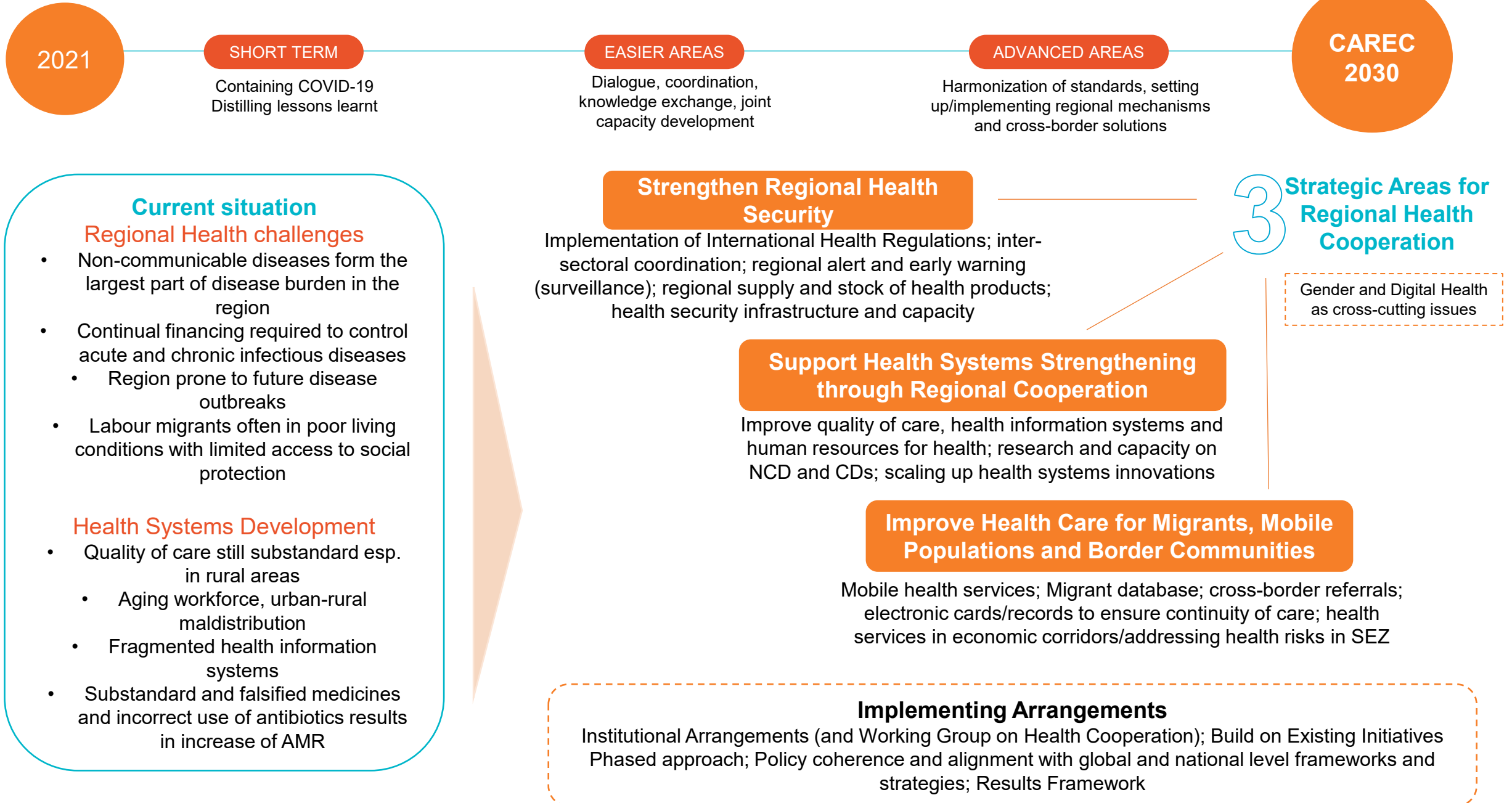
Regional Investment Framework – Mar 2023

Implementation

Recommended cooperation in three areas:
- regional health security,
- health systems strengthening,
- improving health services for migrants, mobile populations and border communities

Enhancing Regional Health Cooperation – Moving towards a CAREC Health Strategy

2021

SHORT TERM
Containing COVID-19
Distilling lessons learnt

EASIER AREAS
Dialogue, coordination, knowledge exchange, joint capacity development

ADVANCED AREAS
Harmonization of standards, setting up/implementing regional mechanisms and cross-border solutions

CAREC 2030

Current situation
Regional Health challenges
- Non-communicable diseases form the largest part of disease burden in the region
- Continual financing required to control acute and chronic infectious diseases
- Region prone to future disease outbreaks
- Labour migrants often in poor living conditions with limited access to social protection

Health Systems Development
- Quality of care still substandard esp. in rural areas
- Aging workforce, urban-rural maldistribution
- Fragmented health information systems
- Substandard and falsified medicines and incorrect use of antibiotics results in increase of AMR

Strengthen Regional Health Security

Implementation of International Health Regulations; inter-sectoral coordination; regional alert and early warning (surveillance); regional supply and stock of health products; health security infrastructure and capacity

