

Rationale and Examples of Regional Cooperation in Asia in Health and Other Sectors

Session D:1: Rationale and Options for Regional Cooperation in Health in GMS

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Rationale for Regional Cooperation

- **Greater benefits through regional cooperation than through independent actions of countries.**
- **Regional cooperation tends to be faster than global multilateral processes.**
- **Regional cooperation can be more targeted to region's needs than global processes.**

Rationale for Health Systems

- **Share experiences on policymaking, strategies, and implementation of national and local health programs and projects.**
- **Strengthens commitment to reform/ improvements at national & local levels.**
- **Promotes greater consistency, clarity, and transparency.**

Rationale for Health Services

- **Benefits of specialization, better coordination of services, and economies of scale from cross-border cooperation in health services.**
- **Facilitates institutional strengthening and technology transfer, including knowledge.**

Rationale for CDC

- **Sharing information helps anticipate and respond to emerging disease outbreaks.**
- **Contains the spread of diseases through coordinated response.**
- **Coordinate treatment protocols to reduce chances of resistance build-up.**
- **Public good: Higher level of protection from disease outbreaks for the region.**

Some General Forms of Regional Cooperation in Health

- **High-level intergovernmental bodies**
- **Financial services for health care**
- **Health services cooperation**
- **Facility-to-facility cross-border cooperation**
- **Knowledge & research sharing/facilitation**

High-Level Inter-Governmental Body

- **US-Mexico Border Health Commission**
 - Established 1984 by the United States Mexico Border Health Commission Act.
 - Purpose: venue for binational discussions and recommendation of interventions to address public health issues and problems that affect the border populations.

Cross-border Health Insurance

- **Mexico provides federal health coverage, but doesn't apply to workers in US.**
- **California employers offer workers health insurance that provides care in Mexico.**
- **California passed laws late 1990s legalizing and regulating the cross-border HMOs.**

Cooperation in Health Services

- **Irish Cooperation and Working Together (CAWT):** Ireland and Northern Ireland (history of tension).
- **Body to lead cross-border health cooperation.**
- **Early 1990s:**
 - Identify opportunities for cooperation in planning & provision of services.
 - Assist the isolated border areas.
 - Initially mostly joint research by the health boards of border areas.
 - Part of trust development stage.
- **Present:**
 - Forum for senior health board managers.
 - Cooperation: acute care, primary care, family and child care, health promotion, information technology, and human resources.

Cooperation in Health Services cont'd.

- **Patients & medical staff can cross border for treatment or to work.**
 - Usually from agreements between hospitals on both sides of the border.
- **CAWT twinning GPs (primary health care):**
 - Phase 1 sharing knowledge & experience.
 - Phase 2 workshops to foster closer ties & test “real issues” such as developing teamwork.
 - Phase 3 four health boards working together quality standards, core services to provide, common approaches.

Knowledge / Research Cooperation Arrangements

- **Individual LDCs typically lack critical mass of knowledge resources and expertise for knowledge breakthroughs & high-level knowledge applications.**
- **Networks pool limited resources & expertise in a region for knowledge breakthroughs.**

Virtual Institutes

- **Virtual Institute for Microbial Stress and Survival (VIMSS)** est. 2002 by USDoE
 - Enhancing collaboration among the researchers and laboratories in the network.
 - Making research data and findings available on a wider scale.
 - No focus on training.
- **CAREC Virtual Institute: forthcoming**
 - Training of government officials and other stakeholders on regional cooperation.
 - Applied research/solutions to priority cooperation areas of CAREC.
 - Including strengthening policy analysis capacities.

Examples of Networks & Virtual Institutes

- **Central Asian Gateway**
 - Web site on trade & economic development issues started in 2003 by UNDP & Center for Economic Research in Uzbekistan.
 - Purpose: support cooperation between governments and experts in formulating and implementing regional initiatives.
 - Facilitates dialogue & involvement of regional development stakeholders.
 - Provides access to online and offline information on regional cooperation and development.

Where Can the GMS Go?

- **Plenty of initiatives underway on CDC and other health issues.**
- **Recommended directions:**
 - **Pushing for high-level inter-governmental bodies / forums.**
 - **To set in place “frameworks” that enable more regional and cross-border cooperation in health.**
 - **To pressure other ministries that are needed for effective reform process.**
 - **“Packaging” knowledge and creating opportunities for informal collaboration through virtual institutes / networks.**