



## REPORT OF PROCEEDINGS FROM VIRTUAL ROUNDTABLE MEETING OF D-8 MEMBER STATES ON RESPONSE TO COVID-19 PANDEMIC

APRIL 16<sup>TH</sup>, 2020.



*Theme: Working together to tackle COVID-19*

*11.00am Istanbul time, 16th April 2020*

*Zoom meeting room (Meeting ID 150-013-132 - Password 018769)*

*Hosts: D-8 Health and Social Protection programme and Chatham House*

*Presiding: D-8 Secretary General, Ambassador Ku Jaafar Ku Shaari*

*Anchor: Dr Ado J. G Muhammad, OON and Mr. Robert Yates*

*Attendees: 62 participants from Member States except Egypt, Partners and Observers*



## **ACKNOWLEDGEMENT**

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We are grateful to delegates of the D-8 countries-Bangladesh, Iran, Indonesia, Malaysia, Nigeria, Pakistan, and Turkey, for active participation and contributions that have helped to enrich the report and for providing country spotlights to guide the D-8 in tackling the COVID-19 pandemic.

To our partners and invaluable observers: Chatham House, Global Women Leaders, Chestrad Global, Islamic Development Bank, PPFN, Zenith Bank, Professor David Heyman, Osman Dar, Kate Tulenko, many too numerous to mention for their immeasurable inputs and comments.

Above all, we thank the Secretary-General of the D-8, Ambassador Ku Jaafar Ku Shaari, the Program Director of the D-8 HSP Dr. Ado J. G Muhammad and other senior colleagues from the D-8 secretariat for their unrelenting efforts in tackling the COVID-19 outbreak in D-8 countries.



## ABBREVIATIONS

|          |   |
|----------|---|
| COVID-19 | Corona Virus Disease 19                           |
| CPRC     | Center for Preparedness and Response Coordination |
| D-8      | Developing Eight Countries                        |
| EU       | European Union                                    |
| GDP      | Gross Domestic Product                            |
| HSP      | Health and Social Protection                      |
| ICU      | Intensive Care Unit                               |
| ISC      | Islamic World Citation Center                     |
| IV       | Intravenous                                       |
| N95      |   |
| OIC      | Organization of Islamic Countries                 |
| PCR      | Polymerase Chain Reaction                         |
| PHC      | Primary Health Center                             |
| PKR      | Pakistan Ruppee                                   |
| PPE      | Personal Protective Equipment                     |
| RM       | Malaysian Ringgit                                 |
| UHC      | Universal Health Coverage                         |
| UK       | United Kingdom                                    |
| US       | United States                                     |



## ENDORSEMENTS

### 1. Bangladesh

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*Head of Delegation*                      *Designation*                      *Signature*                      *Date*

### 2. Egypt

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*Head of Delegation*                      *Designation*                      *Signature*                      *Date*

### 3. Indonesia

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*Head of Delegation*                      *Designation*                      *Signature*                      *Date*

### 4. Iran

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*Head of Delegation*                      *Designation*                      *Signature*                      *Date*

### 5. Malaysia

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*Head of Delegation*                      *Designation*                      *Signature*                      *Date*

### 6. Nigeria

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*Head of Delegation*                      *Designation*                      *Signature*                      *Date*

### 7. Pakistan

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*Head of Delegation*                      *Designation*                      *Signature*                      *Date*

### 8. Turkey

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*Head of Delegation*                      *Designation*                      *Signature*                      *Date*

### 9. D-8 Health and Social Protection programme office

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*Head of Delegation*                      *Designation*                      *Signature*                      *Date*

### 10. D-8 Secretariat

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*Head of Delegation*                      *Designation*                      *Signature*                      *Date*



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## EXECUTIVE SUMMARY

In December 2019, the world saw a sudden outbreak of coronavirus disease 2019 (COVID-19) caused by infection with severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) in Wuhan City, Hubei Province, a central city in the People's Republic of China. The virus whose transmission mode is human-to-human has since spread to most of the countries of the world, making it a global health pandemic.

Country by country, the COVID-19 spreads like wildfire with huge fatalities and deaths recorded. So far, more than two million people are infected. Countries are mobilizing both financial and human resources for emergency response, to effectively contain the spread, above all citizens are encouraged to proactively support in the battle against COVID-19 from different parts of the World.

The Developing-8 Organization for Economic Cooperation (D-8) in its efforts to respond to the pandemic, coordinate a solidarity force and build support among Member States, organized its first virtual zoom roundtable meeting on April 16th, 2020, Coordinated by the Health and Social Protection Program in collaboration with Chatham House.

The Secretary-General of the D-8, Ambassador Dato'Ku Jaafar Ku Shaari, while addressing the heads and delegations of the Ministries of Health and Ministries of Foreign Affairs of the D-8 Member States and development partners said that the D-8 Member States have to use the D-8 Health and Social Protection Programme to support one another in this trying time.

The prime objective of the virtual roundtable is to come up with a mechanism for cooperation in order to lessen the hardship caused by the pandemic through knowledge and resource sharing as well as an understanding of country-specific needs. During the meeting, the D-8 Member States reviewed the countries' contexts and impact of the pandemic and shared some ideas and innovative solutions implemented by them in line with global best practices.

Participants contextualized the roundtable around the four Rs;

- **Resolve** - In terms of immediate challenges of COVID-19 and understanding the immediate situations.
- **Resilience** - How to build underlying health systems to advance health outcomes and the D-8 countries' UHC aspirations
- **Re-imagination** – How the D-8 will work to derive the right advocacy policies and as a regional bloc, lessons that could be incorporate.



- **Reforms** - Highlighting the implication around the regulatory and policy side especially in terms of what members of the D-8 can do together as a platform.

The meeting also evaluated the consequential economic adversities of the COVID-19 pandemic as projected by the IMF. The pandemic is expected to lead to a global recession far deeper and more devastating than that of the 2008 economic meltdown. It will also result in loss of income worldwide, the aggregate of which is in the region of 3.4 trillion USD, which will affect billions of people across the world. Hence, the compelling need for cooperation and solidarity in order to secure the lives of citizens and economies of the Member States.

The meeting observed that the impact of the pandemic varies, with some more negatively impacted than others. However, the scale of the economic impact transcends national frontiers, with loss of jobs and revenues in some of the best performing sectors such as tourism, manufacturing, commerce, agriculture, and mineral resources.

Indonesia also proposed four considerable measures for Member States which are:

- The D-8 should not allow the outbreak to hamper the movement and flow of goods; to maintain trade and global supply chains including for medical equipment
- Encourage more innovative ways to fulfill the shortage of various medical supplies by exploring joint production schemes among other countries with raw materials, technology as well as labor. In this regard, the country calls for the utilization of the OIC center in Indonesia for antiviral drugs and vaccine manufacturing
- Establish joint protocol on contact tracing on the framework of the D-8 to effectively control the spread of the COVID-19.
- D-8 countries should establish a network of contact between staff at the ministry of health to intensify the exchange of best practices

This report provides detailed information on the deliberations, our common aspiration for strong D-8 solidarity to cushion the needs around commodities, technology, equipment, pharmaceuticals and other health items, was critically discussed, suggestions and commitments noted. Our Long-term, post-pandemic approach requires that the D-8 positions itself for a breakthrough in unlocking the health sector potential of its Member States by improving trade and supply chain mechanisms.

While we ambitiously pursue the solidarity that guarantees the safety of citizens in D-8 countries, we pray the World is able to recover faster than we imagine from the COVID-19 pandemic.



## INTRODUCTION

### Background

The Covid-19 pandemic is ravaging the world with over two million cases recorded so far. It has brought upon mankind untold hardships with uncertainties hovering around survival of businesses and livelihoods. Health services and systems have been overwhelmed and desperate measures are being implemented to reduce the morbidity and mortality. Several countries have imposed travel restrictions with many others out rightly closing their national borders so that the public health measures of social distancing could work and contain the virus from spreading.

The pandemic has had catastrophic impact on the socio-economic life of all the D-8 Member Countries. Over 300,000 people have so far tested positive for Covid-19, with Turkey being the most affected. As a result of COVID-19, health services and systems are faced with a critical challenge to their operations and overall business model. Most of D-8 countries are expected to run out of intensive care unit beds by mid-April according to a survey carried out with some unable to adequately test their citizens due to the unavailability of testing kits.

In view of the above, the **D-8** Health and Social Protection of the D-8 in collaboration with Chatham House organized a virtual roundtable meeting via zoom on 16<sup>th</sup> April 2020, in order to galvanize Member States action and responses to the pandemic while also learning from each other for maximum impact. The COVID-19 pandemic provides an opportunity for the D-8 to build strong solidarity among members, and cash-in on numerous opportunities for innovative solutions as well as best ways to unlock the health sector potential of its Member States and leverage better use of resources to tackle the challenge.

#### *Goal:*

To provide a platform for coordinating D-8 response to stopping the pandemic in the short term and strengthening health systems in the long run

#### *Objectives:*

1. Ascertain the exact situation and the national response in Member States
2. Establish a representative platform for consolidated response



3. Articulate areas of support by and for Member States especially leveraging experience, resources and opportunities
4. Facilitate partnerships with the private sector and other global stakeholders for health system strengthening through UHC reforms in Member States
5. Articulate a plan for the review and evaluation of the health and socio-economic impact of the pandemic

*Expected outcome*

1. A system of accurate information sharing on the day by day basis is established (disease epidemiology: cases, deaths, spread, determinants, deterrents)
2. Number of developed and home-grown health innovation ecosystems and exchanges within or between countries
3. An estimate of the quantum of resources required to support Member States and alignment against available funding opportunities
4. Documented body of interventions/projects supported through such partnerships, advocacies, and resource mobilization in Member States
5. Agree on a methodology to measure the health and socio-economic impact of the pandemic

*Participants:*

1. Member States delegations (5 per country) covering the following faculties through the Ministry of Health
  - Country focal points
  - Chief epidemiologist of the country
  - Head of the National Response to the COVID-19 pandemic
  - Chief Economist or equivalent
  - Communications expert
2. Partners and observers
  - Global health security experts from Chatham house
  - Global Women Leader Strategic Philanthropy
  - CHESTRAD Global
  - World Health Organization focal points



- International Labour Organization focal points
- Islamic Development Bank focal points
- Planned Parenthood Federation of Nigeria
- TAJ Bank Nigeria Plc
- Zenith Bank Nigeria Plc
- Malaysian Technology Development Corporation
- Islamic Center for Science



## **SETTING THE CONTEXT OF THE MEETING**

### **Opening statements by Programme Director D-8 HSP**

The Programme Director welcomed the countries and their delegations, partners, and observers and distinguished facilitators. The Programme Director shared the agenda with the participants and read out the conference etiquette.

### **Opening remarks by Secretary-General**

Secretary-General thanked the participants for honoring the invitation to attend the roundtable. He stated that the key expectation from this meeting is to enhance cooperation, identify constraints and bottlenecks faced by the Member States in tackling the pandemic and build post-pandemic resilient health systems. He stated that the attendant effect of the pandemic, according to the IMF, will lead to a recession far deeper and more devastating than that of 2008. Loss of income worldwide, the aggregate of which is in the region of 3.4 trillion dollars, will affect billions of people across the world. The Secretary-General informed the Member States of the launching of COVID-19 Visualizer Map for the benefit of the D-8 Member States as a useful resource to guide policymaking, case management, and interventions in support of national responses. The Secretary-General rounded up by saying we must, as humanity, seize the moment to tackle the pandemic as well as reposition our national health systems along the path of universal access and inclusiveness. He further remarked that we resolve that the battle is for life and survival and that the challenge of our time is not how to keep nations peacefully apart, but how to bring them actively together. According to him, the organization has collectively resolved to strengthen solidarity among Member States in efforts to enhance cooperation, identify constraints and bottlenecks in tackling the COVID-19 pandemic as well as support countries to build post-pandemic resilient health systems.

