



ASIAN INFRASTRUCTURE  
INVESTMENT BANK

# Health Strategy Outline

Summary of the  
Consultation Process

Oct. 2024



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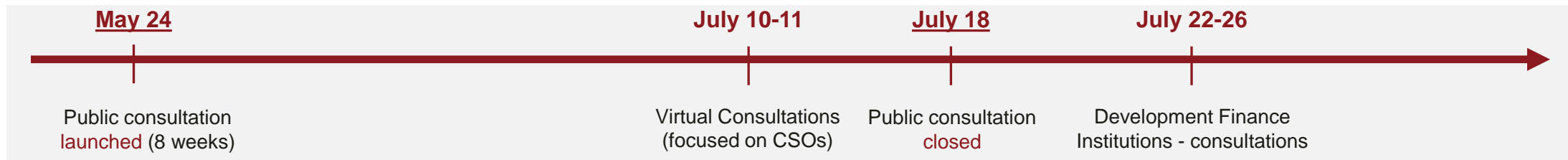
- I. Consultation Process & Participation
- II. Main Comments & Suggested Refinements

# Process & Participation



# Process

## 1. Timeline



## 2. Outreach

- Invited over 800 individuals and over 500 organizations representing health-focused organizations, all CSOs on AIIB's contact list, and health teams from peer MDBs to participate in the public consultation.
- Promoted the consultation during the **World Health Assembly (May 27 to June 1)** and the **Central Asia International Health Investment Forum (June 26-27)**.
- Organized two **virtual consultation** sessions focused on CSOs on July 10-11, 2024. Dr Bernhard Schwartlander, chair of the External Reference Group, facilitated the sessions.
- Five meetings conducted with various Development Finance Institutions.
- Other bilateral meetings were held on request.

# Participation

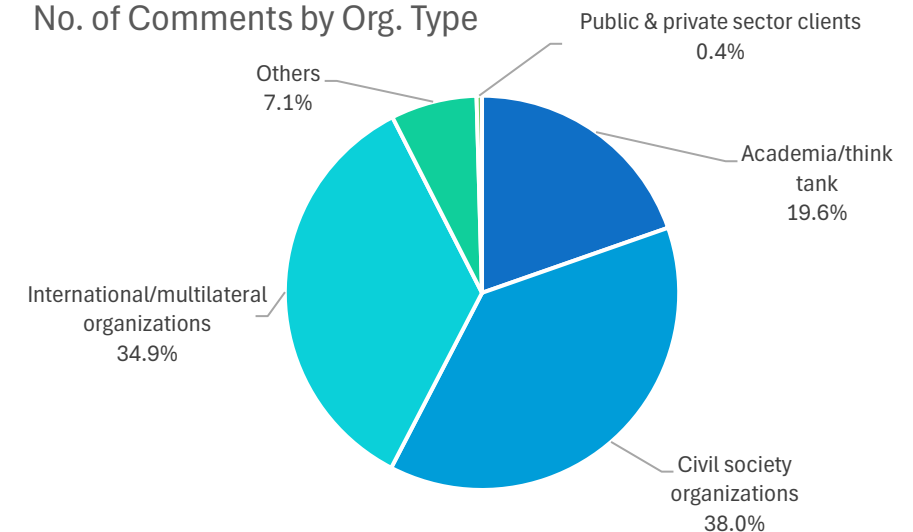
## 1. Number of organizations

OUTREACH & SUBMISSIONS	CSOs/NGOs	Int. Orgs./ Multilateral	Academia / Think Tank	Public & Private Sector Clients	Others*	TOTAL
Contacted	482	23	23	13	18	<b>559</b>
Joined virtual sessions or Submitted comments**	11	15	6	1	8	<b>41</b>

## 2. Number of comments raised by types of organizations

Org. Type	Number of Comments
Academia/think tank	89
Civil society organizations	172
International/multilateral organizations	158
Others	32
Public & private sector clients	2
<b>Grand Total</b>	<b>453</b>

