



Technical Assistance Report

Project Number: 54124-001
Knowledge and Support Technical Assistance (KSTA)
July 2020

Addressing Health Threats in Central Asia Regional Economic Cooperation Countries and the Caucasus

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Asian Development Bank

ABBREVIATIONS

ADB	–	Asian Development Bank
CAREC	–	Central Asia Regional Economic Cooperation
COVID-19	–	coronavirus disease
CWRD	–	Central and West Asia Department
EID	–	emerging infectious disease
NCD	–	noncommunicable disease
NGO	–	nongovernment organization
PRC	–	People’s Republic of China
RCIF	–	Regional Cooperation and Integration Fund
SDG	–	Sustainable Development Goal
TA	–	technical assistance
TAD	–	transboundary animal disease
WHO	–	World Health Organization

NOTE

In this report, “\$” refers to United States dollars.

GLOSSARY

communicable diseases or infectious diseases	–	caused by microorganisms such as bacteria, viruses, parasites, and fungi that can be spread, directly or indirectly, from one person to another; transmitted through a variety of ways such as bites from insects, ingesting contaminated food or water, contact with bodily fluids, and airborne transmission
noncommunicable diseases	–	also known as chronic diseases, tend to be of long duration and are the result of a combination of genetic, physiological, environmental and behaviors factors (e.g., cardiovascular diseases, cancers, chronic respiratory diseases, and diabetes)
emerging infectious diseases	–	newly identified and previously unknown infections, which cause public health problems either locally or internationally
transboundary animal diseases	–	epidemic diseases, which are highly contagious and have the potential to spread rapidly, causing serious socioeconomic, food security, and sometimes public health consequences
zoonotic disease	–	any disease or infection that is naturally transmissible from vertebrate animals to humans; a public health problem that may be bacterial, viral, fungal, or parasitic, or may involve unconventional agents

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KNOWLEDGE AND SUPPORT TECHNICAL ASSISTANCE AT A GLANCE

1. Basic Data		Project Number: 54124-001
Project Name	Addressing Health Threats in Central Asia Regional Economic Cooperation Countries and the Caucasus	Department/Division CWRD/CWSS
Nature of Activity Modality	Capacity Development, Policy Advice Regular	Executing Agency Asian Development Bank
Country	REG (AFG, ARM, AZE, GEO, KAZ, KGZ, MON, PAK, PRC, TAJ, TKM, UZB)	
2. Sector		ADB Financing (\$ million)
✓ Health	Health system development	3.50
		Total 3.50
3. Operational Priorities		Climate Change Information
✓ Addressing remaining poverty and reducing inequalities		GHG Reductions (tons per annum) 0
✓ Accelerating progress in gender equality		Climate Change impact on the Project Low
✓ Strengthening governance and institutional capacity		
✓ Fostering regional cooperation and integration		
		ADB Financing
		Adaptation (\$ million) 0.00
		Mitigation (\$ million) 0.00
		Cofinancing
		Adaptation (\$ million) 0.00
		Mitigation (\$ million) 0.00
Sustainable Development Goals		Gender Equity and Mainstreaming
SDG 1.3, 1.4		Effective gender mainstreaming (EGM) ✓
SDG 3.8, 3.d		
SDG 5.c		
SDG 10.4		
4. Risk Categorization Complex		Poverty Targeting
		General Intervention on Poverty ✓
5. Safeguard Categorization Safeguard Policy Statement does not apply		
6. Financing		
Modality and Sources		Amount (\$ million)
ADB		3.50
Knowledge and Support technical assistance: Regional Cooperation and Integration Fund		0.50
Knowledge and Support technical assistance: Technical Assistance Special Fund		3.00
Cofinancing		0.40
People's Republic of China Poverty Reduction and Regional Cooperation Fund (Full ADB Administration)		0.40
Counterpart		0.00
None		0.00
Total		3.90
Currency of ADB Financing: US Dollar		

I. INTRODUCTION

1. This knowledge and support technical assistance (TA) will enhance regional health cooperation in the Central Asia Regional Economic Cooperation (CAREC) countries and the Caucasus.¹ It will facilitate regional policy dialogues, knowledge sharing, and a more coordinated approach to common health threats and challenges. In particular, the TA will (i) develop innovative solutions in response to the ongoing coronavirus disease (COVID-19) pandemic; and (ii) build capacity to jointly prevent, prepare for, and respond to regional health threats. The TA is a timely response to the COVID-19 crisis and likely future health threats, and builds on existing networks and projects in the region, addressing one of the main weaknesses—sectoral and institutional fragmentation and uncoordinated approaches.