### **Best Global Practices – Global Health Security by David Heymann**

Prof David Heymann stated that the outbreak is spreading from Asia to Europe, America, Sub-Saharan Africa and the Middle East and these countries are of concern in global health security. He stated that currently every country has a different strategy to deal with the outbreak and none of the strategies is wrong or right, all efforts are targeted at keeping the reproductive number low. Asian countries such as Singapore, South Korea and other countries in Asia have been able to keep the reproductive number below one by routine activities which include



identification of patients and isolating patients, making sure that contacts are traced and known and if symptoms develop, testing them and at the same time making sure the population understands that the control is in their hands. He highlighted that everyone has a role to play. In Europe and North America, the strategy is a little bit different; they look to flatten the curve by preventing so many people arriving at the hospital at the same time as seen in Italy where they were not able to control all the outbreaks at one time which led to increasing in mortality. Prof. Heyman stated that what the world is seeing is a difference in the manifestation of the outbreak and countries response. He further added that countries can do a lot if they motivate their population to protect themselves and protect others.

Prof David Heyman highlighted contact tracing, isolation of those who were infected, basic epidemiology principles as global best practices. Those countries with the greatest success have had physical distancing of people which in some is forced by the lockdown. He stated that it is very important to talk about what people can do to help the government handle the COVID-19 outbreak especially in countries where there are strong community institutions that can help people and communities participate in the response. He stated personal protection is also very important. People who have symptoms have an obligation to wear a mask. Health workers must wear masks, but they must also wear protective gear to protect their eyes because eyes are a source of infection. Walking down the street wearing a mask will not protect anyone from infection because the infection is in droplets and those droplets can also contaminate the eyes and other parts of the body. He highlighted that masks don't have a place in the community to protect individuals, but they may have a role in protecting others from getting infected if by chance we are infected and don't know. Every country has its own strategy based on its own risk assessment. Basically, people can contribute to this outbreak by understanding how to protect themselves and protecting others.

As to why schools are closed, Prof David states that children are very important in spreading the infection to their family members. He reiterated that with coronavirus, everybody is equally at risk, no one has protection against this virus. This virus is selecting older people rather than those in schools. Nobody can answer why it appears schools are not a major source of contamination. School teachers are members of the community who might be at risk so school teachers might be carrying the infections into schools. Schools have been closed in most



countries where there is an outbreak, this he states has been done as a precautionary measure and the schools in some countries like China, Denmark, and other countries are starting to open again. He states that it will be very important to have a monitoring system in place to see what's happening. We can learn from those countries which are reopening by seeing what is happening in those countries.

There is no evidence at the moment the virus cannot transmit easily in hot and humid climates as seen in Singapore, Australia, etc. So, there is absolutely no certainty that the virus will reduce transmission during summer, though other coronaviruses do decrease during summer. He stated that there are other dynamics in some developing countries that could also be influencing transmission for example in many sub-Saharan countries, populations are much younger than they are in Europe so they might not be infected as easily or might not be transmitting as much as the rest of the world.

He ends by highlighting the problem with the COVID-19, which is the efforts to understand which antibodies and which type of immunity is present, using China as an example, people who had mild disease didn't develop antibodies. The Immunity of the virus is yet to be understood, while research is on, countries will ensure protection through the best practices as recommended.

### **Context, objectives and expected outcome presentation by Dr. Muntaqa Umar-sadiq**

He started off by stating there are four fundamental questions which need answering based on the D-8 HSP's understanding of country needs.

- How do we protect our people?
- What is our plan to manage the economic drawdown?
- Which lessons to learn and how to we prevent such an outbreak from reoccurring?
- How will the world be like when normalcy resumes?

He goes further to highlight the implication of the pandemic on regional blocs, organizations, ability to unlock markets to manufacture for own consumption, and highpoints the nexus between global equity and access and unlocking local or regional markets across the value chain.



He contextualized the objectives of the roundtable in four Rs;

- Resolve - In terms of immediate challenges of COVID-19 and understanding our immediate situations.
- Resilience - How to build underlying health systems to advance health outcomes to advance UHC aspirations
- Reimagination - How do we work to derive the right advocacy policies and as a regional bloc what are the lessons we can now incorporate.
- Reforms - Highlighting the implication around the regulatory and policy side especially in terms of what we can do together as a platform.

He postulated that the convergence of the four R's really positions the D-8 potentially as the nerve centre to ensure the organization is playing an effective role in developing the synergies between the needs of our individual health systems, the capability and strength of individual countries. He ended by stating there is a need to build consensus around partnerships to advance our aspirations.

## **COUNTRY REPORTS**

### *Bangladesh*

The Bangladesh team gave a summary of the COVID-19 pandemic. As of 15th April 2020, a total of 16,887 tests have been done with 49 positive cases that have so far recovered. The secularity of the Bangladesh case is that the rate of infection is higher in the younger population than the older population.

In Bangladesh test for COVID-19 is done by PCR. There is also increased capacity from one initial one testing to 17. However, Bangladesh highlighted gaps in testing and efforts to meet demands for tests by the citizens. Bangladesh is hoping to be supported by the D-8 countries to scale up testing and feasibility of the anti-body test. Other challenges highlighted by Bangladesh include a shortage of ICUS, currently, the country has COVID-19 ICU stands in just 192 centres but mentioned efforts to increase the numbers as well as the capacity of health workers.

In the area of Personal Protective Equipment (PPE), Bangladesh has 396,152 stores of PPE, but reports of acute shortage of standard N95 masks which is an area of major concern. Bangladesh has also set up hotline numbers, regularly screening passengers, and training health care providers on management and infection prevention and control. Bangladesh also asked for advice on how better they can provide oxygen delivery system down to the primary healthcare centres.



### *Indonesia*

Given the multi-dimensional impact of the pandemic, Indonesia echoed the Secretary-General of the D-8 on the need to act effectively. They stated that the cooperation between the D-8 must be strengthened to fight this pandemic and encouraged the Secretariat to support the Member States. Indonesia then proposed four measures for the kind consideration of the Member States;

- The D-8 should not allow the outbreak to hamper the movement and flow of goods; to maintain trade and global supply chain including for medical equipment.
- Encourage more innovative ways to fulfil the shortage of various medical supplies by exploring joint production schemes among other countries with raw materials, technology as well as labor. In this regard, the country calls for the utilization of the OIC Centre of Excellence on Vaccine and Biotechnology Products in Indonesia as a foundation of OIC collaboration for antiviral drugs and vaccine manufacturing.
- Establish joint protocol on contact tracing on the framework of the D-8 to effectively control the spread of the COVID-19.
- D-8 countries should establish a network of contact between staff at the ministry of health to intensify the exchange of best practices.

As of 15th April 2020, there were 5,166 cases in Indonesia, with 446 recovered so far. The government is working hard to minimize the socio-economic impact of the pandemic. On 14 March 2020, the President of Indonesia declared COVID-19 a national disaster and established a Task Force led by the National Disaster Management Agency the task force to COVID-19 response and to strengthen coordination between the central government and the provincial/district governments. The government enforced large scale social distancing according to the health quarantine law of 2014 and enforcing a lockdown.

Indonesia has also prioritized a rapid test in many areas and has over 50 laboratories for diagnostics. The Indonesian government has activated 667 referral hospitals and added 497 province and district hospitals to handle severe and acute cases. Hotels have also been turned into emergency hospitals to quarantine individuals with mild and moderate cases. Indonesia



has joined other countries to initiate UN general assembly resolution- Global solidarity to fight COVID-19 adopted by consensus.

### **Islamic Republic of Iran**

The head of the delegation provided a current situation report stating that on the 15th of April over 1200 new cases were recorded bringing the cumulative count to 76,389. Total deaths recorded were 94 bringing the cumulative fatalities to 4777. Iran were able to screen 2 million people verbally, physically or online, using the strong PHC infrastructure, with a stepwise referral system.

The response in the country is coordinated through the National Steering Committee the President as chair and an inter-sectoral committee. The steering committee provides the overall strategy and has in place a national strategic plan. Within this plan, the country has implemented several measures that include providing needed pharmaceuticals to the health facilities for treatment of cases (chloroquine, clinical management guidelines, and vaccination whenever it becomes available), the safety of health workers, isolation and management of recoveries while ensuring that essential community services are maintained. The country has established the triple S surveillance system with rapid response teams for active epidemiological surveillance. Screening of all incoming and outgoing passengers is carried out at the port of entry and legislation has been enacted to deal with the pandemic. It is being enforced and community engagement has been undertaken. The health system response has been to maintain the business continuity plan to enhance early return to normality.

Iran then proposed four measures for the kind consideration of the Member States;

- The COVID-19 Crisis has shown that the global Emergency preparedness and response management need to put at the top of the Governments and International agencies agenda for the future decades.
- D-8 member states should target Health, Social, Economic, Cultural, Trade, Industry, Agriculture and at the top Political reform to support combating any kind of emergencies.
- D8 Countries are facing different types of emergencies and our preparedness and response strategies need to be revised and strengthened.



- Role of the community including personal behavior, personal protection and individuals' awareness is critical.
- To achieve targets, we should all stick on the two major principle (intersectoral collaboration and community ownership).

### **Malaysia**

The country briefed the meeting on COVID-19 in Malaysia, describing the situation as ‘ever-evolving’. Current data and trend on confirmed cases, recovered and fatal cases were outlined, with statements that the fatality rate recorded was 1.6% of cumulative cases. Since the index case was recorded, the Government of Malaysia has used different strategies to curb the spread, the most effective being the Prevention and Control act of 1958 and Movement Restriction Order (MRO). It is through this vehicle that the Government has been able to comprehensively restrict all movement, shut down all business, public spaces and transportation.

The country stated that the National program is coordinated by the Crisis Preparedness and Response Center (CPRC) and they are responsible for public health interventions. The priority is given for rapid deployment and execution of field related activities through the rapid response and assessment team. Through contact tracing the CPRC is able to identify clusters early and curb the spread of the virus. The delegation informed the meeting that Malaysia is hugely cooperating with foreign counterparts and that lessons learned from the crisis enforces the importance of developing a resilient health system. Currently, the country has forty-three (43) laboratories countrywide with seven (7) additional private labs to test for COVID-19, along with these; doorstep COVID-19 testing, risk communication and real-time updates are a priority. The main challenge faced by the Malaysia revolves around combating fake news to curb panic.