Support Health Systems Strengthening through Regional Cooperation

Improve quality of care, health information systems and human resources for health; research and capacity on NCD and CDs; scaling up health systems innovations

Improve Health Care for Migrants, Mobile Populations and Border Communities

Mobile health services; Migrant database; cross-border referrals; electronic cards/records to ensure continuity of care; health services in economic corridors/addressing health risks in SEZ

3 Strategic Areas for Regional Health Cooperation

Gender and Digital Health as cross-cutting issues

Implementing Arrangements
Institutional Arrangements (and Working Group on Health Cooperation); Build on Existing Initiatives Phased approach; Policy coherence and alignment with global and national level frameworks and strategies; Results Framework

The region is highly susceptible to future outbreaks

Factors contributing to the spread of communicable diseases include:

- Large numbers of persons living in close proximity to animals
- Cross-border travel, incl. transboundary population and livestock movements
- Varying degrees of health systems capacity
- Exclusion of migrants from access to essential health services
- Diseases with pandemic potential in the region (e.g. Crimean Congo Hemorrhagic Fever, MERS)

CAREC Health Strategy 2030

Background

Reality check
Regional Health Challenges

Drivers of
Regional Health Security

Factors increasing vulnerability to health security threats

Outbreaks with epidemic and pandemic potential

Emerging infectious disease

Continual financing to control acute and chronic infectious diseases

Malaria, dengue, and Japanese encephalitis

Antimicrobial resistance

Health Systems Resilience

Migration and increasing connectivity

Climate change, Urbanization

Social determinants of health

Poverty and social inequality

Education

Non-communicable diseases

High burden of non-communicable diseases

Gender inequities

Limited statistics

Access to health services

Regional challenges require regional solutions

Increasing interdependencies as disease agents cross borders…
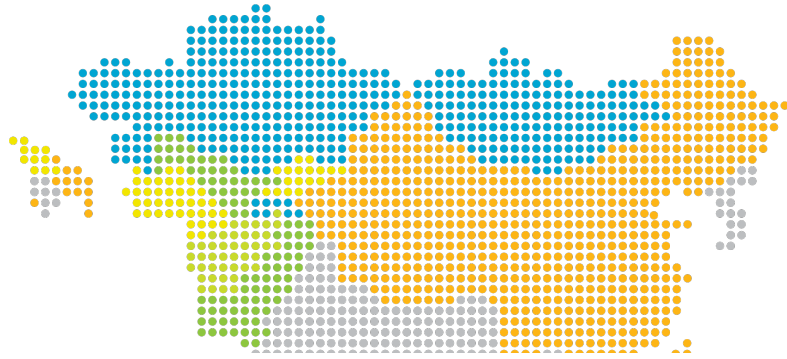
…and health determinants need cross-sector and cross border and regional cooperation solutions

Migration

Climate change

R&D

Trade

However,

- Investments mostly national rather than regional
- Insufficient knowledge of - and solutions for - joint regional mechanisms and cross-border services
- Fragmentation of regional institutions

Drivers of regional cooperation in the CAREC context

Cultural/social

Economic/ technological

Regional cooperation

Geographic

Regulatory

- **Employment opportunities** and cost reduction (e.g., cross-border infrastructure such as hospitals)
- **Efficiency gains** from information sharing and education/training of human resources
- **Economies of scale** through aggregated demand/joint procurement
- Uptake of **mobile and e-health** at the regional level (telemedicine projects)
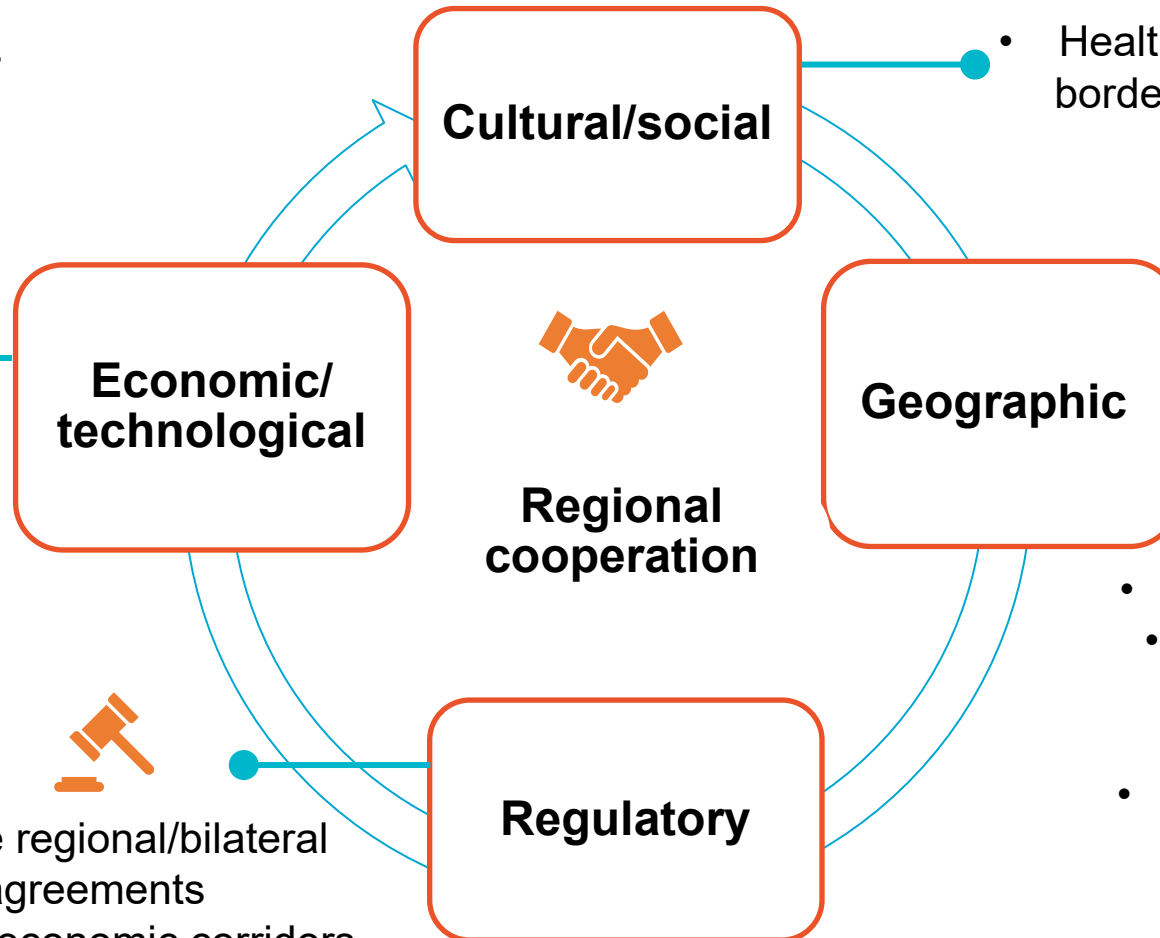
- Common "Semashko" legacy (8/11 countries)
- Health professionals crossing borders for better education & opportunities