2. The TA is in line with the Asian Development Bank (ADB) Strategy 2030,² particularly operational priority 1 to reduce poverty and inequalities, and enhance human capital and social protection for all; operational priority 2 to enhance gender equality in health-related human capital development; and operational priority 7 to foster regional cooperation and integration and support investment in regional public goods.³ The TA will support the CAREC and Caucasus countries (footnote 1) in their urgent responses to the COVID-19 outbreak and in achieving their commitments under the International Health Regulations⁴ and the United Nations Sustainable Development Goals (SDGs), particularly SDG 3, which targets to achieve universal health coverage. It will also support the implementation of the CAREC 2030 strategy to promote health cooperation.⁵ A regional cooperation operations business plan does not exist. The TA is proposed given the urgency to respond to the COVID-19 pandemic.

II. ISSUES

3. Greater trade and transport connectivity in the region, while critical to greater integration and growth among the countries, carries the inherent risk of adverse public health impacts from emerging infectious diseases (EIDs) and transboundary animal diseases (TADs), if not managed effectively and collectively. Regional challenges call for regional solutions. The goal of better health outcomes can be achieved through more regional cooperation by leveraging economies of scale across different health system building blocks,⁶ through cross-sector collaboration, and by allowing for cross-country learning and information exchange.

4. **Human and economic costs of infectious and zoonotic diseases.** Since the beginning of the 21st century, CAREC countries and the Caucasus have experienced multiple disease outbreaks caused by infectious and zoonotic diseases such as the severe acute respiratory syndrome (SARS) outbreak in 2003. The current COVID-19 crisis shows that infectious disease

¹ The region consists of the following countries: Afghanistan, Armenia, Azerbaijan, Georgia, Kazakhstan, Kyrgyz Republic, Mongolia, Pakistan, the People's Republic of China (PRC), Tajikistan, Turkmenistan, and Uzbekistan.

² ADB. 2018. [Strategy 2030: Achieving a Prosperous, Inclusive, Resilient, and Sustainable Asia and the Pacific](#). Manila.

³ ADB. 2019. [Strategy 2030 Operational Plan for Priority 1: Addressing Remaining Poverty and Reducing Inequalities](#). Manila; ADB. 2019. [Strategy 2030 Operational Plan for Priority 2: Accelerating Progress in Gender Equality](#). Manila; and ADB. 2019. [Strategy 2030 Operation Plan for Priority 7: Fostering Regional Cooperation and Integration, 2019–2024](#). Manila.

⁴ A binding instrument of international law, which 196 countries across the globe agreed to implement and which entered into force on 15 June 2007 to prevent, protect against, control and provide a public health response to the international spread of disease.

⁵ ADB. 2017. [CAREC 2030: Connecting the Region for Shared and Sustainable Development](#). Manila.

⁶ The six building blocks are (i) Leadership and Governance, (ii) Health Information Systems, (iii) Health Financing, (iv) Essential Medical Products and Technologies, (v) Human Resources for Health, and (vi) Service Delivery. World Health Organization (WHO). 2010. [Key components of a well functioning health system](#).

outbreaks, epidemics, and pandemics have the potential to inflict catastrophic effects on human lives, and economies. The COVID-19 pandemic has already affected more than 180 countries, causing more than 10 million infections and more than 500,000 deaths as of 30 June 2020.⁷ A recent ADB study estimates potential losses of nearly 7.5% of gross domestic product for the People's Republic of China (PRC) and 6.2% of gross domestic product for Developing Asia under the long containment scenario where the outbreak lasts for 6 months, compared with a world without COVID-19.⁸ The pandemic further resulted in losses to tourism, businesses, and trade.

5. **High vulnerability to outbreaks and growing noncommunicable disease burden.**

Even though all countries in the region are successfully reducing their infectious disease burden, the region remains vulnerable to outbreaks from epidemic-prone EIDs and TADs, as COVID-19 demonstrates. While the COVID-19 pandemic arrived relatively late in many CAREC countries and in the Caucasus, the number of cases has increased rapidly in most countries, reflecting the region's vulnerability.⁹ Factors contributing to the spread of EIDs and TADs include large numbers of people living close to animals; cross-border travel, including transboundary population and livestock movements; economic integration and trade; and variable levels of health system capacity. Greater inter- and intraregional population movements may potentially lead to the exclusion of migrants from access to essential health services, further exacerbating the risk of infectious disease spread.¹⁰ In 2019, more than 10.3 million migrants from CAREC countries worked outside their home countries.¹¹ The COVID-19 pandemic has also exposed the link between infectious diseases and noncommunicable diseases (NCDs).¹² This is concerning for a region in which the NCD burden is high and continues to grow.¹³