The meeting was informed that Malaysia has joined the solidarity clinical trial run by the WHO to test the efficacy of drugs, and the government is highly invested in Public-Private Partnership to overcome the pandemic. As a precautionary step, Non-COVID patients were being moved to private health facilities to enable government hospitals to cater to COVID patients. In



mitigating socio-economic impact in Malaysia, the meeting was informed that the Government had provided:

- Ringgit (RM) 250 billion, this amount is equivalent to 6% of Malaysia's GDP;
- RM 1 billion to support COVID-19 programs and activities;
- RM 128 billion for Ministries and Agencies **and**
- RM 10 billion for SMEs

### **Pakistan**

The delegation emphasized the need for strong collaboration within the D-8 to tackle the COVID 19 pandemic. He provided insight into the national response in Pakistan. He cited the isolation of people from abroad and the low intensive care unit (ICU) capacity. The government has focused on testing and so far carried out over 80,000 Polymerase chain reaction (PCR) tests and provided cash transfers of Pakistan rupee (PKR) 7.5 billion to the poor in view of the social distancing measures in place such as a ban on public gathering, schools, and shopping areas. Some of the recommendations from the country include:

- Enhancement of cooperation among Member States to fight the pandemic
- Adequate production of diagnostics, equipment such as ventilators and medical supplies
- Mobilization of financial resources to enhance national response capacity for testing and isolation
- Facilitation of knowledge and data sharing with technology partnerships
- Post-COVID 19, need to strengthen the Primary Health Centres (PHCs) and International Health regulations

### **Nigeria**

The country was represented by Mr. Zayyad from the Ministry of Foreign Affairs and Dr. Godwin Ntadom – the Chief Consultant Epidemiologist. Dr. Godwin presented a situational report to the meeting, stating that Nigeria was prepared to handle the pandemic since it had taken preemptive measures before the index case. Notable measures were:

- Identification of isolation and quarantine facilities and strengthening of laboratories across the country.



- Cooperation across all Agencies, with the Nigerian Centre for Disease Control (NCDC) in charge.
- Mobilization of students from the field epidemiology and laboratory training program
- Effective utilization of donations constituting of personal protective equipment (PPE) and medical supplies from international donor agencies
- Expanded testing centres from 4 – 13 and continuous expansion is ongoing, as well as the conversion of buildings and hotels to isolation centres
- Nationwide lockdown and suspension of interstate travel along with identification of hotspots and resource mobilization to said spots.
- So far, the NCDC has 350 field epidemiologists at hand, with 120 in training. They have also mobilized institutional epidemiologists to support the system.

Identifiable challenges for Nigeria are the unwillingness of citizens to test because of possible stigma. To combat this, the government is carrying out sensitization programs. There are also confirmed cases of communal transmission in Nigeria which the federal government of Nigeria (FGN) is trying to tackle through community testing.

### **Turkey**

At the onset of the Pandemic, the Ministry of Health of Turkey established a Scientific Board composed of infectious disease experts on 11 January 2020 and the Scientific Board started to work on the global pandemic and its potential impacts on Turkey. Monitoring and control of all passengers at the airports started at the last week of January and throughout February, with flight bans and border closure measures for countries where the epidemic spread rapidly were implemented. Furthermore, field hospitals were set up in some of Turkey's border regions. Thousands of Turkish citizens living in many countries around the world were evacuated. These people were isolated at the government-owned facilities for fourteen days.

With the increase in the number of cases in the country now, the emphasis is on not to disrupt the regular health services. Public and private hospitals to be used as pandemic hospitals have been designated and some public facilities upgraded to provide hospital services. The citizens



with chronic diseases are required to obtain their medicines before they come to health institutions and annual leaves of the health staff are canceled for the continuity of the services. Besides, there is a curfew under implementation for citizens under 20 years and above-65 in the context of COVID -19, and the transportation among prominent cities of Turkey is restricted. The government provides medical masks free-of-charge for each Turkish citizen. To alleviate the economic burden resulting from the pandemic, tax payment facilitations were put into practice for business owners and low-income citizens, in addition to cash and in-kind aid packages for low-income people.

With the emergence of cases, Turkey developed the surveillance and case tracking system. The country has adopted affiliation management to detect cases with a lot of testing done within the framework of effective affiliation, which makes it easier to detect cases. The mortality rates have been kept low by applying effective and free treatment in hospitals. The recommendation from the country is that D-8 should strengthen coordination and collaboration now with the exchange of clinical information. The country is willing to provide support as it is currently providing medical supplies support to more than 29 affected countries.



## PLENARY DISCUSSIONS ON CONTEXT AND COUNTRY REPORTS

This was a question and answer session moderated by Robert Yates of Chatham House and centered mainly on needed resources, its access, and utilization in countries to respond adequately to the pandemic.

Question and answer session moderated by Roberts Yates

*Q1. Do you think the health sector is getting a fair share of the resources or is it being directed to more economic interventions?*

### Turkey

In response to this, the Turkey Representative responded that the Government has enforced strict measures to mitigate the pandemic through financial means considering the health system needs and sector burden. He also stated that the fight against COVID requires a strong health system in terms of public health, preventive, curative, and palliative care. The 2003 health transformation program (universal health coverage reforms) implemented in Turkey has borne fruit with the obvious capacity of the present-day government in handling the pandemic. The rapid spending in the health system is now evident in the structure of hospitals, ICUs, drugs, medicines, and diagnostic kits.

He provided more details saying the financial support received versus the system needs are adequate, and the Government of Turkey is handling the crisis properly. He also commented that although the cases keep increasing daily there is no increase of incubated patients in the ICUs. The health system has a 40,000 ICU capacity in Turkey with an occupancy rate of 62% providing free treatment for all patients. Concluding, he announced the efforts of the Turkish Government in supporting needy countries, and that as of 16th April 2020, the Government had made donations of PPE and medical supplies to a total of twenty-nine (29) countries.

*Q2. Are any countries working with the Heads of States or Finance Ministries to fast track UHC reforms to tackle the pandemic recognizing that we have seen countries who transformed their UHC transcend the national crisis?*



## Bangladesh

Bangladesh delegate took the floor and informed the meeting that Bangladesh is facing logistic issues, especially with PPEs and diagnostics. With only one testing center, Bangladesh had recorded the lowest testing capacity in the region. He noted that although centers have been increased to 17, the country is still facing deficiencies in PPE for health care providers, testing facilities and there is a low number of ventilators nationwide and ICU facilities.

He noted that the Ministry of Health in Bangladesh has the lowest budget allocation per health centers in the country, and it is continually decreasing making it difficult to tackle the pandemic. Following the pandemic, increasing the budget is important. Although the Government has taken the initiative to tackle these issues there is still a need for the government to coordinate properly and align health budget to meet the institutional needs of the current period.

The delegate proposed that Bangladesh receive support in the form of diagnostic facilities, ventilators, medical devices, and PPE; and inquired if the D-8 could develop a bank where countries with surplus medical supplies can contribute to. He further noted the garment ware production capacity of Bangladesh can produce PPEs. He referenced Malaysia and Turkey's capacity to produce other medical equipment and test kits, imploring members to figure out ways for the bloc to inter-trade and leverage on the different capacities to tackle the economic and health impact of the pandemic.

Professor Sabrina Flora from Bangladesh sought suggestions and contributions on the potential reuse of N95 masks, and how to combat contradictory information on effective treatment for COVID-19. **Dr. Kate Tulenko** from the U.S responded stating that Hydrogen peroxide and UV treatment of the N95 Masks is a practice by U.S Health workers. Although unproven and controversial, these Health workers who had to continuously reuse their N95 masks placed a surgical mask over them to preserve its integrity. She then promised to send links on literature about this and urged members to look up information on the FDA foundation and the Association on Pharmacists in the U.S website for emerging COVID-19 protocols and treatment.



Osman Dar from Chatham House commented that there were no references to research and Innovation as a preparedness and response strategy to the COVID-19 Pandemic from any of the Member Countries. He suggested the setup of multi-center clinical trials that can be done across D-8 settings along with treatment options that are feasible, accessible, and affordable (intravenous zinc, convalescence plasma, stem cell treatment). As part of his suggestion, Osmar Dar noted that instead of making inter-country comparisons on mortality rates which is problematic because methods vary in countries, Member States should look at death data from the death registry to monitor the impact of COVID-19. He said that this would be the best measure to accurately assess the overall impact of interventions and make comparisons across Member Countries.

Osman further suggested the D-8 countries to model the UK Euro-Momo app which records deaths and how they are COVID-19 related, stressing the need to maintain efficient health systems and essential health services despite the crisis. In concluding, Osman noted the emergence of the Ramadan period and inquired about the measure being put in place to handle mass gatherings. He noted the need to communicate risks, put in place preventive and mitigative measures for community engagement.

### Indonesia

Indonesian Ministry of Health Lead informed the meeting that the Government of Indonesia is redesigning its health program to focus its effort on fighting the pandemic. Meaning the government would have the capacity to provide free health services for COVID-19 patients. He asked if there is any evidence of immunity from further reinfection in recovered COVID-19 patients, the progress in vaccine and anti-viral development, and how D-8 countries can contribute to or join this initiative. Finally, he asked if anyone knew when the COVID-19 pandemic would end.

### Turkey

In response to Osman Dar's comment and Indonesian question, the Turkey representative commented that all Muslims are expected to fast, as fasting strengthens the immunity of the people. However, directives from the Government is that there would be no public gathering during the Ramadan. He said that Turkey has designed its testing kits and carries out 35,000



tests daily. In treatment, confirmed mild to moderate cases are treated with hydroxychloroquine and azithromycin. When severe, the patient is transferred to ICU, where they are treated with high-flow oxygen tablets twice for a week. He informed the meeting that these treatment protocols are gotten from China and Japan, patients recover quickly, and cases do not descend to the intubation period using this treatment. He also stated the ongoing studies by the Scientific board of Turkey on possible treatment and solutions which would be made accessible to all.

*Q3. Question from Ade Adeyemi – Chatham House: The UK, US and EU are extorting the medical supply market, equipment, and goods, can the D-8 coordinate and contact these countries to engage, align and accrue economies of scale in the purchase of medical supplies?*

## **FURTHER PRESENTATIONS**

### **Multilateral Public-Private Partnerships and Corporations by Kimberly Gire**

Kimberly informed participants that she is working closely with the D-8 HSP to find ways on how D-8 can cooperate; develop inter-country supply chain, support the health and social protection of citizens to enable economic development and co-learning. Kimberly stated that COVID-19 has accelerated the need for D-8 members to cooperate and that it provides an entry point for Member States to work together in a crisis. She advised that in cooperating, the countries keep in mind how present-day collaborations can benefit countries in the longer term and learn from the now obvious cracks in the system.

Kimberly reiterated the need for resilient health systems and a robust supply chain for medical supplies and the need to work with the private sector in new ways. She referenced the bidding war on ventilators, medical equipment and PPEs in the U.S, and the need for Member States to avoid entering a similar situation. In doing so, Kimberly asked Member States to investigate how they could work together, leveraging the expertise of private sector alliances like that with Chatham House. She further mentioned the need for strategic alliances with private universities, innovators, and entrepreneurs; in this breadth, she referenced the Secretary Generals information to the meeting about a private company that had produced ventilators and



said this was an indicator that the private sector was willing to help. Kimberly Gire then urged Member States to take advantage of the coordination platform afforded by the D-8 HSP. First to submit their needs to the center to leverage innovation, price points, and undertake a mapping of resources of each country. She referenced Turkey's donation to needy countries, stating that Member States can learn from this and consolidate their needs, make approaches to the private sector, and work with philanthropists like herself, and finance professionals to figure out new ways of financing - Public, Private, Hybrid models, Advanced market commitments. Even if all these actions aren't carried out immediately (during the crisis) Kimberly urged participants to ensure they are put in place and built on as a means to establish new ways of working that will help strengthen health systems going forward. Towards this end, she listed out three (3) guiding principles

- Encourage open source in dealing with innovation.
- Recognize that Government is needed to scale up when speaking with the private sector
- Share learnings e.g. sharing the design, utility of a developed low-cost ventilator amongst Member Countries.

