

INSPIRE Health Forum

One Health Through Regional Cooperation – example of CAREC Health

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One Health as a Regional Public Good

One Health provides benefits to several countries

• If countries strengthen their health systems resilience and pandemic preparedness this has positive spillovers for other countries (surveillance and outbreak response)

Cross-border and cross-sector cooperation

 Build joint capacity and resources (common training program on regional health security, regional referral labs, joint surveillance/early warning, points-of-entry/border health)

Shared challenges, shared responsibility

 Improve accessibility of health services for labor migrants and mobile populations crossing border

Root causes of One Health are also cross-border

Regional challenges require regional solutions

Increasing interdependencies as disease agents cross borders...



...and health determinants need cross-sector and cross border solutions







Climate change



R&D

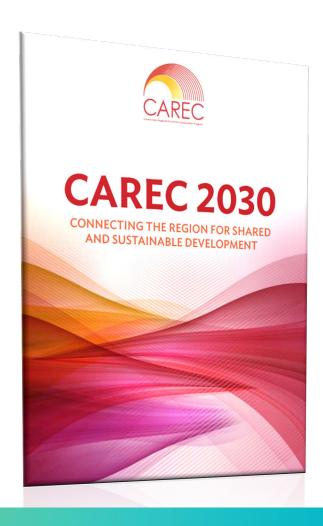


Trade

However,

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

What is the Central Asia Regional Economic Cooperation Program (CAREC) and CAREC 2030?



- Formally established in 2001 with 5 member countries
- Partnership of 11 countries and development partners
 working to promote development through cooperation, leading
 to accelerated growth and shared prosperity
- Action and results oriented through advising on strategies and action plans, investments and promotion of capacity development and knowledge management
- Platform for regional investment projects
- CAREC Strategy 2030 was endorsed by CAREC Ministers in November 2017 in Dushanbe, Tajikistan providing the long-term strategic framework for the CAREC Program leading to 2030
- CAREC 2030 prioritizes five operational clusters.
- Earlier sectors such as trade, energy transportation, economic corridor development.

Development of CAREC Health

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

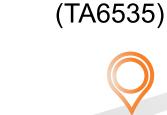
- Nov 2021

CAREC HEALTH



Regional Investment Framework

- in 2022



Implementation

until 2030

CAREC Working Group on Health and SWG

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



CAREC Institute Knowledge support

Private Sector Financing and public-private dialogue



Drivers of regional health cooperation in the CAREC context



- **Employment opportunities** and cost reduction (e.g., crossborder 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)

Cultural/social

Economic/ technological

> Regional cooperation

Regulatory

- Common "Semashko" legacy (8/11 countries)
 - Commonly spoken language of importance
- Health professionals crossing borders for better education & opportunities

Geographic

- 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

Background

Reality check _
Regional Health
Challenges



Outbreaks with epidemic and pandemic potential



Emerging infectious disease



Continual financing to control acute and chronic infectious diseases

Malaria, dengue, and Japanese encephalitis



Drivers of

Regional Health Security



Health Systems Resilience



Migration and increasing connectivity



Climate change, Urbanization

Factors increasing vulnerability to health security threats

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

CAREC Health Strategy 2030

Strategic Framework



Enhanced Regional Health Security





Leadership and human resource capacity

Factors

Enabling

PILLAR 2



Technical preparedness

PILLAR 3



Access to Supplies and Surge Capacity

PILLAR 4



Vulnerable population groups and border health

CROSS-CUTTING

Gender

Climate Change

Digital health and Innovation

Institutional Setup

CAREC institutional support

Working Group on Health

Cooperation and Partnerships

Stakeholder engagement

Political commitment and policy dialogue

Multisector coordination

Geographic clusters

Capacity Support

Training and knowledge sharing

Research and knowledge products

CAREC Health Strategy 2030

Strategic Framework



PILLAR 1

Leadership and human resource capacity

PILLAR 2

Technical preparedness (Surveillance and Labs)

PILLAR 3

Access to Supplies and Surge Capacity

PILLAR 4

Vulnerable population groups and border health

CROSS-CUTTING

Gender

Climate Change and Health Actions (updated Regional Investment Framework on Health)

Integrate climate and health into health security plans

> Workforce capacity in climate and health

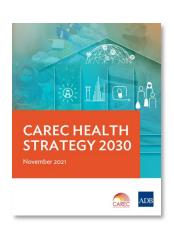
Governance with legal and regulatory framework for climate and health Country
capacities on sexdisaggregated
climate-related
disease and risk
surveillance and
assessment on
health and climate
change.

Low-carbon and climate resilient health facilities including in border areas

Community-level awareness and resilience on climate and health Database on sexdisaggregated climate changerelated health outcomes

Research genderdifferentiated effects of climate change on health.

Thank you







Visit CAREC Health website: https://health.carecprogram.org/