6. **Weak capacity to respond to present and future pandemics.** The increasing number of COVID-19 cases is placing countries' health systems under stress. More capacity to (i) protect health workers (of whom, globally, about 70% are women);¹⁴ (ii) identify, isolate, and treat severe cases; and (iii) communicate effectively about the risk is urgently needed. According to the World Health Organization (WHO) COVID-19 Preparedness and Response Status, most countries in the region currently fall under level 2 (up to 40% prepared) or level 3 (60%).¹⁵ According to the Global Health Security Index, countries in the region scored between 31.8 (Turkmenistan) and 50.2 (Georgia) out of 100.¹⁶ Surveillance systems, for instance, are often still paper-based and/or fragmented, making efforts for early detection and monitoring challenging. There is potential to innovate more and learn from the response to the COVID-19 crisis, and to leverage current support to build resilient health systems and better prepare them for potential future outbreaks.

7. **Insufficient capacity to jointly prepare for and respond to regional health threats.** A forthcoming scoping study recommends strengthening regional health cooperation under CAREC

⁷ Johns Hopkins University. [Coronavirus Resource Center](#) (last accessed 30 June 2020).

⁸ C. Park et al. 2020. [An Updated Assessment of the Economic Impact of COVID-19](#). *ADB Briefs*. No. 133.

⁹ Graph of Total Confirmed COVID-19 Cases in Central Asian Regional Economic Cooperation Countries and the Caucasus (accessible from the list of linked documents in Appendix 3).

¹⁰ CAREC. Scoping Study: Enhancing Regional Cooperation in Health under CAREC. Unpublished.

¹¹ United Nations Department of Economic and Social Affairs. [International Migrant Stock 2019](#).

¹² Patients with comorbidities are likely to have more severe illnesses and subsequent mortality. R. Pal/S.K. Bhadada. [COVID-19 and non-communicable diseases](#). *Postgraduate Medical Journal*.

¹³ The epidemiological transition is at varying stages. Countries like Georgia and the PRC have a much higher NCD burden, other countries such as Afghanistan and Pakistan are in the early stage of transition with a fast-growing NCD burden. Global Health Data Exchange. [Global Burden of Disease Study 2017](#).

¹⁴ M. Boniol et al (eds.). 2019. [Gender equity in the health workforce: Analysis of 104 countries](#). *Health Workforce Working Paper 1*. Geneva: WHO.

¹⁵ WHO. 2020. [Updated Country Preparedness and Response Status of COVID-19 as of 20 April 2020](#).

¹⁶ [Global Health Security Index](#). The index consists of 140 questions, organized across 6 categories, 34 indicators, and 85 subindicators, to assess a country's capability to prevent and mitigate epidemics and pandemics.

and exploring innovative solutions and approaches to prepare for, respond to, and mitigate common regional health threats (footnote 10). Effective regional cooperation that considers the needs of the vulnerable (the elderly, women, children, and persons with disabilities) and of communities residing in border areas is essential for containing rapidly spreading cross-border infectious diseases. There is scope to further build knowledge on joint regional mechanisms and cross-border services, and identify regional investments to leverage economies of scale. Opportunities for developing member countries to share examples of good regional collaboration, brainstorm workable ideas, contribute to countries' national health strategies, and leverage ongoing operations will contribute to building effective regional cooperation. It will be essential to distill lessons and experiences from the COVID-19 pandemic when assessing the need for more regional health cooperation.

8. **Much potential to strengthen regional cooperation.**¹⁷ Although regional agreements abound among CAREC countries, CAREC is the only body with a regional scope covering all 11 countries. Other regional groupings like the Commonwealth of Independent States or Eurasian Economic Union do not cover critical borders that are at high risk of zoonosis and epidemiological spread, such as the borders shared by the PRC with the Kyrgyz Republic, Tajikistan, and Pakistan. ADB is in a unique position to provide regional and cross-border support as a partner for long-term and innovative financing.¹⁸ It can build on ongoing health and TA projects in the region¹⁹ and leverage regional projects in other sectors for cross-sector collaboration.²⁰

III. THE TECHNICAL ASSISTANCE

A. Impact and Outcome

9. The TA is aligned with the following impact: healthy lives ensured and well-being for all at all ages promoted (SDG 3).²¹ The TA will have the following outcome: joint approaches to regional health challenges strengthened.²²

B. Outputs, Methods, and Activities

10. **Output 1: Capacity to respond to COVID-19 pandemic enhanced.**²³ The TA will help develop, pilot, and/or implement innovative solutions and models responding to the COVID-19 pandemic, and strengthen health systems and capacities to improve the prevention of, preparation for, response to, and recovery from epidemics.²⁴ The proposed solutions will be based on assessments of countries' health systems and health security capabilities; and research on innovations, latest lessons, and best practices in COVID-19 responses globally. The solutions

¹⁷ Human development, which includes health, is one of CAREC 2030's operational clusters. The other operational clusters are (i) economic and financial stability; (ii) trade, tourism, and economic corridors; (iii) infrastructure and connectivity; and (iv) agriculture and water.