In concluding, she reiterated the need for Member States to work with the D-8 HSP, Chatham House, assuring her readiness to collaborate and to reach out to other institutions like the Universities for collaborations.

### Bangladesh

Prof. Sanyas from Bangladesh suggested the D-8 emulate the World Bank and ADB emergency funding, by organizing a working group for practical cooperation which would also serve as a channel for procurement. She also suggested utilizing the funding allocated by the Bangladesh Government and WHO to procure supplies externally using D-8 as a platform. She also inquired about the efficacy, source, and cost of the anti-viral drug – as a treatment for COVID-19. In response to her question, Kimberly from Global Women Leaders Forum urged the D-8 HSP to compile the needs of all Member States to coordinate, identify sources of funding, and procure all materials needed.



### Corvus Health

Kate Tulenko commented that the Johns Hopkins School model (Aggregate data to understand what works in the treatment of COVID-19) is currently in development, and it could prove useful as a source of data for COVID-19 treatments. She pledged to share a concept note with all participants so those interested can get involved.

### Nigeria

Godwin Ntadom commented that Nigeria is carrying out molecular analysis using PCR machines and is thinking of transitioning to gene expert machines. He asked for the general opinion on the use of test kits and mini labs for diagnosis which is being proposed by private bodies.

### Pakistan

Mr. Tariq Karim D-8 Commissioner from Pakistan stated the need to strengthen existing economic mechanisms within the D-8. He said that since COVID-19 is a long-term problem, the D-8 needs to involve a mechanism that incorporates information sharing, virus behavior monitoring across the bloc, innovations, and research. In his statement, Mr. Karim noted that economic and health issues are entwined since D-8 is economic cooperation organization, it needs to design and align a mechanism that aligns to tackle the current COVID-19 challenge. The D-8 is an economic organization that can play a frontline role in addressing this challenge. He reiterates the commitment of Pakistan to cooperate with all countries in supporting and overcoming the challenge.

### HSP

In response to this, Dr. Ado reassured Mr. Karim that all issues mentioned are being addressed by the D-8 HSP. He also informed all participants that the D-8 HSP will: (i) Carry out a socioeconomic impact assignment of the pandemic using the capacity of Chatham House and (ii) continuously share best practices, innovation, and information among Member Countries.

Summary synthesis of country reports and discussions by Dr. Lola, Chestrad Global

Dr. Lola started by stating that she was unable to capture the depth and breadth of contribution and innovation brought in by all delegates. Riding on Dr. Muntaqa's grouping of the aspirations



of D-8 and piggybacking on David's global best practices of the ever-evolving situation of things in Asia and Africa which is defying existing knowledge; Dr. Lola stated that although no health system was ready for the crisis, the D-8 countries appear to be among the smart responders to it. The D-8 countries have employed different and smart transmission containment strategies that have produced a negative impact on economic capacity and growth. In concluding on her submission, she urged all participants to contribute to the visualizer map to make it D-8 specific resource for all.

Dr. Lola summarized the issues in the country's reports as:

- Resolve the potential and need for D-8 Countries to increase their testing capacity through rapid testing. There is a need to obtain testing kits with high specificity, efficacy, validity, and strategize on how to take testing capacity to the doorstep of citizens.
- Health workforce needs to be protected by ensuring adequate supplies and provision of PPEs

### Synopsis of COVID 19 impact assessment research

The focus of this presentation was to share early thoughts on how the envisaged research or assessment of COVID 19 impact can be undertaken. Chatham House is co-facilitating this research with D-8 HSP and Mr. Robert Yates made a presentation on the highlights of which were:

1. It will be a research that will inform policy within and beyond the health sector and not just an academic exercise for the fun of research employing both qualitative and quantitative techniques and perfectly timed
2. The extent will cover the health sector (cases, mortality, health systems), economy (GDP, poverty, employment) and societal indicators (gender, peace, and security) looking at the effectiveness of country national responses and comparing performances.
3. Some of the research questions would include how have countries fared comparing country epidemiological data, have those with higher levels of preparedness and closer to UHC performed better? What lessons are there to be learned in terms of pandemic



preparedness, UHC strengthening and resource allocation to and utilization by the health sector.

#### Statements from Islamic World Science Citation Center (ISC)

Expressing gratitude for their presence at the meeting, the Islamic World Science Citation Centre (ISC) representative provided an overview of the organization as situated in the South of the Islamic Republic of Iran and funded by Iran's Ministry of Science, Research and Technology. The speaker further detailed the active role of the ISC in assessing researches, scientific, technological, and innovative performance of the Organization of Islamic Countries (OIC) to promote the status of OIC countries at global scale. Having enumerated the ranking of the ISC in the global field, the ISC presented the Covid-19 Visualizer which can be accessed at (<https://maps.isc.gov.ir/covid19/#/world>), stating that its design was in line with its duties as a world-class center and to react to Covid-19 Pandemic. The visualizer provides summary statistics on this disease for world countries, information like confirmed cases, number of human losses, rate of recovery, and fatality are also provided. Further, the ISC informed the meeting that a database of more than 4000 articles on this infectious disease had been generated which covers a high-ranking article publisher in high-ranking journals. Pie and Line graphs have also been included to enable the comparison of different countries as they help in tracing the development of the disease in each country.

The ISC spokesperson stated the COVID-19 visualizer software has well been received by the world community, and the main software and its new extension uploaded on D-8 Organization's website. This allows the software to focus on the condition of this pandemic within the D-8 countries only. The meeting was informed that the ISC is working on another extension of the software that focuses on Africa. The version of this is to be released within days. In presenting unique features of the software with its extensions, the ISC stated that it is free of charge, easy-to-access, and multi-faceted. not only does it provide statistics but also easy to reach a database of articles. The ISC further stated that many medical research teams are already utilizing the platform to introduce vaccines or medications for the pandemic.

The ISC requested that all the member D-8 countries review the software and send in feedback so that the platform can become more efficient. Stating that it would continue developing the software in collaboration with D-8, would probably introduce further extensions for other



geographic zones or further items on the current version if requests are received. In concluding the ISC exclaimed that it would receive satisfaction if the software could be used in the battle against COVID-19 and bring relief to the whole world. They extended their sympathy and prayed for the recovery of all the patients, and the endurance of the loss of the loved ones by the families.

#### Statements from the Malaysian Technology Development Corporation

The representative of the organization while appreciating the meeting and its organizers for extending an invitation to the attendance provided an overview of the corporation. Because of the limited amount of time available to speak, they offered to send in a statement which the secretariat had received and attached in the annex to this report.

## RECOMMENDATIONS AND DEMANDS FROM THE MEETING

#### Recommendations from Secretary-General

1. The Secretary-General recommended the adoption of by Member States of the COVID-19 Visualizer Map developed by ISC for the benefit of the D-8 Member States as a useful resource to guide policymaking, case management, and interventions in support of national responses.
2. The Secretary-General recommended for Member Countries, as humanity, to seize the moment to tackle the pandemic as well as reposition national health systems along the path of universal access and inclusiveness.
3. The SG requested Member States to resolve that the pandemic is a battle for life and survival, not how to keep nations peacefully apart, but how to bring them to act together to support one another, and in that spirit collectively strengthen solidarity among Member States in efforts to enhance cooperation, identify constraints and bottlenecks in tackling the COVID-19 pandemic as well as support countries to build post-pandemic resilient health systems.



## Recommendations from Member States

### *Bangladesh*

4. The delegation suggested that D-8 develop a bank where countries with surplus medical supplies in the form of diagnostic facilities, ventilators, medical devices, and PPE can contribute to.
5. Bangladesh proposed that Malaysia and Turkey's capacity to produce other medical equipment and tests kits be supported while her capacity in the garment ware industry could be repurposed into producing PPEs and face masks, imploring members to figure out ways for the bloc to inter-trade and leverage on the different capacities to tackle the economic and health impact of the pandemic.
6. Bangladesh suggested the D-8 emulate the World Bank and Asian Development Bank (ADB) emergency funding, by organizing a working group for practical cooperation which would also serve as a channel for procurement and suggested utilizing the funding allocated by governments and WHO to procure supplies externally using D-8 as a platform.
7. Reinforces the need for a COVID 19 pandemic impact study on health and social-economic activities in D-8 countries with a recommendation that the priority is on health and social protection consistent with the mandate of the HSP.

### *Indonesia*

1. Movement and flow of goods between Member States should not be hampered and trade and global supply chain including for medical equipment should be maintained.
2. Innovative ways to fulfil the shortage of various medical supplies within D-8 should be done exploring joint production schemes among other countries with raw materials, technology as well as labor. In this regard, the country calls for the utilization of the OIC center in Indonesia for antiviral drugs and vaccine manufacturing.
3. Joint protocol on contact tracing should be established on the framework of the D-8 to effectively control the spread of the COVID-19. A network of contact between staff at the Ministries of Health to intensify the exchange of best practices needs to be established.



### Islamic Republic of Iran

1. We should continue working together in a systematic way led by the head of the states.
2. We should join hands and find a platform for coordinating D-8 response to any kind of emergencies and to support each other in areas like economic and social development and strengthening trade and economic links. Post Corona joint development planning is key in building our capacities for better preparedness and response. No doubt that we should reiterate our joint commitment to achieve Universal Health Coverage and 13<sup>th</sup> GPW.
3. Putting health at the center of development kept at the stage of slogan in many countries that has to be converted into practice. Additional support to SDH has to put in our joint agenda. COVID- 19 pandemic has shown poor are suffering more. Education, economic, social contact, housing, transportation, security, economic factors are areas that need to be invested by the Member States as priorities.
4. I am confident that with the highest level of political commitment we can convert this threat into an opportunity.

### *Pakistan*

1. The country suggested that since economic and health issues are entwined, and D-8 is about economic cooperation, it can play a frontline role in addressing the current COVID-19 challenge by designing and aligning a mechanism to tackle it. The country reiterated the commitment of Pakistan to cooperate with all countries in supporting and overcoming the challenge.
2. The delegation called for strong collaboration and strengthening of existing economic mechanisms within the D-8 to tackle the COVID 19 pandemic in the long term and this should incorporate information sharing, virus behaviour monitoring across the bloc, innovations, and research.
3. Recommended for adequate production of diagnostics, equipment such as ventilators and medical supplies.



4. Financial resources to be mobilized to enhance national response capacity for testing and isolation.
5. Facilitation of knowledge and data sharing with technology partnerships
6. Post-COVID19, recommends the strengthening of PHCs and International Health Regulations.

#### *Turkey*

1. The recommendation from the country is that D-8 should strengthen coordination and collaboration now with the exchange of clinical information and Turkey is willing to provide support as it is currently providing medical supplies support to more than 29 affected countries.
2. The delegation also cautioned that the fight against COVID requires a strong health system in terms of public health, preventive, curative, and palliative care.