- Long common "porous" borders
- Mountainous terrain, isolated border regions
- Large migration flows
- Epidemiological similarity based on growing NCD and infectious diseases burden

- Multiple regional/bilateral agreements
- Bilateral economic corridors
- Common market

Top row: Mr. Zurab Azarashvili, Minister of Health, Georgia and Mr. Shixin Chen, Vice-President (Operations 1)
Bottom row: Delegates from CAREC countries and high-level opening panel (Ms. Shabana Saleem, Director General, Health, National Health Services Regulations & Coordination, Pakistan; Ms. Tamar Gabunia, Deputy Minister of Health,
Georgia and Ms. Rie Hiraoka, Director, Social Sector Division, ADB; and Mr. Shane Rosenthal, Country Director, Georgia Resident Mission, ADB [moderator])
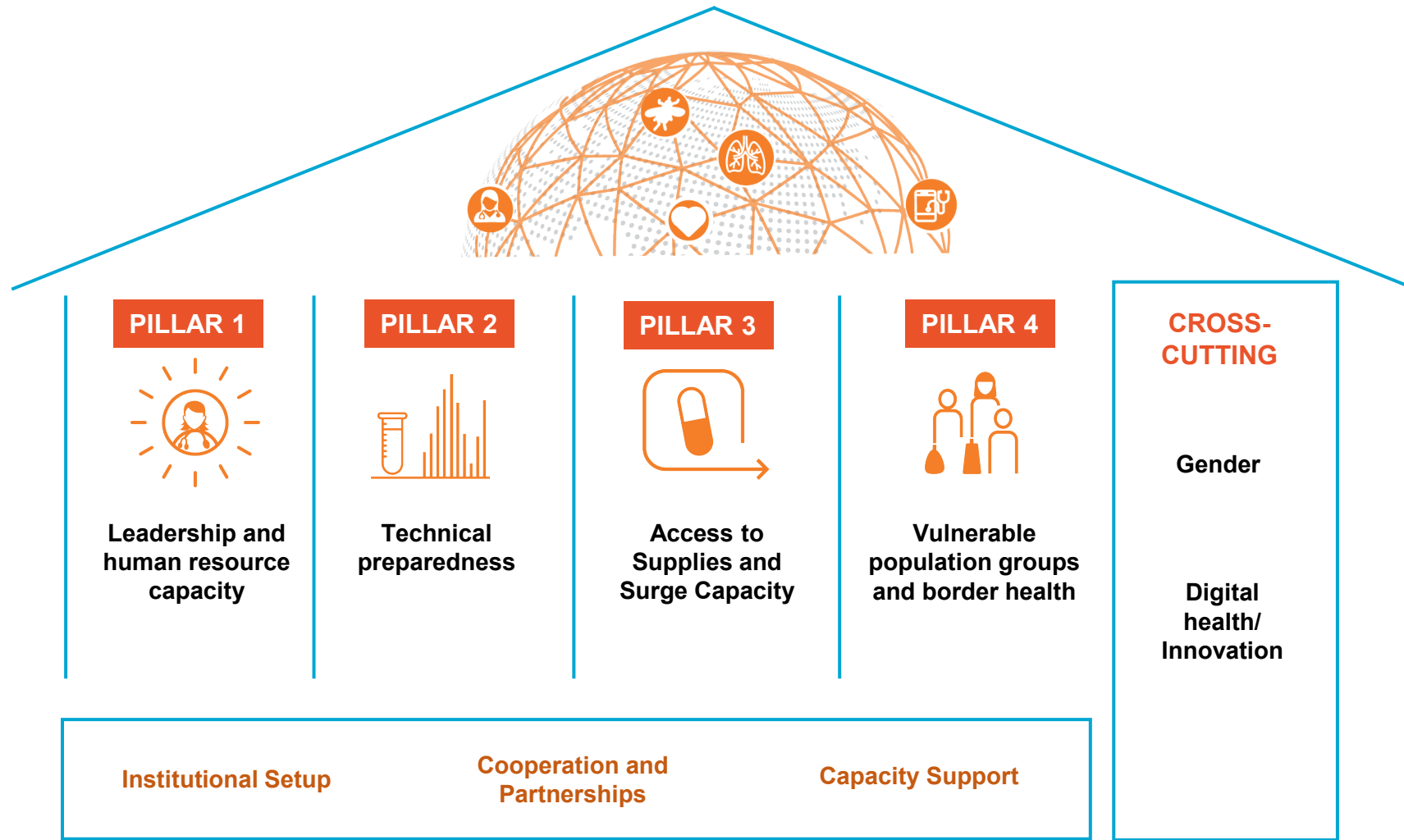
CAREC Health Strategy 2030
Strategic Framework