¹⁸ M. Counahan et al. 2018. Investing in Health Security for Sustainable Development in Asia and the Pacific: Managing Health Threats Through Regional and Intersectoral Cooperation. *ADB Sustainable Development Working Paper Series*. No. 56. Manila: ADB.

¹⁹ ADB. [Republic of Uzbekistan: Primary Health Care Improvement Project](#); ADB. [Tajikistan: Maternal and Child Health Integrated Care Project](#); ADB. [Uzbekistan: Preparing the Integrated Perinatal Care Project](#); ADB. [Pakistan: Preparing Health Sector Assessment](#); ADB. [People's Republic of China: Development of Geriatric Nursing Policy Principles and Training Program in Liaoning Province](#); and ADB. [Mongolia: Improving Health Care Financing for UHC](#).

²⁰ Health is also affected by other sectors and (such as transport—pollution, road safety—and industry and trade) and has significant impacts on other areas (such as agriculture, livelihoods, tourism).

²¹ United Nations SDGs. [Goal 3: Ensure healthy lives and promote well-being for all at all ages](#).

²² The design and monitoring framework is in Appendix 1.

²³ Support to activities in response to the current COVID-19 outbreak will include Armenia as well.

²⁴ These efforts will be aligned with WHO. 2020. [Strategic Preparedness and Response Plan for the New Coronavirus](#).

may relate to (i) leveraging digital technology such as telemedicine; (ii) improving laboratory diagnostics and testing capacity; (iii) enhancing disease surveillance capacity; (iv) supporting infection prevention and control, and case management, including regional mapping of surge capacity, taking into account community-centered care and cross-border solutions, without adding to women's existing multiple burdens; (v) assessing health facilities' absorptive capacities and upgrading needs; (vi) supporting regional risk communication that considers vulnerable groups (the elderly, migrants, women, differently abled persons, and communities residing in border areas); (vii) boosting rapid response capacity; (viii) strengthening drug regulation agencies, regulatory reliance and regional harmonization of regulation policies, and information sharing; (ix) improving cause-of-death reporting; and (x) strengthening asset management and exploring future uses of equipment such as ventilators. For the pilots, a monitoring and evaluation plan should be included to capture lessons learned and recommend options for rollout and scaling.²⁵

11. Immediate supply needs to respond to COVID-19 outbreaks may include forecasting and procurement of items such as personal protective equipment for health workers, ventilators, polymerase chain reaction machines and related testing equipment, and other supplies to be determined in close coordination with governments and partners.²⁶ The TA will support the preparation of knowledge products and help identify potential investment opportunities.

12. **Output 2: Capacity to prevent, prepare for, and respond to regional health threats developed.** The TA will further advance regional cooperation on health by drawing on lessons from the COVID-19 pandemic and results from the CAREC health scoping study.²⁷ The TA will help (i) scope and develop joint regional mechanisms, building on existing ones and those prepared under output 1 (e.g., joint procurement during crises;²⁸ regional asset management; regional surveillance systems for infectious and zoonotic diseases; stronger region-wide laboratory capacities and referral systems; joint outbreak investigation); (ii) examine the potential for further harmonization of standards and regulations (e.g., human and animal health management and disease control, reporting procedures); (iii) leverage technology such as telemedicine in remote and border areas; (iv) develop joint strategies to protect the most vulnerable residing in border areas (women, the elderly, children, persons with disabilities, and migrant and mobile populations) from disease outbreaks and improve their access to health services; and (v) find solutions for better provision of cross-border health services. To this end, the TA will support preparing studies, assessments, and reports; and holding consultations. Capacity development will be facilitated through workshops, and peer-to-peer learning through study tours and knowledge exchange, while ensuring women's equitable participation. In addition, the TA will pursue collaboration with technical agencies such as WHO and the World Organization for Animal Health. National action plans to improve national capacity for regional health cooperation will be updated or developed. High-level activities will be supplemented by evidence-generating national or regional workshops, joint simulation exercises, and impact assessments, especially at border areas involving vulnerable communities. A virtual learning platform to encourage best practice sharing will be established and linked to the CAREC website.

²⁵ The TA will draw on lessons from ADB. 2020. [Unlocking Innovation for Development. Action Update: What Worked and What Didn't for ADB's First Regional Innovation Regional Technical Assistance Project](#). Manila.

²⁶ The TA will not duplicate any efforts made under ADB. 2020. [Regional Support to Address the Outbreak of Coronavirus Disease 2019 and Potential Outbreaks of Other Communicable Diseases](#). Manila (TA 9950-REG) but will complement activities, including potential procurement of supplies and equipment.