#### Recommendations from partners & observers

1. If faced with shortages, Member States can reuse N95 masks by sterilizing with hydrogen peroxide and UV treatment is practiced by U.S Health workers.
2. There is the need to established resilient health systems and robust supply chain for medical supplies working with the private sector in new ways such as encouraging open source in dealing with innovation, recognizing that Government is needed to scale up and sharing learnings e.g. sharing the design, utility of a developed low-cost ventilator amongst Member Countries.
3. The D-8 HSP was urged to compile the needs of all Member States to coordinate, identify sources of funding, and procure all materials needed.
4. The ISC presented the Covid-19 Visualizer (<https://maps.isc.gov.ir/covid19/#/world>) and appreciated its endorsement by Member Countries. The organization appealed to Member States to provide her feedback on the tool so that it can be improved further and tailored to D-8 needs.



#### Next steps

1. Two important working groups were formed to translate the suggestions and recommendations from this first round table. They are implementation monitoring working group and resource mobilization working group. The implementation working group consisted of 4 countries Indonesia, Iran, Nigeria, and Egypt and the secretariat was to be provided by Dr. Mahmud of D-8 HSP. The resource working group is made up of the remaining countries with Dr. Muntaqa of D-8 HSP providing secretariat support. There were suggestions to create technical teams from the resource mobilization-working group mainly; supply chain management and procurements team, and Solidarity and diplomacy team, but the group within the framework of its term of reference would decide this. In the same vein, a task team anchored by the HSP secretariat with representation from Member States is to develop the framework and protocol for the research assessment.
2. The round tables will continue to be held to review progress by the working groups and the research assessment that will be undertaken.
3. A forum of Ministers of Health will be established at the side-lines of the World Health Assembly to take forward the implementation of the working groups' recommendations
4. There will be a submission to the Heads of State Summit for important issues requiring their consideration and approval.



## ANNEXES

### Slide Deck




## D-8 Countries Solidarity

### WORKING TOGETHER TO TACKLE COVID-19

#### HIGHLIGHTS

- Member country updates
- Country specific contexts and needs
- Best Global Practice
- Next Steps



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**#socialprotection**  
**#staysafe**





D-8 Health and Social Protection programme welcome you all (Member States Delegation, Partners and Observers) to this zoom roundtable on COVID -19, the first in the series

- #### Recognitions
- Secretary General D-8
  - Countries and their delegations by time zones
    - Indonesia
    - Malaysia
    - Bangladesh
    - Pakistan
    - Iran
    - Turkey Delegation
    - Egypt
    - Nigeria
  - Partners and Observers
    - Co-hosts – Chatham House
    - CHESTRAD Global
    - Global Women Leaders Strategic Philanthropy
    - International Labour Organization
    - Islamic Development Bank
    - Islamic World Science Citation Center (ISC)
    - Malaysian Technology Development Corporation (MTDC)
    - TAJ Bank
    - World Health Organization
  - Distinguished Facilitators
  - Health and Social Protection Programme Colleagues



## Agenda

- Register [Here](#)
- Meeting ID 150-013-132 - Password 018769
- Starts 11 am and ends 1.15pm Istanbul Time
- ICT, time keeping, note taking – Haydar/Ms Oraibi Imabibo
- Administrator – Dr Mustafa Mahmud
- Kindly share your presentations with us via [ado.muhammad@developing8.org](mailto:ado.muhammad@developing8.org);

| Topic Item  | Presenter/Moderator                 | Time                       |
|---|-------------------------------------|----------------------------|
| 1. Opening remarks  | Secretary General of D-8            | 5 minutes                  |
| 2. Context, objectives and expected outcome presentation  | D-8 HSP - Dr. Muntaqa Sadiq         | 5 minutes                  |
| 3. Country reports (Malaysia, Indonesia, Bangladesh, Pakistan, Iran, Turkey, Egypt, Nigeria)  | Head of country delegation          | 40 minutes, 5 each country |
| 4. Discussions on country reports   | Chatham House                       | 20 minutes                 |
| 5. Best Global Practices – Global Health Security   | Prof David Heymann                  | 10 minutes                 |
| 6. Multilateral public-private partnerships and collaboration   | Kimberly Gire                       | 10 minutes                 |
| 7. Discussions on best global practices and multi-lateral public private partnerships moderated                                       | Chatham House                       | 10 minutes                 |
| 8. Summary synthesis of Member Country needs and support countries can anticipate or offer  | CHESTRAD International              | 5 minutes                  |
| 9. Presentation of draft synopsis of evaluation research or assessment methodology  | Chatham House                       | 5 minutes                  |
| 10. Discussions on summary synthesis and evaluation research  | D-8 HSP Programme Director – Dr Ado | 10 minutes                 |
| 11. Next steps <ul style="list-style-type: none"> <li>• Working groups</li> <li>• HMM forum</li> <li>• Future round tables</li> </ul> | D-8 HSP Programme Director – Dr Ado | 10 minutes                 |
| 12. Vote of thanks  | D-8 HSP - Mr. Shahzad A Janjua      | 5 minutes                  |

## SUMMARY SYNTHESIS OF MEMBER COUNTRIES NEEDS AND SUPPORT

| COUNTRY    | SPECIFIC CONTEXT | NEEDED SUPPORT | OFFERED SUPPORT |
|------------|------------------|----------------|-----------------|
| Bangladesh |                  |                |                 |
| Egypt      |                  |                |                 |
| Indonesia  |                  |                |                 |
| Iran       |                  |                |                 |
| Malaysia   |                  |                |                 |
| Nigeria    |                  |                |                 |
| Pakistan   |                  |                |                 |
| Turkey     |                  |                |                 |



## NEXT STEPS

### Working groups

- Implementation monitoring (Provide weekly update and recommendations for a data driven Programme)-Indonesia, Nigeria, Iran and Egypt
- Resource mobilization (Articulate strategies and recommendations for domestic resourcing by countries) - Bangladesh, Malaysia, Turkey and Pakistan

### Hon Ministers of Health Forum

- A side forum at the world health assembly (WHA) for Honourable Ministers of Health of D-8

### Future round tables (RT)

- RT2 - Review progress from first round table (working groups and impact assessment) – May 2020
- RT3 – Review of RT2 progress and agenda of Honourable Ministers of Health Forum – May/June 2020
- RT4 - Post Covid-19 Health system strengthening/UHC reforms – July/August 2020
- RT5 - Private Sector Conference later in the year –Sep 2020



## Statement from Iran

Honorable Secretary General D8, Ladies and Gentlemen

At the outset I would like to appreciate Secretary General for organizing this virtual group and would like to share few ideas for our joint preparedness and response strategy to any kind of emergencies

- The COVID-19 Crisis has shown that the global Emergency preparedness and response management need to put at the top of the Governments and International agencies agenda for the future decades.
- This should target Health, Social, Economic, Cultural, Trade, Industry, Agriculture and at the top Political reform to support combating any kind of emergencies.
- D8 Countries are facing different types of emergencies and our preparedness and response strategies need to be revised and strengthened.
- Role of the community including personal behavior, personal protection and individuals' awareness has critical role.
- To achieve targets, we should all stick on the two major principle (intersectoral collaboration and community ownership).
- I am confident that D8 countries has different capacities and experiences gained as a result of COVID-19 crisis that has to be shared and used for the benefit of our people. These may include rapid diagnosis and treatment technologies/ knowledge, local production of personal protection equipment, physical distancing strategies and guidelines, use of Information technology for contact tracing and sharing information including strengthening epidemiological studies. We have different experiences for the key questions like: how to reactivate social and economic activities? how to manage misconceptions and rumors? how to decrease community stress and improve self- confidence, etc..... that has to be shared.

Ladies and Gentlemen;

- We should continue working together in a systematic way led by the head of the states.
- We should join hands and find a platform for coordinating D-8 response to any kind of emergencies and to support each other in areas like economic and social development and strengthening trade and economic links. Post Corona joint development planning is key in



building our capacities for better preparedness and response. No doubt that we should reiterate our joint commitment to achieve Universal Health Coverage and 13<sup>th</sup> GPW.

- Putting health at the center of development kept at the stage of slogan in many countries that has to be converted into practice. Additional support to SDH has to put in our joint agenda. COVID- 19 pandemic has shown poor are suffering more. Education, economic, social contact, housing, transportation, security, economic factors are areas that need to be invested by the Member States as priorities.
- I am confident that with the highest level of political commitment we can convert this threat into an opportunity.

Dear Participants

So far, Islamic Republic of Iran has around 76 thousand positive cases, almost 4777 death while almost nearly 50 thousand have been recovered. According to a national plan conducted since 5 March, more than 72 million people were screened verbally, physically or online, using the strong PHC infrastructure, with a stepwise referral system.

Combating COVID Pandemic requires global solidarity in action and international cooperation in practice. The US sanctions against Iran, as genocidal as they have been designed to be, are now posing a serious threat to global health by obstructing Iran's campaign to control the epidemic. This is the time for solidarity not exclusion, as rightly pointed out by the UN Secretary General and echoed frequently by WHO DG.

We are at the vital chapter of our shared responsibility to respond to this pandemic in a collaborative and collective way. I request D8 group to continue these kinds of virtual meetings that should lead to a sustained coordination platform.

Ladies and Gentlemen; together we can defeat COVID Thank you!



Statements from Pakistan

Excellency!

Honourable health experts from member states of D-8 Organization on Health.

Ladies and gentlemen, a very good afternoon to you all

On behalf of Government of Pakistan. I Dr Safi Malik, Director General Health and my delegation comprising of Dr Mohammad Salman – IHR Focal Point, Dr Irfan Tahir – Director Points of Entry, Dr Sabeen Afzal – Director Health Systems and Dr Ahsan Maqbool – Epidemiologist at Ministry of Health.

At the outset, let me express my profound gratitude for convening this important meeting. I also acknowledge and appreciate the stewardship of the D-8 Organization in conducting this virtual workshop and sharing of the knowledge and experience of the D-8 member states.

The statement made today by the Secretary General is indeed relevant, commendable and timely to help member states in addressing the challenges posed by the prevailing Covid pandemic.

Mr. Chairman,

Covid-19 Pandemic poses unprecedented and multifaceted challenges. Notwithstanding the enormity of this challenge Pakistan has developed a National Action Plan for Covid Emergency and has taken measures accordingly. Pakistan till date has reported 6,505 confirmed Corona cases with 124 deaths which is significantly lower than projection considering Pakistan is the 5th most populous country in the world. This has been achieved through Non-Pharmaceutical Interventions (NPIs) earmarking of financial allocation from domestic resources, tax exemptions for the import of essential equipment and supplies as well as support (food and monetary support) for the segment of population most vulnerable. Also worth highlighting are the innovative and timely containment strategies which comprised an effective mix of restrictive measures such as lockdowns, suspension of international and domestic travel, banning of large public gatherings, closure of schools and markets, early quantification and efforts to supply the needed PPEs, surging of ICU bed capacity / isolation beds and quarantines, scaling up of lab testing and Rapid Response Teams (RRTs) for contact tracing / outreach as well as planning for adequate social protection programs. In this regard the government has allocated through domestic resources PKR 1240 Billion relief package equivalent to USD 7.5 Billion.



Mr. Chairman,

The turn of events since the pandemic outbreak proves that no single country could immune itself and emerge victorious from these challenging times on its own. We are witnessing devastating impact on national and global economies. It is hoped that through the collective wisdom of the D-8 member states, this platform can be used for exchanging best practices, coordinating response and catalysing the effort for emergency preparedness and long term economic recovery.