PILLAR 1
Leadership and human resource capacity

PILLAR 2
Technical preparedness

PILLAR 3
Access to Supplies and Surge Capacity

PILLAR 4
Vulnerable population groups and border health

CROSS-CUTTING
Gender
Digital health/ Innovation

Institutional Setup   **Cooperation and Partnerships**   **Capacity Support**

CAREC Health Strategy 2030
Strategic Framework

PILLAR 1	**PILLAR 2**	**PILLAR 3**	**PILLAR 4**	**CROSS-CUTTING**
Leadership and human resource capacity	**Technical preparedness (Surveillance and Labs)**	**Access to Supplies and Surge Capacity**	**Vulnerable population groups and border health**	**Gender** **Digital health/ Innovation**

NEW: Climate Change and Health Actions

Workforce capacity in climate and health	**Surveillance of climate sensitive diseases and early warning systems (e.g. data sharing)**	**Decarbonizing health supply chains**	**Community-level awareness and resilience on climate and health**	**Climate change**
			Climate resilient health infrastructure in border areas	

Strengthening Human, Animal, and climate-health challenges

ADB's Health Sector in Central, West and East Asia

Central, West and East Asia Team

ADB's Health Sector

HEALTH SECTOR DIRECTIONAL GUIDE
Toward the Achievement of Universal Health Coverage in Asia and The Pacific

Where we are	Where we want to be	What we will do

Challenges

Demographic shifts & urbanization	Aging, youth bulge, changing disease burdens, barriers in accessing care
Climate change	Lack of resilience, high health sector carbon emissions (limited "Green" infrastructure & supply chains)
Decentralization & regional cooperation	Gaps in planning & resource allocation Lack of information sharing
Pandemic threats	Limited public health capabilities to detect, assess, report, and respond to pandemics Vaccine availability
Digitalization	Health worker shortages, low quality of care, digital health inequities, data privacy

Operational focus

Improved
Governance, policy and public goods
Strong regulation, legislation, stewardship and accountability

Sustainable
Health financing and incentives
Well-funded private and public sector
Universal access to high quality health care (reduce catastrophic out of pocket expenses)

Expanded
Health infrastructure and systems
Development of appropriate physical and digital infrastructure; resilient and green supply chains

Strengthened
Health workforce
Adequate supplies of managerial, clinical, technical staff
Suitable roles, skills and training for all health staff

Enhanced
Pandemic preparedness & response
Robust prevention, preparedness and response capabilities in all DMCs and at the regional level through One Health approach

Guiding principles

Sustain an expanded Health Sector Portfolio

Improve Multisectoral and Integrated projects

Contribute to Knowledge Services and build Partnerships

Extend Private Sector Participation through Innovative Financing

Develop Health Staff Skills for emerging health priorities

Support the One ADB Approach

Key G20 Deliverables on Health by ADB

Priority 1 – Pandemic Preparedness	• One Health-based early warning system • Global AMR and AMC surveillance platform • End-to-end pandemic management IT platform • ***Climate and Health Initiative***
Priority 2 - Medical Countermeasures & Improved Health Security	• Develop a "network of networks" for medical countermeasures (vaccines, therapeutics, and diagnostics) • ***Collaboration among CDCs, upgradation of NCDC to RCDC and NRA to maturity level 4, strengthening operationalization of One Health (Animal Health Support)***
Priority 3 – Digital health	• Develop a Global Initiative on Digital Health to leverage data and technology for advanced healthcare and the health-related SDGs • Policy advocacy, creating repositories of good practices and knowledge transfer and accelerating adoption of innovative, emerging technologies. • ***Support to Global Digital Health Initiative with WHO, and telemedicine research***

ADB

Snapshot of ADB Health Sovereign Operations

Health
Loan & Grant Approvals by Subsector
1968-Present (as of 31 July 2023)