²⁷ Key findings of the CAREC scoping study (unpublished) are: (i) threats stemming from EIDs and zoonotic diseases are most pressing and most plausible to be addressed regionally; (ii) incidence of NCDs is growing rapidly, will incur high costs, and strain weak national health systems; there is scope to explore economies of scale to address NCD regionally; and (iii) migrant labour face risk of exclusion from health services.

²⁸ This could be explored jointly with the United Nations Children's Fund (UNICEF), with which ADB has a memorandum of understanding. UNICEF and ADB. 2018. [Memorandum of Understanding](#).

13. **Output 3: Regional health cooperation strategy toward 2030 and investment framework (2022–2026) developed.** Output 3 will support the development of a gender-sensitive regional health strategy toward 2030, outlining common goals, shared health challenges, and priorities for cooperation. It will build on findings of the CAREC health scoping study, national plans, and existing regional agreements. The strategy will address the main regional threats in the fields of EIDs, zoonotic diseases, and NCDs, and cross-sectoral issues of migration, agriculture, trade, and climate change, including their gender-differentiated effects; and propose gender-sensitive approaches. It will support the establishment and formalization of the Working Group on Health under the CAREC institutional framework, providing a platform for dialogue, knowledge and best practice exchange, and coordination. The Working Group on Health will explore ways to institutionalize regional cooperation under CAREC. The TA will provide secretariat support to bring together relevant stakeholders and experts. A regional investment framework will be developed from 2022 to 2026 with project proposals to complement the strategy. The TA will support preparation of prioritized investment cases, including public–private partnerships, with indicative budgets, cost–benefit analyses, recommendations for including gender elements, and various assessments such as those carried out under output 2. It will further support consultation meetings with public and private stakeholders, including women, in preparation of the strategy and investment framework. Exploring strategic regional collaborations will allow to pool resources, build on existing initiatives and implement activities in the strategy.

C. Cost and Financing

14. The TA is estimated to cost \$3,900,000, of which \$3,000,000 will be financed on a grant basis by ADB’s Technical Assistance Special Fund (\$2,250,000 TASF 6, and \$750,000 TASF-other sources) (ii) \$500,000 will be financed on a grant basis by the Regional Cooperation and Integration Fund (RCIF), and (iii) \$400,000 will be financed by the People’s Republic of China Poverty Reduction and Regional Cooperation Fund (PRC Fund) and administered by ADB. The key expenditure items are listed in Appendix 2.

15. The RCIF will finance TA operational expenses in the form of consulting services and related goods and activities, trainings and conferences. The PRC Fund will finance TA operational expenses in the form of goods.²⁹ The RCIF funds are not used for (i) civil works; (ii) procurement of large-scale equipment; and (iii) permanent staffing cost. The governments will provide counterpart support in the form of counterpart staff, office space, and other in-kind contributions.

D. Implementation Arrangements

16. ADB will administer the TA and will be the executing agency. The Social Sector Division of ADB’s Central and West Asia Department (CWRD) will select, supervise, and evaluate consultants; facilitate the procurement of goods; help organize workshops; and closely coordinate with the East Asia Department, Regional Cooperation and Operations Coordination Division of CWRD and CAREC secretariat and relevant resident missions. Advance contracting will be provided to expedite the mobilization of consultants. ADB staff will act as resource persons at workshops, with travel costs charged to the TA. In each country, one or more departments of the respective health ministry will act as implementing agency or agencies, as shown in the table below. The indicative implementation period is from July 2020 to July 2023.

17. The implementation arrangements are summarized in the table.

²⁹ PRC Fund resources may also be repurposed to include consulting services through a change of scope.

IMPLEMENTATION ARRANGEMENTS

Aspects	Arrangements		
Indicative implementation period	July 2020–July 2023		
Executing agency	Asian Development Bank (ADB)		
Implementing agencies	Health ministries of all Central Asia Regional Economic Cooperation (CAREC) countries. Ministry of Health of Armenia to be included for output 1		
Consultants	To be selected and engaged by ADB		
	Firm: fixed-budget selection (FBS)	Regional health security and health systems	\$969,100
	Firm: FBS	Digital health	\$379,200
	Individual selection	International experts (35 person-months)	\$707,000
	Individual selection	National experts (5 person-months)	\$49,400
Procurement ^a	To be procured by ADB in close collaboration with recipient governments before any procurement, or United Nations agencies.		
	Open competitive bidding, request for quotation, or direct contracting, as appropriate.	2–8 contracts	\$550,000
Advance contracting	To expedite the mobilization of consultants and ensure timely implementation, the selection of the consulting firm and individuals will be possible through advance contracting in line with ADB's project administration instructions. Negotiations for and signing of the consulting contracts will only occur after the technical assistance (TA) has become effective.		
Disbursement	The TA resources will be disbursed following ADB's <i>Technical Assistance Disbursement Handbook</i> (2010, as amended from time to time).		
Asset turnover or disposal arrangement upon TA completion	Prior to procurement, each participating government will be consulted to agree on the procurement of software and information technology. Where necessary, government agencies will be required to sign procurement contracts jointly with ADB to ensure acceptance of procurement and transferability of the assets. Generally, TA will procure software, equipment, and supplies, and turnover arrangements will be agreed on with recipient developing member countries before contract award.		
Social media and websites	Activities and outputs of the CAREC Working Group on Health, best practices for knowledge exchange will be linked to the existing CAREC website. ^b		