Pakistan recommends several areas of cooperation including mobilization of financial resources to support the strengthening of International Health Regulations (IHR) core capacities in accordance with developed National Plans with support of relevant development partners; enhancement and promotion of cooperation among the member states especially for future pandemics; promotion and coordination between member states to improve production of diagnostic supplies and medicines; improvements in mechanisms for sharing surveillance data and information to allow for informed decision making by policy makers; development of a D-8 Emergency / Disaster Relief Mechanism for better planning, preparedness and response; activation and development of partnerships with relevant international organizations (such as UN, WHO, GAVI, GF) to improve overall coordination. It is also tabled for consideration to think beyond Covid and to initiate planning for improving Primary Health Care (PHC) services and Universal Health Coverage (UHC) alongside IHR core capacities.

Let me conclude by again thanking the D-8 Secretariat for convening this very important and timely meeting. Let us all come together, join hands and pool resources in true spirit of Islam.

Intervention by Pakistan's D-8 Commissioner Mr. Tariq Karim at the D-8 Organized COVID-19 Virtual Roundtable Held on 16 April 2020

At the outset, I would like to thank the Secretary General H.E Dato' Ku Jaafar Ku Shaari, the Secretariat and Dr. Ado Muhammad Project Director for D-8HSP for taking this initiative to gather representatives of Member States and other global partners involved in fight against the COVID-19 pandemic. The unprecedented challenge posed by the pandemic necessities the importance of greater cooperation among the D-8 countries. There is a need to strengthen the existing D-8 mechanisms, especially its D-8 HSP programme.

The D-8 Secretariat can coordinate among Member States to exchange information and expertise on the mode of spread of Coronavirus, behavior of the virus and innovation & research efforts etc. To coordinate these efforts, we may consider establishing a panel of eminent health experts, working groups and other mechanisms.



I would like to emphasize that the impact of COVID-19 pandemic is not restricted to health sector only. Its economic implications are enormous.

The D-8 is a group of most important developing countries. I would also like to highlight Prime Minister Imran Khan's call for 'Global Initiative on Debt Relief' for developing countries to enable them to free up resources to combat the disease and shore up economies.

At the end, I would like to reiterate Pakistan's commitment to the aims and objectives of D-8 and assure all possible support to the D-8 Secretariat and Member States for the collective welfare of the people of D-8 countries.

I thank you all for your attention.

#### Statement from Turkey

Thank you chair,

Excellency Secretary General,

Esteemed Delegates,

Distinguished Participants,

As Republic of Turkey, we would like to thank the Secretariat, which has provided us with the opportunity of cooperation and solidarity while the World has been going through such a critical process.

The COVID-19 pandemic is a serious health threat and poses serious risks for all of the world including D-8 Member Countries. Hereby, we welcome the initiating an effort and fight against COVID-19 within D-8. We are facing a new threat and an unfamiliar enemy. We need to learn the way of fight against this common enemy rapidly. Therefore, we attach importance to exchange information and experience by these meetings.

Republic of Turkey has rapidly implemented the preventive measures nationwide against COVID-19. Ministry of Health of Turkey has established a Scientific Board composed of infectious disease experts on 11 January 2020 and the Scientific Board started to work on the global pandemic and its potential impacts on Turkey.

Monitoring and control of the all passengers at the airports started at the last week of January, in order to prevention of the disease in Turkey. Throughout February, flight bans and border



closure measures for countries where the epidemic spread rapidly put into implementation. Furthermore, field hospitals were set up in some of Turkey's border regions. Thousands of Turkish citizens living in many countries around the world were evacuated. These people were isolated at the government-owned facilities for fourteen days.

The first positive COVID-19 case was detected on 10 March in Turkey. Since then, fight against the pandemic gained a new dimension. In this context, social restriction measures in the country began to be implemented rapidly. Educational activities, including universities, began the distance education model. The activities with huge amount of participation such as sport competitions, panels, meetings, theaters and congress were canceled. Mass worship was prohibited in mosques. A call center is established to provide true information for citizens.

With the increase in the number of cases in our country, we are trying not to disrupt the regular health services.

In addition to public and private hospitals to be used as pandemic hospitals, some public facilities are also allocated to provide hospital services. The citizens with chronic diseases are provided to obtain their medicines before they come to health institutions and annual leaves of the health staff are canceled for the continuity of the services.

Besides, there is a curfew in implementation on citizens under-20 and above-65 in the context of COVID -19 and the transportation among prominent cities of Turkey was restricted. Our Government provides medical masks free-of-charge for each Turkish citizens.

In addition, in order to alleviate the economic burden result from the pandemic, tax payment facilitations put into practice for business owners and low-income citizens, also cash and in-kind aid packages for low-income people started to be provided.

With the emergence of cases, we developed the surveillance and case tracking system. We have adopted filiation management to detect cases. We have done a lot of testing within the framework of effective filiation, which makes it easier to detect cases. We have ensured that the mortality rates are low by applying effective and free treatment in our hospitals.

Esteemed Colleagues,

COVID-19 outbreak has a serious social and economic consequences. Individual efforts of the countries put forward against the disease are valuable, but insufficient. These efforts need to be coordinated by the global actors and organization, such as D-8.

We know that the spirit of solidarity is needed more than ever to leave such crises behind. For this reason, strengthening solidarity and awareness is historically important for this fight. Exchange of clinical information on such pandemics are significant and in this sense we are in solidarity by these video conferences.

With this understanding as usual, Turkey is putting all efforts to support the more than thirty affected countries in the means of medical supply.



We appreciate and support the all effort made in the fight against the COVID-19 pandemic.

I thank you,

Statement from ISC

### **Statement of the President of ISC**

His Excelency Ambassador **Dato' Ku Jaafar Ku Shaari**, the respected **Secretary General** of the **D-8** Organization, as well as the colleagues in D-8 **Secretariat** based in Istanbul-Turkey

Honorable Dr. Ado J. G. Muhammad, the respected Program Director and Head of D-8 Health and Social Protection Program Office (D-8 HSP) based in Abuja, Nigeria

Respected representatives of D-8 Organization for Economic Cooperation from Bangladesh, Egypt, Indonesia, Iran, Malaysia, Nigeria, Pakistan and Turkey

Honorable colleagues from the UK based Policy Think Tank

And my colleagues from Iran's Foreign Ministry and Ministry of Science, Research and Technology

Ladies and Gentlemen,

This is, indeed, a great privilege to me, and my colleagues from ISC, to attend this virtual working group meeting on Covid-19 pandemic held by D-8. For your kind information ISC (The Islamic World Science Citation Center) was established in 2008 during the 4<sup>th</sup> Meeting of Ministers of Higher Education and Scientific Research of the Organization of the Islamic Countries (OIC) held by ISESCO in Baku, Capital of the Republic of Azerbaijan. It is based in Shiraz, Fars Province, south of I. R. of Iran and is generously funded by Iran's Ministry of Science, Research and Technology.

Since its establishment, ISC has been playing an active role in assessing the research, scientific, technological and innovative performance of the OIC countries with the objective to promote the status of OIC countries at global scale.

Being the third largest indexing system in the world – ISC and Scopus being the first two – ISC has produced using the expertise of its young but devoted staff a large number of databases that are currently used not only by OIC Member States but also by other countries from all over the world.

ISC's Ranking system (<https://wur.isc.gov.ir/>) provides ranking of universities and research institutions at national, regional and international levels covering data of Iran, OIC countries and the world.



OUR EJCR (<https://jcr.isc.gov.ir/main.aspx>) covers more than 4000 high-ranking journals of the OIC region and other non-OIC countries. This indexing brings more visibility to the journals and the authors of the papers which is a key factor in scientometric analyses.

Our OIC Science Performance Observatory (<https://maps.isc.gov.ir/>) provides information, in the form of a map, regarding the scientific performance of each country in the world. Here, information like number of documents, Percent of World's Documents, Rank in the World based on the Number of Documents, ... are provided in the form of tables and graphs.

Now, in line with its duties as a world class center and to react to Covid-19 Pandemic, ISC has designed and publicized its Covid-19 Visualizer (<https://maps.isc.gov.ir/covid19/#/world>) which provides summary statistics on this disease for world countries. Here, information like confirmed cases, number of human losses, rate of recovery and fatality are provided. Further, a database of more than 4000 articles on this infectious disease has been generated that covers high-ranking articles published in high-ranking journals. Pie and Line graphs also serve to enable the comparison of different countries as they help in tracing the development of the disease in each country.

This software has well been received by the world community. Currently, not only the main software but also a new extension of it has been uploaded on D-8 Organization's website, which focuses on the condition of this pandemic within the D-8 countries only. Now we are working on another extension of the software to focus on Africa as our main target. This version will be released within days. The unique feature of this software with its extensions is that it is free of charge, easy-to-access and multi-faceted, that is, not only statistics are provided, but also a database of articles is also within reach.

Presently, many medical research teams are utilizing this platform to introduce vaccines or medications for this unwelcome pandemic. And we will be so pleased if our small contribution could, in some way, be used in the battle against COVID-19 and hence bring relief to the whole world! I would like also to ask all the member D-8 countries to review this software and send us their feedback such that it can bring more efficiency to this platform.

In collaboration with D-8, we will continue developing this software and would like to introduce further extensions for other geographic zones, or further items on the current version, if requests are received.

At the end, May I ask you all to extend your sympathies and pray for the recovery of all the patients, and the endurance of the loss of the loved ones by the families. Let us all wish the return of a happy world where all people, regardless of gender, race, color or nationality live a life full of health, joy and happiness.



Statement from Malaysian Development Corporation

Initiatives by Malaysian Technology Development Corporation (“MTDC”) during COVID-19 Pandemic

|   | <b>Initiative by MTDC</b>                         | <b>Details</b>   |
|---|---|--|
| 1 | Robotic Solutions (Autonomous and Remote Control) | <ol style="list-style-type: none"> <li>1. Implementation of robotic solutions for cleaning, disinfecting and delivering food and medicine in hospitals, quarantine centres and other areas that require limited human intervention.</li> <li>2. Robotic companies within Malaysia which has the expertise in developing robotic hardware and software (including its programs) were gathered to collectively contribute to this initiative.</li> <li>3. At the initial stage, robots will be utilised for food and medicine delivery (non-critical), and later deployment will also involve disinfecting rooms and wards, taking patients samples and communicating with patients.</li> <li>4. This initiative is accordance to the approval given by Ministry of Health Malaysia, National Security Council etc.</li> </ol>   |
| 2 | 3D Printing & Injection Moulding                  | <ol style="list-style-type: none"> <li>1. 3D printing and injection moulding of PPE and other critical equipment required by hospitals and other government frontline services. Examples include face shield, intubation box, aerosol box and ventilator parts.</li> <li>2. Companies, universities and technical institutes in Malaysia with expertise in 3D printing, injection moulding and machining were gathered to collectively contribute to this initiative.</li> <li>3. Critical care medical device/consumables during treatment of COVID-19 patients i.e. intubation/aerosol box, ventilator and its parts, Personal Protection Equipment (PPE) including face shield were manufactured according to its design and specification.</li> <li>4. Design of these products were shared in an open source file and Ministry of Health Malaysia also published its guidelines and specification of these products.</li> </ol> |
| 3 | Diagnostic Kits                                   | <ol style="list-style-type: none"> <li>1. Developing and producing diagnostics kits relating to Covid-19 and other diseases.</li> <li>2. Companies developing diagnostic kits have developed the following kits: <ol style="list-style-type: none"> <li>a. Reverse transcription polymerase chain reaction (RT-PCR) – a lab test technique combining RT RNA into DNA and amplification of specific DNA targets via PCR; and</li> <li>b. Aptamer-based biosensor – a rapid test technique for mass testing by detecting specific virus protein.</li> </ol> </li> <li>3. All the companies are in development and testing stages and in consultation with the Institute of Medical Research Malaysia.</li> </ol>   |
| 4 | Reagents and extraction kits                      | <ol style="list-style-type: none"> <li>1. Developing and producing RNA extraction kits and reagents for Covid-19.</li> <li>2. RNA extraction kit is required to isolate COVID-19 viral RNA from cell-free body fluids during COVID-19 test via RT-PCR.</li> <li>3. The extraction kit and reagents produced are according to the international standards.</li> </ol>   |