No. of Comments by Org. Type



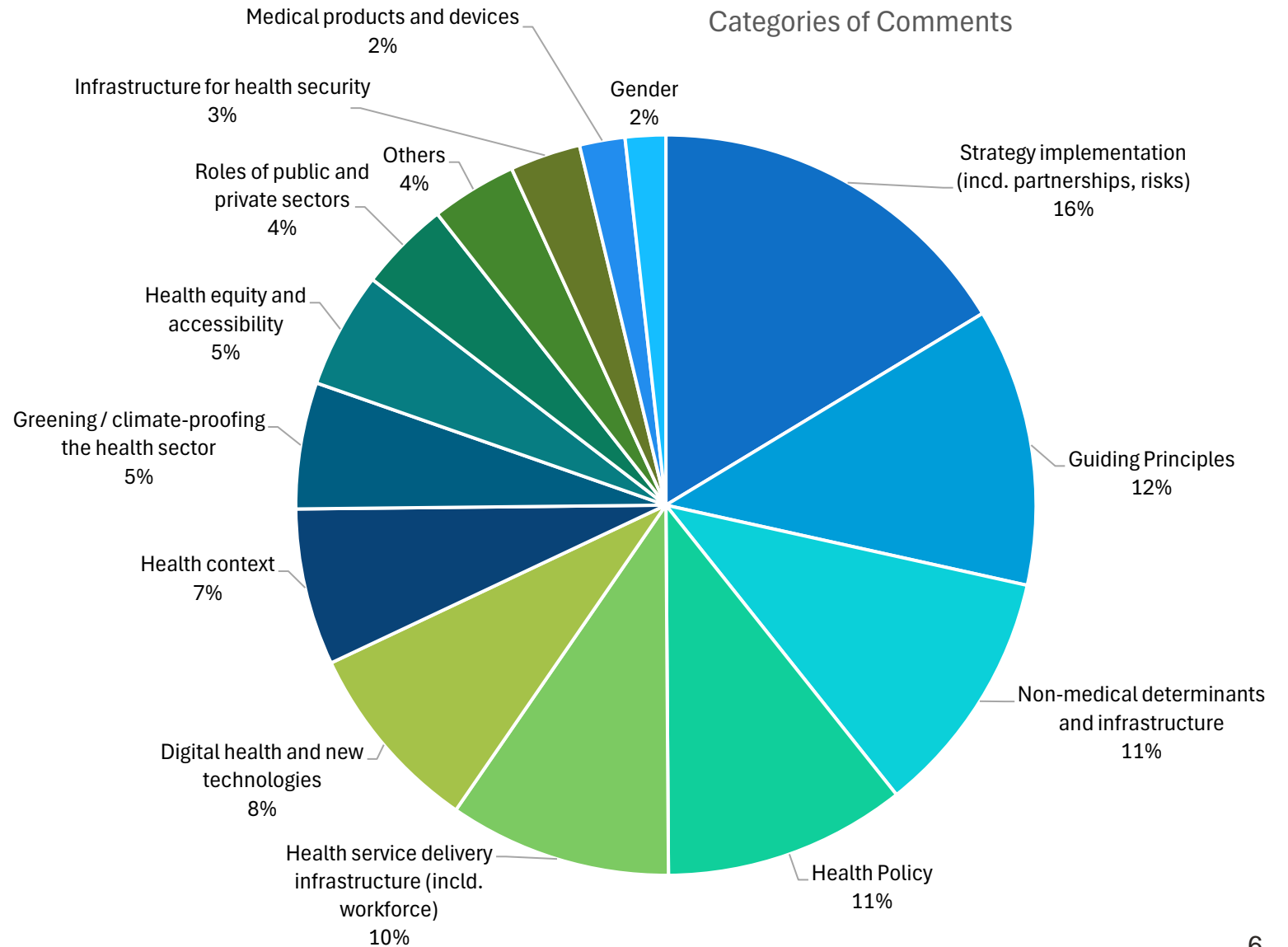
\* Mostly comprises philanthropies. Also includes several companies and an individual.

\*\* Organizations that participated in a virtual engagement and sent a written submission are only counted once

# Participation

## Number of Comments by Categories

Category	Number
Strategy implementation (incl. partnerships, risks)	74
Guiding Principles	55
Non-medical determinants and infrastructure	49
Health Policy	48
Health service delivery infrastructure (incl. workforce)	44
Digital health and new technologies	38
Health context	31
Greening / climate-proofing the health sector	25
Health equity and accessibility	23
Roles of public and private sectors	18
Others	17
Infrastructure for health security	14
Medical products and devices	9
Gender	8
<b>Grand Total</b>	<b>453</b>



# Comments & Suggested Refinements



# Main Focus Areas of Comments | Overview

- Overall, **positive feedback on the general direction** and priorities of the strategy.
- AIIB's health infrastructure focus **complements** the World Bank's, ADB's and others' efforts on health policy reforms.
- The strategy **aligns with the key trends** for health and health financing.
- The direction is similar to those of peer MDBs, but with a clear and distinctive focus on infrastructure.
- Particularly **strong support** for AIIB's focus on:
  - Climate change and health.
  - Digital health and new technologies.
  - Infrastructure in health value chain (recommendation to include all health services, not just clinical ones).
- While there was recognition that private sector is critical in many parts of the health value chain (including for public provision of health services), **private provision** / private capital mobilization **may have negative effects** on access, equity and affordability.