^a Procurement Plan (accessible from the list of linked documents in Appendix 3).

^b [CAREC Program](#).

Source: Asian Development Bank.

18. **Consulting services.** The TA will engage a consulting firm, university, research institution, and/or an association of such entities with expertise in regional health security and health system strengthening for 73.5 person-months; these may be nongovernment organizations (NGOs) and could participate in the bidding process on a competitive basis. The TA will also engage a digital health consulting firm for 20 person-months. It will further engage 46 person-months of individual consulting services—(i) international experts for a total of 35 person-months, including experts on (a) communicable disease control, (b) behavior change communication, (c) supply chain management and warehousing, (d) health facilities, (e) drug regulation, (f) laboratory capacity and diagnostics; (g) migrant health, (h) NCDs, (i) innovative financing, (j) regional health coordinator, as well as (k) a technical writer and (l) a graphic designer; (ii) a national financial expert for a total of 5 person-months; and (iii) a pool of resource persons for a total of 6 person-months covering topics such as gender, biomedical engineering, social protection, and biomedical waste. ADB will engage the consultants following the ADB Procurement Policy (2017, as amended from time to time) and its associated project administration instructions and/or staff instructions.³⁰

³⁰ Terms of Reference for Consultants (accessible from the list of linked documents in Appendix 3).

19. **ADB's procurement.** The procurement of supplies will follow the updated Emergency Procurement Guidance on Responding to the Coronavirus Disease 2019 (COVID-19) (April 2020, as amended from time to time) and special arrangements as would be agreed between ADB and developing member countries before finalizing the procurement. Based on an initial assessment, ADB will follow a two-pronged procurement strategy for TA operations: (i) channeling funding through United Nations agencies, such as the United Nations Children's Fund; and (ii) further exploring contracts with wholesalers and procurement agents. Based on the procurement plan, procurement will follow the ADB Procurement Policy (2017 as amended from time to time) and associated staff instructions and/or project administration instructions.³¹

20. **Pilot testing.** The TA aims to develop, pilot, and assess digital solutions to respond to the COVID-19 pandemic.³² The solutions shall have applications beyond the current pandemic and allow integration into existing systems to ensure scalability and sustainability. The pilots may be either national or regional in scope. Pilot activities will not result in any potential adverse environmental and/or social impacts.³³ The implementing agency for the pilot activity may be one or several (for regional pilots) government ministries or departments, or an NGO. If the implementing agency is an NGO, integrity due diligence will be undertaken.³⁴

21. **Cofinancier requirements.** ADB will provide the RCIF with periodic reports (e.g., progress reports) as outlined in the Staff Instructions of the Regional Cooperation and Integration Financing Partnership Facility and/or its update.³⁵ ADB will further provide PRC Fund with periodic reports (e.g., progress reports, additional updates on project implementation) and support the fund's visibility as outlined in the PRC Fund Contribution Agreement (2017) and its implementation guidelines. For major changes in project scope, duration, or funding arrangements, the TA team will circulate draft memos to the the Partner Funds Division and RCI Thematic Group of the ADB's Sustainable Development and Climate Change Department for review prior to approval. Disbursement will follow cost-sharing principle, subject to the RCIF Staff Instructions and/or its update (footnote 35) and PRC Fund agreement and guidelines.

E. Governance

22. The Social Sector Division of ADB's CWRD will monitor and administer the individual contracts and manage outputs to achieve the TA objectives.

IV. THE PRESIDENT'S DECISION

23. The President, acting under the authority delegated by the Board, has approved (i) the Asian Development Bank (ADB) administering a portion of technical assistance not exceeding the equivalent of \$400,000 to be financed on a grant basis by the People's Republic of China Poverty Reduction and Regional Cooperation Fund, and (ii) ADB providing the balance not exceeding the equivalent of \$3,500,000 on a grant basis for Addressing Health Threats in Central Asia Regional Economic Cooperation Countries and the Caucasus, and hereby reports this action to the Board.