$12.7 B

Communicable diseases control, $5.7B, 45%

Health systems development, $3.6B, 28%

Health sector development and reforms, $3.2B, 25%

Others, $0.2B, 2%
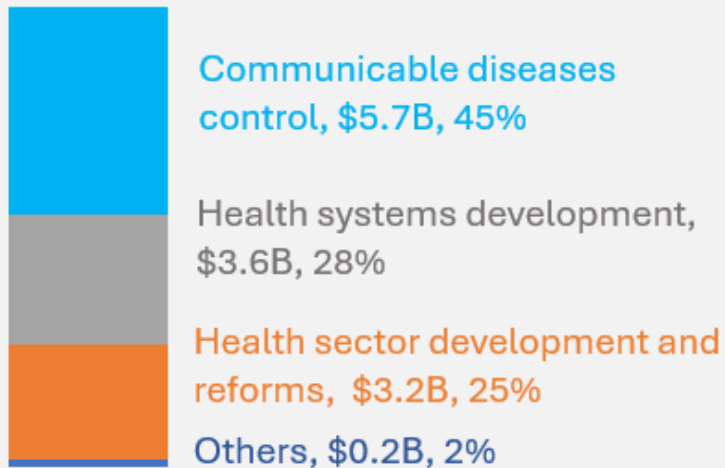
Sources: SPD operations data and DeFRs, 2018-2022

Health Share in ADB Financing
Annual commitments, 2018-2023

$501M
2.4%

$629M
2.95%

$3,266M
12.03%

$5,812M
30.18%

$779M
4.68%

2018   2019   2020   2021   2022

■ ADB   ■ Health
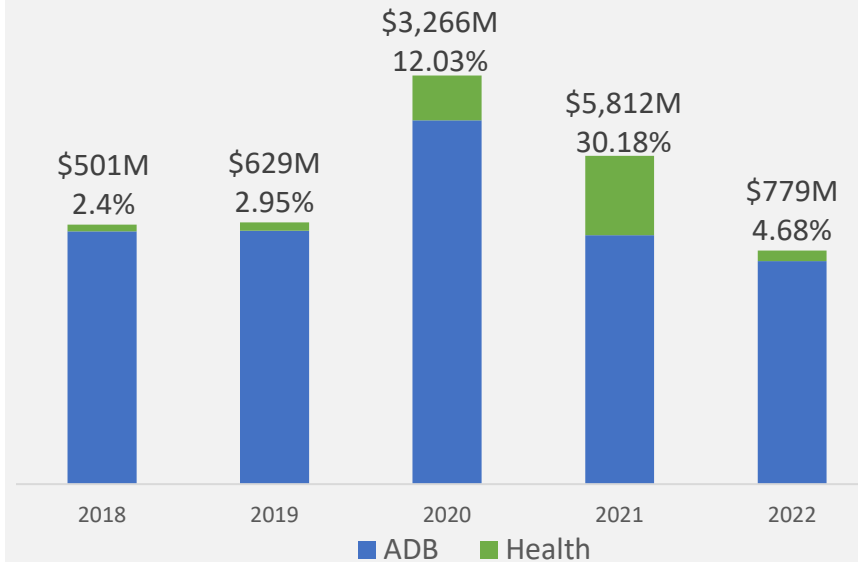
Increase health sector portfolio share to **6-10%** of total commitments

Sources: SPD operations data and DeFRs, 2018-2022

ADB's Health Sector in Central, West and East Asia

CENTRAL AND WEST ASIA
HEALTH SECTOR APPROACH 2025

ADB's Central and West Asia Department manages operations in 10 countries

1 Afghanistan*
2 Armenia
3 Azerbaijan
4 Georgia
5 Kazakhstan
6 Kyrgyz Republic
7 Pakistan
8 Tajikistan
9 Turkmenistan
10 Uzbekistan

*ADB placed its regular assistance to Afghanistan on hold effective 15 August 2021.

Universal Health Coverage

PRIORITY AREAS

1 Develop integrated health services networks

2 Support national health financing reforms

3 Advance digital health for better sector performance

4 Enhancing regional health security

HEALTH SECTOR REFORMS

Wide range of reforms made progress, but health services— including governance and management, financing, and human resources development—require much more attention

HEALTH SERVICES

Reasonable physical access to health services, but these are often limited and fragmented

NONCOMMUNICABLE DISEASES

Major contributor to mortality and morbidity, and declining slowly with lifestyle changes and better prevention and care

AGING POPULATION

Longer life expectancy, declining fertility, and outmigration

The pandemic showed the deep impact of public health events and broader weaknesses in the health sector and beyond

OVERALL POSITIVE TREND OF HEALTH INDICATORS

The total age-adjusted burden of diseases has been declining in all Central and West Asia countries as living conditions, food security, and health services have improved

ADB Health sector investments in the region

Cumulative more than $900 million

Kyrgyz Republic
Strengthening Regional Health Security

Georgia
COVID-19 Vaccine Support under the Asia Pacific Vaccines Access Facility (APVAX) (closed)

Mongolia
- Improving Access to Health Services for Disadvantaged Groups Investment Program
- Support for COVID-19 Vaccine Delivery under the Asia Pacific Vaccine Access Facility

Afghanistan
- Expanding Essential Food Security and Health Services Project (health output)

People's Republic of China
- Strengthening Public Health Institutions Building Project
- 5 Elderly Care projects in Guangxi, Hubei Yichang, Hebei with PPP components

