4. Pillar 4: Vulnerable Population Groups and Border Health

76. **Key challenges.** The current pandemic has uncovered existing challenges for vulnerable population groups, be they the poor, the elderly, women, or migrants. Millions of migrants from CAREC countries work outside their home countries, and effective measures are needed to control the spread of infectious diseases when they cross borders. In addition, social protection for labor migrants is not comprehensive, so access to health care can be difficult. The lack of health insurance coverage for this group and increased inequalities has burdened them even more. The lack of accessibility to health services in border areas has broadened gaps for migrants, mobile populations, and border communities—affecting their health status.

77. Other critical gaps with important implications for migrants and mobile populations in the region include hospital bed shortages (e.g., due to the surge of COVID-19 cases) and insufficient legal frameworks and oversight mechanisms for quality improvement of COVID-19 services. The overall burden of communicable diseases like HIV and TB among vulnerable population groups has been an ongoing threat, which has not been sufficiently addressed in the past and has been even more neglected due to the pandemic. Delivering sexual and reproductive health services to women, girls, and victims of gender-based violence during the crisis also has proven to be a challenge for many countries. IPC, which is critical in border areas, is generally substandard in terms of health facilities due to poor infrastructure, lack of equipment, and insufficient policies and regulations.[74]

78. **Proposed actions.** The CAREC Health Strategy 2030 will focus on enhancing health services for migrant, border, and vulnerable population groups through increased health and social protection mechanisms. The strategy will also improve database on this target group and their health needs, and strengthen referral system to ensure continuity of care for migrants and border-crossing communities with communicable diseases. Areas of intervention may include the following:

(i) Research on the health needs of CAREC cross-border communities and mobile populations, including women and other vulnerable groups.
(ii) Improving accessibility of health services while avoiding financial hardship and providing referral options to enhance continuity of care, especially with regard to PHC, for labor migrants and mobile populations crossing borders in high numbers, with special consideration for women's health needs.
(iii) Improving quality of treatment for migrants with TB and HIV (e.g., exploring to expand existing agreements on eligibility of migrants for HIV and TB diagnosis) as well as providing care and treatment to willing CAREC countries.
(iv) Strengthening or expanding agreements that target portability of benefits for migrants.
(v) Improving IPC measures, including in hospitals and primary care facilities in border areas, such as evidence-based, facility-adapted IPC guidelines and SOPs.
(vi) Improving the infrastructure and technical capacity of testing and quarantine facilities in border areas and points of entry, including for COVID-19 patients, to protect travelers and the population.
(vii) Supporting the upgrading of health facility infrastructure in border areas and cross-border economic corridors.
(viii) Defining minimum package of actions in response to public health threats in border

[74] ADB. 2021. *Toward CAREC 2030: Enhancing Regional Cooperation in the Health Sector—A Scoping Study.* Manila; ADB. 2021. *COVID-19 Vaccine Support Project under the Asia Pacific Vaccine Access Facility: Report and Recommendation of the President—Due Diligence on Hazardous Healthcare Waste Management.* Manila; O. Khan. 2014. *Injection Safety in Central Asia.* Thesis. Atlanta: Georgia State University.

areas and points of entry, including (a) access to medical services, like diagnostic services; (b) access to equipment and personnel for transporting infected travelers to the appropriate medical facility; (c) surveillance activities; (d) risk communication and social mobilization; (e) environmental health (i.e., vector control, solid and liquid waste management, potable water, and general sanitation); and (f) data management and information exchange in close collaboration with WHO.

5. Crosscutting Issues: Gender, Digital Health, and Innovations

79. **Key challenges to gender.** Gender equality in the health sector requires much work in CAREC countries. Awareness of gender issues is rare (footnote 42). The pandemic has even deepened the challenges that had existed prior to the outbreak, such as accessing health services, unequal earnings and job opportunities, mental health issues, and domestic violence.

80. **Proposed actions.** The CAREC Health Strategy 2030 will focus on achieving greater attention to the health needs of women and considering women in designing services and analyzing data (footnote 4). Areas of intervention may include the following:

(i) Improving sex disaggregation of data in the health sector of the CAREC region through the application of the CAREC WGH program.
(ii) Informing about gender concepts, meanings, gaps, and implementation options in health projects.
(iii) Including specific needs of women in health planning and designing of services.

81. **Key challenges for digital health.** Digital health is a key innovation and has the capacity to revamp healthcare systems across the region, including in public health, health security, and clinical services efficiency. Key challenges in this domain with respect to CAREC countries include the ethical aspects of medical data management to meet international conventions on patients' human rights, as well as challenges in terms of needed infrastructure, interoperability, governance, and leadership. CAREC countries are at differing stages of digital readiness and maturity. The pandemic has significantly stressed existing information and communication technology (ICT) resources in these countries and has shown the importance of creating a robust health information technology (IT) infrastructure to enable maximum connectivity in these countries.

82. The ability to keep tabs on hospital occupation, average bed days, and intensive care unit occupation helps managers plan where and how to boost capacity to meet a surge in demand, such as during a pandemic. Analyzing such electronic information in terms of how interventions and mitigation efforts result or fail in "flattening the curve" is vital for health security and pandemic management. At the same time, personal rights to confidentiality and patient human rights need to be protected in how these electronic information systems are constructed and used.[75] Limited ICT network and interoperability and the need for strong commitment to the development of digital health human resource capacity, policies, and other ICT infrastructure to implement digital technologies, however, remain a very real challenge.

83. To benefit from a wide variety of digital health tools and services, governments must decide on the sequencing of digital health development and implementation according to the needs of the country and/or region. With limited resources, the implementation of large-scale digital health projects that attempt to solve different medical, public health, health care financing, and social care issues is not feasible. As a joint effort to

[75] World Health Organization. 2012. *Legal Frameworks for e-Health: Global Observatory for e-Health Series.* Volume 5. Geneva; WHO. 2017. *WHO Guidelines on Ethical Issues in Public Health Surveillance.* Geneva; B. Riso et al. 2017. Ethical Sharing of Health Data in Online Platforms: Which Values Should Be Considered? *Life Sci Soc Policy.* 13 (1). p. 12.