## Impact assessment research methodology



### COVID-19 Research in the D8

D8 Secretariat & Chatham House COVID19 Roundtable  
16<sup>th</sup> April 2020

Robert Yates, Executive Director, Centre for Universal Health



### The objectives of COVID-19 Research

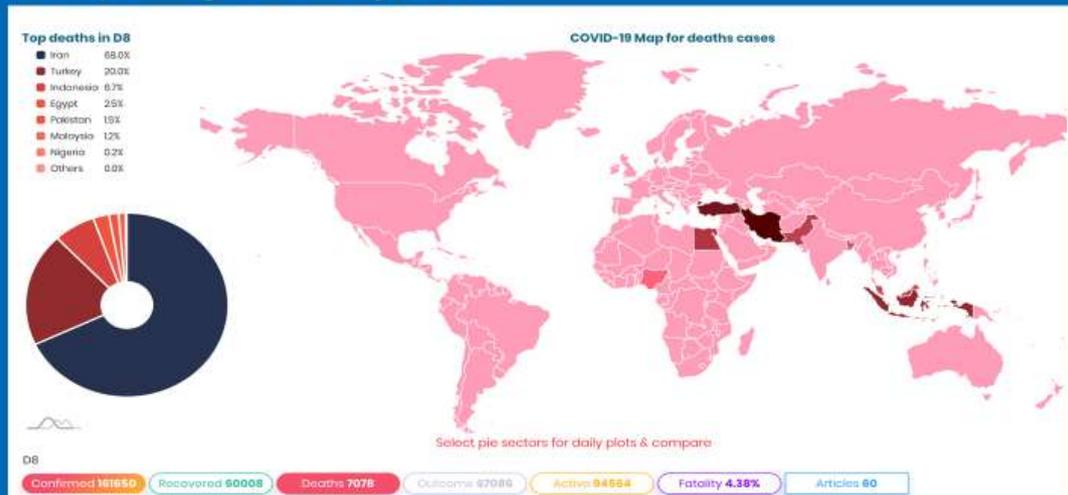
- Shouldn't just do academic research for the sake of it
- Purpose of research should be to collect and analyse data to learn lessons and influence policy
- Should look at impact beyond the health sector including: economic indicators, inequality, gender, education, peace and security
- Could even study impact on all the SDGs
- Collect quantitative and qualitative data
- Timing will be important – not too early



## A possible Assessment Methodology

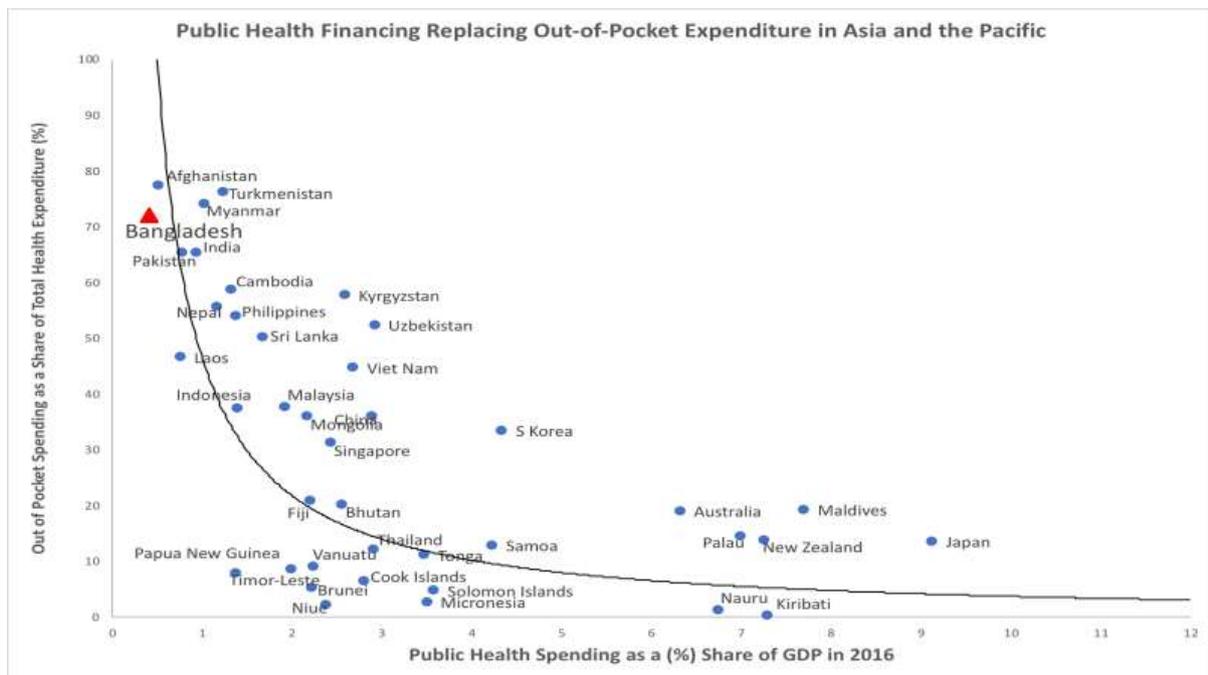
- Evaluate impact of COVID-19 on broad areas:
  1. Health – mortality, cases, disaggregate data
  2. Economy – GDP, employment, poverty
  3. Broader Societal Indicators – Gender, peace and security
- Assess effectiveness of country responses in each of these areas
- By comparing country performances and responses try and derive lessons from which approaches and policies have been most successful
- To be valuable assessments should be objective and honest – but not an exercise to name and shame

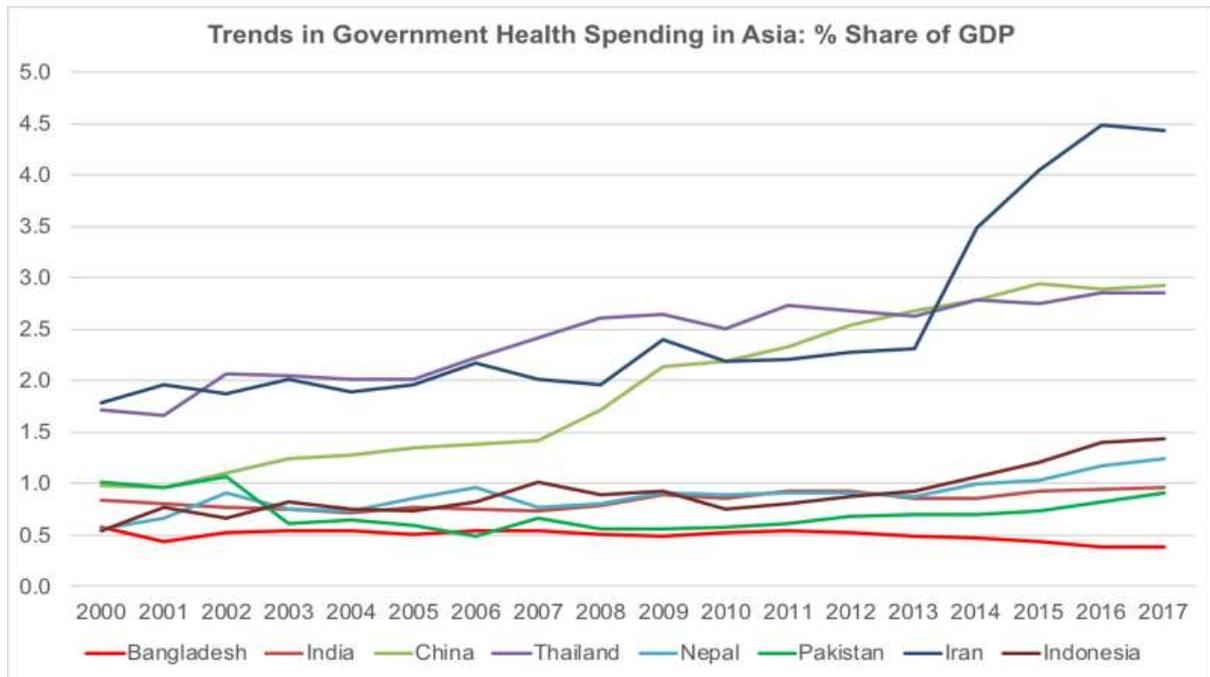
## Comparing Country Data



## Have countries with higher levels of preparedness and closer to UHC performed better?

- Level of preparedness – health security index score
- Compliance with recommendations of the GPMB report
- Health coverage performance
- Levels of public spending on health
- What lessons can be learnt in terms of informing policies on preparedness and UHC?







## Participants list

| <b>D-8 MEMBER COUNTRIES</b>               |                           |  |
|---|---------------------------|--|
| <b>Country</b>                            | <b>Delegates</b>          | <b>Designation</b>                                   |
| D-8 Organization for Economic Cooperation | Dato' Ku Jaafar Ku Shaari | D-8 Secretary General                                |
|   | Mr. Nasir Aminu           | Director, Administrative, Legal and Internal Affairs |
|   | Mr. Muhammad Bilal Khan   | Executive Assistant                                  |
| D-8 Health and Social Protection Office   | Dr Ado J.G Muhammad, OON  | Programme Director, D-8 HSP                          |
|   | Dr. Mahmud Mustafa        | Health Team Lead                                     |
|   | Haydar Daudu              | Executive Assistant                                  |



|            |  |  |
|------------|--|--|
|            | Dr. Muntaqa Umar-sadiq Mustafa<br>Shahzad Janjua<br>Oraibi Imabibo<br>Naima Abdulwahab<br>Ndidichukwu Odoh |  |
| Bangladesh | Prof. Abul Kalam Azad  | Director General of Health Services and<br>Head of National Response Team                                |
|            | Mr. Habibur Rahman Khan  | Mr. Habibur Rahman Khan  |
|            | Prof. Nasima Sultana   | Prof. Nasima Sultana   |
|            | Prof. MA Faiz  | Medicine Expert and Researcher   |
|            | Prof. Shah Munir Hossain   | Prof. Shah Munir Hossain   |
|            | Prof. Meerjady Sabrina Flora   | Chief Epidemiologist and Director, Institute of<br>Epidemiology, Disease Control and Research<br>(IEDCR) |
|            | Prof. SA Hamid   | Institute of Health Economist  |
|            | Mr. Mohammad Khorshed Alam Khastagir   | Director General (International Organisations),<br>Ministry of Foreign Affairs                           |