Uzbekistan
- Primary Health Care Improvement project
- COVID-19 Emergency Response project

Pakistan
KPK Strengthening Health Systems

Tajikistan
- Maternal and Child Health Integrated Care project
- COVID-19 Vaccine Support Project under the APVAX Facility

Projects preparation in Turkmenistan, Georgia, PRC, Mongolia, Uzbekistan, Pakistan, Several Technical Assistance activities:
Kazakhstan: Supporting Health Sector Assessment
Azerbaijan: Digitizing sentinel surveillance pilot

ANNEX

Implementation of CAREC Health Strategy 2030
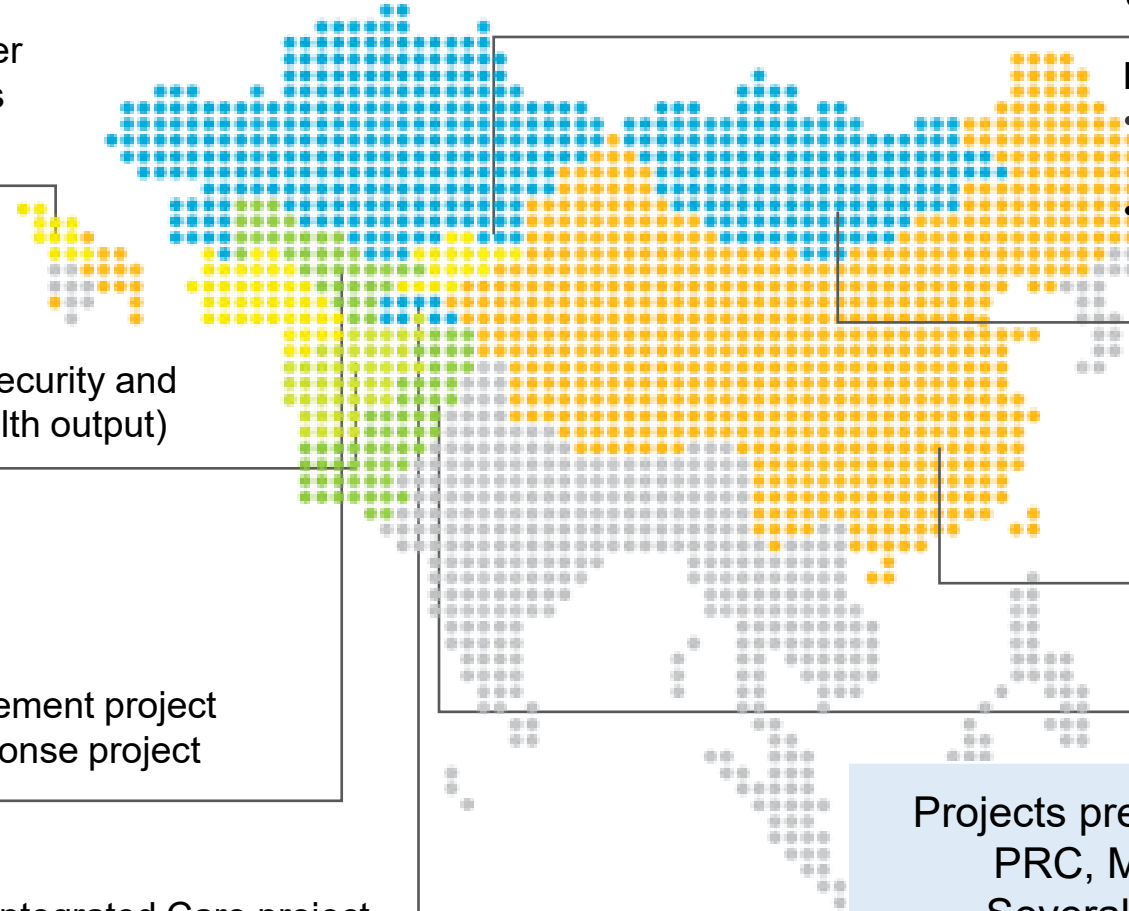
Building on existing initiatives and resources

Strengthen Regional Health Security

Strengthening Regional Health Security
- CAREC SPS standards modernization project
- Shanghai Cooperation Organization

Training of human resources
- FELTP regional epidemiology trainings

Improving Health Information Systems and Laboratory networks
- International Health Regulations implementation
- Electronic Integrated Disease Surveillance System (EIDSS)
- WHO collaborating center on avian influenza

- Regional Antimicrobial Resistance center (Lugar Center)
- Global Disease Detection Regional Center
- Biosurveillance Network of the Silk Road
- CAESAR network; Better Labs for Better Lives

Strengthen Health Systems through Regional Cooperation

Harmonizing health policies and strategies
- WHO Framework Convention on Tobacco Control

Regional network of surveillance
- Electronic health records, HMIS, and EIDSS

Synergizing regional education and training capacity
- eLearning and telemedicine projects
- Provisions under CIS
- Mutual recognition of skills, e.g. CIS

Group purchasing of medicines
- Existing pooled procurement (GAVI, HOPE, UNICEF)
- Single pharmaceutical market introduced under EAEU
- Technology Transfer