³¹ Procurement Plan (accessible from the list of linked documents in Appendix 3).

³² The amount of TA funds for pilot testing will not exceed 30%.

³³ Pilot Testing (accessible from the list of linked documents in Appendix 3).

³⁴ ADB. 2019. [Staff Instruction on Business Processes for Knowledge and Support Technical Assistance](#). Manila.

³⁵ Update will be reflected in the Guidance Note on the Regional Cooperation and Integration Fund (under preparation).

DESIGN AND MONITORING FRAMEWORK

Impact the TA is Aligned with			
Healthy lives ensured and well-being for all at all ages promoted (Sustainable Development Goal 3) in the CAREC countries and the Caucasus ^a			
Results Chain	Performance Indicators with Targets and Baselines	Data Sources and Reporting Mechanisms	Risks
Outcome Joint approaches to regional health challenges strengthened	By December 2023, at least three DMCs incorporate joint regional approaches and cross-sector activities in their UHC and/or health sector strategies or plans (2020 baseline: NA)	Review of national health plans and TA progress reports	Governments change their priorities or commitments to health-related activities because of political factors.
Outputs 1. Capacity to respond to COVID-19 pandemic enhanced 2. Capacity to prevent, prepare for, and respond to regional health threats developed 3. Regional health cooperation	1a. By 2023, at least two innovative solutions to respond to public health crises piloted and evaluated, and case studies disseminated (2020 baseline: 0) 1b. By 2023, at least two knowledge products featuring initiatives funded from this TA disseminated (2020 baseline: NA) 2a. By 2023, at least 100 workshop participants, of whom at least 40% are women, trained in preventing, preparing for and responding to regional health threats (2020 baseline: 0) 2b. By 2023, at least two socially inclusive regional mechanisms identified and costed workplans prepared (2020 baseline: 0) 2c. By 2023, joint strategies to protect the most vulnerable residing in border areas (women, the elderly, children, PWDs, and migrant and mobile populations) from disease outbreaks; and to improve their access to health services, developed (2020 baseline: 0) 3a. By 2022, a gender-sensitive CAREC regional	1a. TA progress reports (semiannual) 1b. Lists of equipment shared by DMCs 2a. Participants' feedback survey with sex-disaggregated data and summaries of workshops, including virtual workshops 2b. TA progress reports (semiannual) 2c. Joint strategy documents 3a. Draft strategy	Different member needs and political and regional interests may complicate the reaching of agreements and consensus on common goals and approaches. Changes in assigned DMC officials because of staff turnover

strategy toward 2030 and investment framework (2022–2026) developed	health cooperation strategy drafted (2020 baseline: 0) 3b. By 2022, a list of priority projects covering 2022–2026 prepared (2020 baseline: 0)	3b. List of priority projects	
<p>Key Activities with Milestones</p> <p>1. Capacity to respond to COVID-19 pandemic enhanced</p> <p>1.1. Engage firms and individual consultants (Q3 2020)</p> <p>1.2. Start identifying and developing innovative solutions for COVID-19 response (Q3 2020)</p> <p>1.3. Start piloting and/or implementing innovative solutions in selected countries (Q4 2020)</p> <p>1.4. Compile requests from governments and prepare list of items to be procured (Q3 2020)</p> <p>1.5. Procure equipment (Q3 2020–Q4 2020)</p> <p>1.6. Prepare knowledge products (Q1 2021–Q3 2022)</p> <p>2. Capacity to prevent, prepare for, and respond to regional health threats developed</p> <p>2.1. Engage individual consultants to provide assessments, advice, and capacity development to prevent, prepare for, and respond to regional health threats (Q3 2020)</p> <p>2.2. Conduct assessments and analyses to scope and develop select joint regional mechanisms and solutions for better provision of cross-border health services, provide recommendations for the further harmonization of standards and regulations, and explore leveraging technology (Q3 2020–Q4 2021)</p> <p>2.3. Prepare costed workplans for at least two solutions (Q1 2021–Q2 2022)</p> <p>2.4. Develop joint strategies to protect the most vulnerable residing in border areas (including women, the elderly, children, PWDs, and migrant and mobile populations) from disease outbreaks, and to improve their access to health services (Q3 2020–Q3 2021)</p> <p>2.5. Organize (virtual) workshops with at least 40% female participants (Q3 2020–Q4 2022)</p> <p>3. Regional Health Cooperation Strategy toward 2030 and Investment Framework (2022–2026) developed</p> <p>3.1. Engage consultants (Q3 2020)</p> <p>3.2. Prepare terms of reference, scope of work, progress reporting and meeting schedule, membership of WGH (Q4 2020)</p> <p>3.3. Establish CAREC WGH secretariat (Q4 2020)</p> <p>3.4. Launch CAREC WGH (Q1 2021)</p> <p>3.5. Approve a workplan with annual activities (Q1 2021)</p> <p>3.6. Organize CAREC WGH meetings (Q4 2020, Q4 2021, Q4 2022)</p> <p>3.7. Conduct series of workshops to identify priority health projects (Q3 2021–Q2 2022)</p> <p>3.8. Finalize Regional Health Cooperation Strategy (Q1 2022)</p> <p>3.9. Prepare investment framework for health (2022–2026) (Q4 2022)</p> <p>3.10. Prepare at least two project concepts with indicative budget and financing options (Q1 2023)</p>			
<p>Inputs</p> <p>Total: \$3.90 million</p> <p>ADB: \$3.00 million (\$2.25 million TASF 6 and \$0.75 million TASF-other sources)</p> <p>Regional Cooperation and Integration Fund: \$0.50 million</p> <p>People's Republic of China Poverty Reduction and Regional Cooperation Fund: \$0.40 million</p> <p>Note: The governments will provide counterpart support in the form of counterpart staff, office space, and other in-kind contributions.</p>			
<p>Assumptions for Partner Financing: not applicable</p>			