# Main Focus Areas of Comments | Suggestions

- Clarify the **health impacts of infrastructure outside the health sector** and how AIIB financing will recognize these, as strategic priorities are focused uniquely on the health sector.
- Place greater emphasis on **financing local pharmaceutical R&D and manufacturing capacities** for health security and equity reasons.
- **Harmonize infrastructure investments with health policy** and governance reforms as the effectiveness and impacts of infrastructure financing are heavily dependent on policy, regulatory and institutional settings:
  - Design projects which are context-sensitive.
  - Consider providing technical assistance for health policy work
- **Engage with CSOs & WHO** for effective project implementation.

"We support the adoption of a **determinants of health approach** ...infrastructure – including for health, transport, energy, and housing, affects many of those determinants both directly and indirectly."

*World Health Organization*

# Summary of Main Topics

## 1. Guiding Principles

- a. There was overall strong support for the five guiding principles (synergistic, equitable and people-centered, innovative, sustainable, and collaborative).
- b. Recommendation for greater emphasis on:
  - **Sustainability** – to include **maintenance** to ensure longevity of infrastructure.
  - **Community-centricity**, focusing on strengthening *primary healthcare* and *community health workers*.
  - **Regional cooperation** – bolster collective health security.
  - **Resilience** – in the face of climate change, epidemics, demographic changes, conflicts.
  - **Addressing inequities and access to health services**.
  - **Environmental sustainability**.
- c. Suggestions to include **Quality** and **Affordability** of health as additional principles.

# Summary of Main Topics

## 2. Health Service Delivery Infrastructure (incl. Workforce)

- a. Suggestions to adopt a **holistic viewpoint**:
  - Infrastructure investment as part of wider health sector reform efforts.
  - Concurrently finance various parts of the health infrastructure value chain.
- b. Requests to strengthen focus on **primary healthcare (PHC)** infrastructure throughout the document. Specific suggestions for PHC infrastructure included:
  - Buildings with energy supply & WASH facilities.
  - Equipment.
  - Storage and distribution of medical supplies.
- c. Respondents highlighted the importance of **workforce quality** to service delivery, noting that the workforce is much more significant in health than other infrastructure sectors. Call for more focus on health workforce development (especially allied health professionals).
- d. Suggestion to place more emphasis on infrastructure to support an **aging** society, such as age-friendly cities.

# Summary of Main Topics

## 3. Digital Health and New Technologies

- a. Strong support for **local R&D** and **manufacturing**:
  - a. Medical products and pharmaceuticals.
  - b. Bolster regional health security and potentially trade of such products.
- b. **Feasible** and **context-specific** advanced medical technology (e.g. handheld, AI-enabled ultrasound machines).
- c. Many opportunities in digital health but these require **long-term** financing, localization, accompanying **institutional and policy reforms**, and robust risk management (projects are **prone to failure**):
  - a. Hardware including networking devices.
  - b. Application software:
    - a. Inventory and supply management.
    - b. Health data including electronic medical records.
    - c. Telemedicine for underserved areas.

“... **pharmaceutical R&D capacity** should be seen as **essential infrastructure** for health systems, economic development and national security”

*Geneva Graduate Institute*

# Summary of Main Topics

## 4. Health Policy

- a. Infrastructure investments should harmonize with the **institutional, policy & regulatory** settings.
- b. Suggestions for AIIB to support policy reforms and provide technical assistance. Examples:
  - Resource allocation and operations financing models – especially for infrastructure use (operations) and maintenance.
  - Human resources management, including capacity development.
  - Information management and governance.
  - Health prevention and promotion.
  - Strengthen emergency response.

# Summary of Main Topics

## 5. Strategy Implementation

- a. **Partnership & community engagement** can be emphasized further given AIIB's lean operating model and lack of local presence. WHO, other MDBs and CSOs are eager to collaborate to:
  - Align infrastructure investments to policy and institutional environment.
  - Leverage existing expertise and capacities for project origination and implementation.
  - Meet local context needs, improve accountability.
- b. Recommendations to address the **risks** of financing health infrastructure:
  - Projects should guard against exacerbating **inequalities** e.g. risk of privately-financed health delivery in certain policy and regulatory environments.
  - Financed health facilities should promote the **right to quality** healthcare.
  - Address risks unique to the health sector, such as sensitivities of handling patient data and stringent regulatory frameworks.

"Supporting the development of the private sector in healthcare delivery carries **substantive risks** of inefficiency, inequity and uneven quality."

*People's Health Movement*