Investing in cross-border service provision
- Hospital infrastructure built
- Common GOST/SNIPs construction standards remaining from Soviet era
- Cross-border telemedicine projects

Improving Health Care for Migrants

Regional cooperation on provision of health and social benefits for migrant labor
- Provisions existing under EAEU, CIS, and SAARC
- Provisions in national legislation covering access to health care for migrants
- Bilateral agreements

Issues in Governance, Financing and Human Resources for Health/Leadership

Governance, coordination for health security (preparedness and response)

- Insufficient **implementation of the IHR** in half of CAREC countries
- Weak legislation and policy instruments for IHR implementation
- Whole-of-government coordination mechanisms established during COVID-19 response, however health sector is usually still leading preparedness and response
- Insufficient data use and analytics for informed response planning
- Lack of effective inter-sectoral coordination mechanisms
- Inadequate One Health governance in most countries
- Inadequate cross-border coordination and collaboration mechanisms
- Low levels of development, funding and implementation of National Action Plans for Health security

Financing for health security

- Chronic under & declining funding for health systems and IHR capacity building, although significantly increased funding during COVID19
- Impeded/challenges in accessing emergency funding during pandemic response

Human Resources for Health

- Shortcomings in planning, forecasting and management of health workforce and for their capacity,
- Limited technical capacities of health care staff (e.g., surveillance, lab, infection prevention and control, case management, risk communication, epidemiology, case management in intensive care units, etc.).
- Insufficient human resources for the National IHR Focal Point Function

Issues in Laboratory Capacity and Surveillance

Laboratory capacity

- Inadequate quality of laboratory services due to lack of Laboratory Quality Management Systems (LQMS)
- Weak biosafety management
- Rare certified engineers for biosafety cabinets maintenance
- Limited number of skilled laboratory technicians
- Inadequate capacities for genome sequencing to monitor virus mutations
- Lack of a unified network of laboratories for public health, lack of coordination between vertical program laboratories
- Challenges related to specimen referral and transportation

Surveillance

- Inadequate data analytics and use of digital tools for surveillance, including for lab-based surveillance
- Lack of integrated surveillance between human and animal health (One Health, also pillar 1)
- Limited interoperability between infectious disease surveillance and general health databases
- Lack of cross-border surveillance, due to lack of funding and lack of information exchange
- Lack of human resource capacity to deal with surveillance data in public health and at primary health care level
- A general shortage of human resources for public health
- Lack of funding to implement proper training for surveillance

Issues in Public Health Supply Chain Management and Procurement

PILLAR 3

Supply Chain Management

- Objective: Developing a patient-centric pharmaceutical supply chain assuring uninterrupted supply
- Low capacity for supply chain staff (for demand planning, warehousing, distribution and stock management)
- Inadequate national storage and distribution network capacity
- Supply chain workforce and material shortages
- Weak systems for accurate forecasting and distribution planning supported by digital technology
- Unclear roles and responsibilities
- Port congestion
- Rising Freight Costs

Procurement challenges

Supplier-related issues
- Limited supplier base leading to high prices for drugs and supplies
- Lack of access to global markets, lack of interest from large manufacturers/ suppliers due to small market size and low govt. set prices
- Undeveloped supplier market and hard to find reliable suppliers offering quality products
- Poor supplier performance and participation of less trustful suppliers in state tenders

Data, quantification and budgeting challenges
- Poor information sharing among departments involved in procurement
- Inaccurate data leading to quantification and budgeting challenges
- Poor supply chain transparency; lack of control & visibility of procurement spending
- Lack of adequate technology and e-procurement systems

Other noted challenges
- Lengthy bureaucratic procurement process, lack of trained HR and need for better risk management

Issues regarding vulnerable groups and border health

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

Pillar 1: Leadership and Human Resource Capacity

Repository of training programs on health security

- Compilation of the latest available IHR-related health security trainings and institutes/organizations offering these trainings in all CAREC countries.

- Provides information on where the training is offered, length, languages they are offered, required qualification for enrollment, and the quality assurance mechanisms the providing institute/organization undergoes, if any.

Knowledge Platform for WGH Members

- Newly emerging CAREC Health Cooperation sub-site

- Will contain information on: CAREC Health institutional set-up of, main documents (CAREC Health Strategy 2030, RIF), other knowledge products, upcoming events.

- An interactive site, allowing users to click through the four pillars and RIF activities and to upload documents through a protected members area.

Pillar 2: Technical Preparedness

Sentinel Surveillance pilot in Azerbaijan

- Pilot to carry out digitalization of sentinel surveillance in Azerbaijan to start in November 2023

- Lessons from pilot and tools will be shared regionally

Pillar 3: Surge Demand and Access to Supplies (1)
Regulatory mechanism

Strengthening Capacities for Ensuring the Quality of Imported Medicines

Assessment Findings

- Interest for action in at least three CAREC countries: AZE, KGZ, TAJ.

- AZE's solid import control system as potential model for adaptation to KGZ and TAJ context.

Plan of Action

- Initially work with AZE as model and develop documentation for import control operations.

- Introduce model to KGZ and TAJ and assist with strengthening import control work.

- Initiate effective exchange of information/ experience on foreign manufacturers among the three authorities.