ADB = Asian Development Bank, CAREC = Central Asia Regional Economic Cooperation, COVID-19 = coronavirus disease, DMC = developing member country, NA = not applicable, PWD = person with disabilities, Q = quarter, TA = technical assistance, TASF = Technical Assistance Special Fund, UHC = universal health coverage, WGH = Working Group on Health.

^a United Nations Sustainable Development Goals. [Goal 3: Ensure healthy lives and promote well-being for all at all ages.](#)

Source: Asian Development Bank.

COST ESTIMATES AND FINANCING PLAN
(\$'000)

Item	Amount		
	ADB ^a	RCIF ^b	PRCF ^c
A. Consultants			
1. Remuneration and per diem			
a. International consultants	1,325.0	270.0	0.0
b. National consultants	331.0	0.0	0.0
2. Out-of-pocket expenditures			
a. International and local travel	140.0	62.0	0.0
b. Studies, surveys and reports	10.0	0.0	0.0
c. Training, seminars, and conferences	9.0	1.0	0.0
d. Reports and communications	39.5	8.0	0.0
e. Miscellaneous administration and support costs ^d	10.0	0.0	0.0
f. Others ^e	22.5	17.0	0.0
B. Goods (rental or purchase) ^f	150.0	0.0	400.0
C. Training, seminars, and conferences			
1. Travel cost of ADB staff acting as a resource person ^g	10.0	0.0	0.0
2. Venue rental and related facilities	0.0	20.0	0.0
3. Participants	0.0	80.0	0.0
D. Pilot testing	750.0	0.0	0.0
E. Contingencies	203.0	42.0	0.0
Total	3,000.0	500.0	400.0

ADB = Asian Development Bank, PRCF = People's Republic of China Poverty Reduction and Regional Cooperation Fund, RCIF = Regional Cooperation and Integration Fund.

Note: The technical assistance (TA) is estimated to cost \$3,500,000, of which contributions from ADB are presented in the table. The government will provide counterpart support in the form of counterpart staff, office space, and other in-kind contributions.

^a Financed by ADB's Technical Assistance Special Fund (\$2,250,000 TASF 6 and \$750,000 TASF-other sources).

^b Established by the Asian Development Bank. Financing partner: the Government of Japan.

^c Administered by the Asian Development Bank.

^d May include translation, interpretation, communication, printing, and courier. The training, seminars, and conferences will be procured in compliance with Project Administration Instruction (PAI) 5.09 requirements.

^e Provision for other expenses that may be incurred, including for additional inputs.

^f May include personal protective equipment for health workers, ventilators, polymerase chain reaction machines or portable machines, point-of-care testing kits, and other supplies to be identified in close coordination with governments and partners. Software, equipment, and supplies will be turned over to recipient developing member countries upon completion of TA activities.

^g Per ADB memo approved on 26 June 2013 on the Use of Bank Resources: Regional Technical Assistance and Technical Assistance vs. Internal Administrative Expenses Budget and PAI 5.09 requirements for trainings, seminars, and conferences.

Source: Asian Development Bank estimates.

LIST OF LINKED DOCUMENTS

<http://www.adb.org/Documents/LinkedDocs/?id=54124-001-TARreport>

1. Terms of Reference for Consultants
2. Pilot Testing
3. Procurement Plan

Supplementary Document

4. Graph of Total Confirmed COVID-19 Cases in Central Asian Regional Economic Cooperation Countries and the Caucasus