|           |                         |  |
|-----------|-------------------------|--|
|           | Dr. Syed Muntasir Mamun | Director (International Organisations), Ministry of Foreign Affairs  |
| Indonesia | Mr. Febrian A. Ruddyard | Director General for Multilateral Affairs  |
|           | Mr. Kamapradipta Isnomo | Director of Socio-Cultural Affairs and International Organization of Developing Countries                    |
|           | Mr. Dadang Hidayat      | Deputy Director for International Organization of Developing Countries                                       |
|           | Mr. Yudanto Wibowo      | International Organization of Developing Countries Officer   |
|           | Mr. Reski Kurnia Ilahi  | International Organization of Developing Countries Officer   |
|           | Dr. Slamet, MPH         | Expert Staff of Health Technology and Globalization/focal point for D-8 HSP                                  |
|           | Dr. Achmad Yurianto     | Director General of Disease Prevention and Control/Government's spokesperson for matters related to COVID-19 |
|           | Dr. Budi Sylvana, MARS  | Head of Center of Health Crisis  |



|          |                               |   |
|----------|-------------------------------|---|
|          | Mr. Acep Soemantri, SIP., MBA | Head of Bureau of International Cooperation   |
| Iran     | Dr. Mohammad Assai Ardakani,  | Adviser to the minister   |
|          | Dr. Mohsen Asadi-Lari,        | DG International Affairs, MOHME   |
|          | Dr. Mohammad Mehdi Gouya,     | Head of CDC   |
|          | Dr. Jafar Sadegh Tabrizi,     | Head of PHC   |
|          | Dr, Hamid Raza Inanloo,       | Delegate from FDA   |
|          | Leila Sepasgozar              | Head of International Organizations Office,<br>International Relation Department<br>Ministry of Health and Medical Education,<br>Iran |
| Malaysia | Dato' Dr.Chee Keong Chong     | Deputy Director of Health, Ministry of Health,<br>MOH   |



|          |   |   |
|----------|---|---|
|          | <p>Fabian Bigar</p> <p>Wan Noraini Mohamed Noor</p> <p>Prellnanthy Peter</p> <p>Shafinaaz Abdullah</p> <p>Nor Izzah Ahmad Shauki</p> <p>Rozita Halina Tun Hussein</p> <p>Jarin Sijaya Abdul Hathi</p> |   |
| Nigeria  | Dr. Godwin Ntadom   | Chief Epidemiologist Nigeria                            |
|          | Dr. Mohammed Baba   | Technical to Permanent Secretary, MoH Nigeria           |
|          | Mr. Zayyad Habu Abdulsalam  | Director, MoFA, Nigeria                                 |
| Pakistan | Mr. Tariq Karim   | Director General EC& OIC / D-8 Commissioner of Pakistan |
|          | Mr. Safi Malik  | DG Health   |
|          | Dr. M. Salman   | Chief PHLD, IHR Focal Person                            |
|          | Dr. Ahsan   | Epidemiologist, HPSIU, M/o NHRSC, Islamabad             |



|                               |   |   |
|-------------------------------|---|---|
|                               | Mr. Shahid Iqbal  | Director (EC & IC) MoFA, Islamabad              |
| Turkey                        | Dr. Selami Kilic  | Director General, MoH                           |
| <b>PRIVATE SECTOR MEMBERS</b> |   |   |
| <b>Organization</b>           | <b>Representatives</b>  | <b>Designation</b>                              |
| Chatham House                 | Robert Yates  | Head, Centre on Global Health Security          |
|                               | Claire Munoz Parry  | Assistant Director, Centre for Universal Health |
|                               | David Heymann   | Expert on Epidemics                             |
|                               |   |   |
|                               | Dr. Osman Dar<br>Ade Adeyemi<br>Nina van der Mark<br>Ben Wakefield<br>Bea Coates<br>Frini Chantzi |   |
| Chestrad Global               | Dr Oluwafunmilola Dare  | CEO Chestrad Global                             |



|   |                        |  |
|---|------------------------|--|
|   | Olusolape Adefala      |  |
| CORVUS Health                                   | Dr Kate Tulenko        | CEO, Corvus Health                                   |
| Global Women Leaders Strategic Philanthropy     | Kimberley Gire         | Founder, Global Women Leaders Strategic Philanthropy |
| The Islamic World Science Citation Centre (ISC) | Salman Salimi          |  |
| Malaysian Technology Development Centre (MTDC)  | Rosliza Zukkafli       | SVP, Business Development & Partnership              |
|   | Shahrul Rizal Shukri - | Deputy VP, Business Development & Partnership        |
|   | Norhalim Yunus         |  |
|   |                        |  |



| <b>OTHER MEETING PARTICIPANTS</b>               |  |
|---|--|
| <b>Organization</b>                             | <b>Representatives</b>                       |
| International Labor Organization (ILO)          | Nienke Raap                                  |
| Islamic Development Bank (IsDB)                 | Ima Kashim<br>Mamadou Bah<br>Fatima Bah      |
| Planned Parenthood Federation of Nigeria (PPFN) | Sunmonu Tihamiyu<br>Ibrahim Muhammad Ibrahim |
| Taj Bank  | Norfadelizan Abdul Rahman                    |
| Zenith Bank                                     | Juliet Nwakerendu<br>Muhammad Bawa           |
| Waci Health                                     | Fitsum Alemayehu                             |
| White Ribbon Alliance                           | Tariah Adams                                 |
| Observer  | Christy Asala                                |
| Observer  | Jamilu Nikau                                 |



## Pictures

Recording...

### Agenda

- Register [Here](#)
- Meeting ID 150-013-132 - Password 018760
- Starts 11 am and ends 1.15pm Istanbul Time
- ICL time keeping, note taking – Haydar/Mi Orak Isababo
- Administrator – Dr Mustafa Mahmud
- Kindly share your presentations with us via [ode.ashamrouf@develop8.org](mailto:ode.ashamrouf@develop8.org)

| Slide Item   | Presenter/Moderator                 | Time                       |
|--|-------------------------------------|----------------------------|
| 1. Opening remarks   | Secretary General of D-8            | 5 minutes                  |
| 2. Context, objectives and expected outcome presentation   | D-8 HSP - Dr. Mustafa Isababo       | 5 minutes                  |
| 3. Country reports (Malaysia, Indonesia, Bangladesh, Pakistan, Iran, Turkey, Egypt, Nigeria)   | Head of country delegation          | 60 minutes, 5 each country |
| 4. Discussions on country reports  | Chatham House                       | 20 minutes                 |
| 5. Best Global Practices – Global Health Security  | Prof David Heymann                  | 10 minutes                 |
| 6. Multilateral public-private partnerships and collaboration  | Kimberly Sise                       | 10 minutes                 |
| 7. Discussion on best global practices and multi-lateral public-private partnerships moderated                                       | Chatham House                       | 10 minutes                 |
| 8. Summary synthesis of Member Country needs and support countries can anticipate or offer   | CHSTRAD International               | 5 minutes                  |
| 9. Presentation of draft synopsis of evaluation research or assessment methodology   | Chatham House                       | 5 minutes                  |
| 10. Discussion on summary synthesis and evaluation research  | D-8 HSP Programme Director – Dr Adu | 10 minutes                 |
| 11. Next steps <ul style="list-style-type: none"> <li>- Working group</li> <li>- HSMI forum</li> <li>- Future road tables</li> </ul> | D-8 HSP Programme Director – Dr Adu | 10 minutes                 |
| 12. Vote of thanks   | D-8 HSP - Mr. Shaheed & Jaija       | 5 minutes                  |

Robert Yates

Figure 1: David Heymann during discussions on Best Global Practices



Recording...

| Country    | Confirmed | Deaths | Recovered | Outcome | Active | Fatality | Recovery | Affected |
|------------|-----------|--------|-----------|---------|--------|----------|----------|----------|
| Iran       | 143348    | 4117   | 48833     | 343%    | 26000  | 4.22%    | 98.37%   | 30       |
| Pakistan   | 13400     | 114    | 9147      | 170%    | 4000   | 1.81%    | 18.00%   | 8        |
| Malaysia   | 9422      | 22     | 2847      | 303%    | 6553   | 1.84%    | 32.00%   | 7        |
| Egypt      | 2824      | 109    | 846       | 170%    | 1969   | 3.82%    | 38.00%   | 3        |
| Bangladesh | 1220      | 60     | 48        | 64%     | 762    | 4.00%    | 2.80%    | 3        |
| Nigeria    | 487       | 11     | 120       | 14%     | 356    | 2.25%    | 31.00%   | 1        |
| Turkey     | 44722     | 319    | 3374      | 75%     | 40979  | 0.71%    | 5.42%    | 3        |
| Indonesia  | 8124      | 469    | 448       | 55%     | 4587   | 5.72%    | 6.00%    | 2        |

Participants in the meeting include: INDONESIA-MoH, Special Advis..., Special Advis..., D-8 Secretar..., MALAYSIA-M..., JARIN SUJAYA..., Qais Ramzan, Dr. Saif M.M..., MaBA Indone, Dr Add Muh..., Naima Abdul..., sahyatahmina, dr. mohinam..., zayyad, Nyra Mahmo, Norfad Izan..., Robert Yates, Dr. Gouya IH..., Galaxy Tab S4, Be-Nazir Ah..., Mohammad Ab..., Director of IEDCR, Muntaqa Umar..., Dr Kate Tulenko

Figure 2: Participants viewing COVID-19 Visualizer for D-8 member countries



Zoom

Recording...

Participants (48)

Find a participant

- NR Nienke Raap
- NV Nina van der Mark
- NA Norfadelizan Abdul Rahman
- NM Nyra Mahmood
- OA Olusolape Adefala

Invite Mute All Unmute All

Zoom Group Chat

beyond this roundtable.

From Norfadelizan Abdul Rahman to Everyone: I am a Malaysian.

From MALAYSIA MOH to Everyone: That's lovely to hear!

From Shahzad Janjua to Everyone: The working group is likely to remain flexibility for the immediate period beyond this roundtable.

To: dr. mohammad javad de... (Private)

Type message here...

|                     |                   |                   |                     |                 |
|---------------------|-------------------|-------------------|---------------------|-----------------|
| Dr Ado Muham...     | Special Adviser   | Fitsum Alemaye... | dr. mohammad...     | Shahzad Janjua  |
| D-8 Secretary Ge... | INDONESIA-MoH     | MALAYSIA MOH      | Qais Ramzan         | Robert Yates    |
| Special Adviser     | Haydar Daudu      | Godwin Ntadom     | MoH Turkey          | Mohammad Kh...  |
| Lola Dare           | Rosliza Zukkafli  | Galaxy Tab S4     | Shahrul Rizal       | Muntaqa Umar... |
| Colin Bruce         | JARIN SIJAYA A... | Dr Kate Tulenko   | Dr. Safi M. Mali... | Kimberly Gire   |

Figure 3: Participants make final comments in conclusion of meeting



## Media Links

- <http://www.developmentafrica.net/2020/04/17/d-8-strengthens-cooperation-and-solidarity-in-order-to-tackle-covid-19-pandemic/>
- <https://portal.nannews.ng/d-8-strengthens-cooperation-solidarity-to-tackle-covid-19/>
- <https://akahinews.org/d-8-strengthens-cooperation-solidarity-to-tackle-covid-19/>
- <https://nnn.com.ng/d-8-strengthens-cooperation-solidarity-to-tackle-covid-19/>
- <https://www.latestnigeriannews.com/news/8435500/d8-strengthens-cooperation-solidarity-to-tackle-covid19.html>
- <https://www.newtelegraphn.com/covid-19-d-8-strengthens-cooperation-solidarity-to-tackle-pandemic/>