- Establish sub-working group

Pillar 3: Surge Demand and Access to Supplies (2)
Procurement and supply chain mechanisms

Firm to be contracted to deliver the following:

1 Regional risk management plan for health supply chains

2 Mechanism/platform for regional sharing of market information on selected hard-to-access medical products among CAREC members

3 Situational analysis and feasibility study for cross-border collaborative procurement arrangements among CAREC members

4 Close collaboration with CAREC WGH and sub working group on PSCM

Pillar 3: Surge Demand and Access to Supplies (2)
Procurement and supply chain mechanisms

Firm to be contracted to deliver the following:

1. Regional risk management plan for health supply chains

- Common standards and processes among CAREC countries for joint forecasting and demand planning and enable fast-track supply, (joint) storage, distribution, and dispensing of public health supplies especially during public health emergencies.

2. Mechanism/platform for regional sharing of market information on selected hard-to-access medical products among CAREC members

- Facilitate information exchange on the availability, price, quality, and regulatory status of medical products among member countries to enhance transparency, collaboration, and coordination in the procurement and distribution of these products.

Pillar 3: Surge Demand and Access to Supplies (3)
Procurement and supply chain mechanisms

Firm to be contracted to deliver the following:

3. Situational analysis and feasibility study for cross-border collaborative procurement arrangements among CAREC members

- Explore opportunities for more integrated collaborations among CAREC members: pooled procurement or group purchasing mechanisms; associated financing mechanisms with ADB/DP support.
- Pilot project among interested countries for a subset of priority medicines and medical supplies to test feasibility/effectiveness of collaborative procurement.

4. Close collaboration with CAREC WGH and sub-working group on PSCM

- Engage member countries and present progress and results for discussion, agreement and guidance, including scope of work of a prospective Regional Procurement and Supply Management Institute or Centre.

Pillar 4: Vulnerable Population Groups and Border Health

Planned technical support for selected TAJ and UZB borders

Research on health gaps

- Research among border communities and mobile populations (including women and vulnerable groups) on their health needs, health services access, and effects of outbreaks and pandemics.

Cross-border data exchange

- Pilot of mechanism for cross-border data sharing and communication between selected border checkpoints

Health facility assessment

- Assessment of service availability and quality of selected border health facilities

EMR for migrants

- Workshop on sharing of Electronic Medical Records for migrants (including HIV and TB)

Cross-cutting theme: Digital Health

Evaluating digital health applications

- Development of Report on Evaluation of Digital Health Apps and potential for establishing a regional mechanism
- Conduct literature reviews and interviews

Digital health workshops

- Continuation of virtual digital health workshops: Cybersecurity, EMR/EHR, evaluating digital health apps

Pandemic Fund Applications and Outcomes

- 179 applications received from 133 countries under its first round of funding.
- Approved grants to boost resilience to future pandemics in 37 countries across 6 regions.
- The $338 million of grants awarded will mobilize over $2 billion in additional resources.

Beneficiary Country	Name of Project	Implementing Entity
Kazakhstan	Strengthening the National Capacity for Pandemic Preparedness and Response to Infectious Disease Outbreaks in Kazakhstan	WHO
Mongolia	Strengthening pandemic prevention, preparedness and response through One Health in Mongolia	WHO UNICEF
Multi-country: KAZ, KGZ, TAJ, TUK, UZB	Pandemic Preparedness and Response through a One Health approach in Central Asia	World Bank WHO, FAO

https://www.worldbank.org/en/news/press-release/2023/07/20/pandemic-fund-allocates-first-grants-to-help-countries-be-better-prepared-for-future-pandemics

Governance of Working Group on Health (WGH)

- WGH chaired by countries on rotational basis in alphabetical order, following CAREC chairmanship rules

- WGH with support from the CAREC Secretariat reports to CAREC Senior Officials Meeting (SOM) by preparing necessary inputs. Chairperson of WGH bears responsibility for delivering inputs.

- Annual progress reports submitted to Senior Officials before SOM. Includes reporting progress against the <u>CAREC 2030 Program Results Framework</u> (aligned with CAREC Health Strategy Results Framework)

Potential Sub-working groups

- Sub-working groups for selected technical topics could be established, involving experts on **technical topics**
- **Voluntary participation:** selected countries with interest in topic
  - Follow-on from webinars (e.g. regulation)
- Co-chaired by countries to facilitate country ownership
- Sub-working group reports to WGH
- Sub-working group members meet on regularly and on needs-basis (remotely) and as agreed to discuss technical area related topics and elaborate documents/proposals for WGH's consideration

Potential Sub-working groups – cont'd

Topics to be aligned with CAREC Health Strategy and investment framework, e.g.:

- Laboratories
- Digital Health
- Regulation of medical products (medicines, vaccines)
- Procurement and Supply Chain Management
- Border Health, Border Health Security, Vulnerable Groups
  (could build on existing initiatives)

→ Sequenced roll-out

Support to reporting against
CAREC Results Framework

- Every 15th May and 15th November each year
  - support reports to SOM (June) and National Focal Points (NFP) (November) meetings

- Main outcome indicator:
  - Number of CAREC countries that incorporate joint regional approaches and cross-sector activities in their UHC and/or health sector strategies or plans
    - Example: Georgia

Thank you.

Visit CAREC Health website:
https://www.carecprogram.org/?page_id=19337