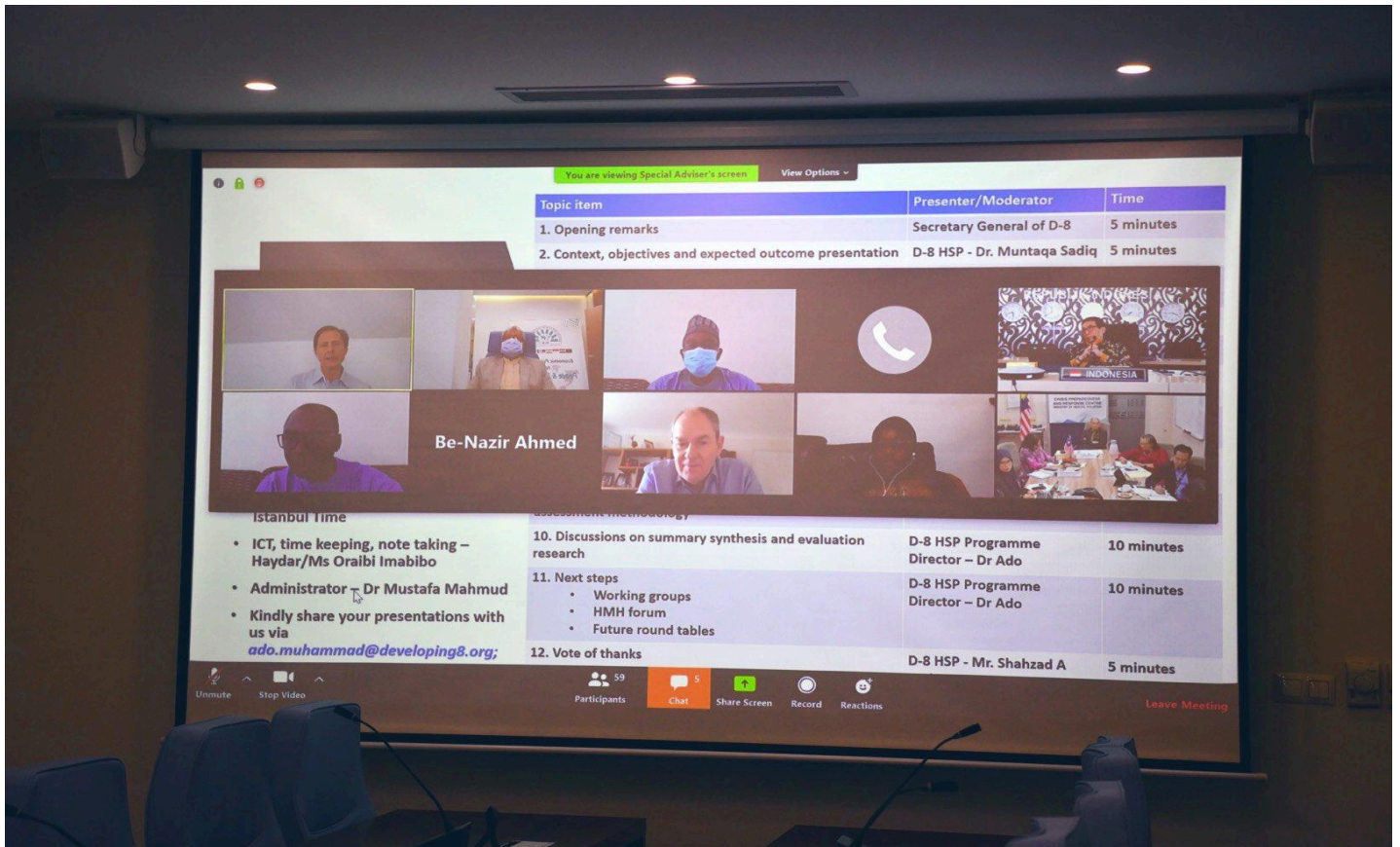




REPORT OF PROCEEDINGS FROM VIRTUAL ROUNDTABLE MEETING OF D-8 MEMBER COUNTRIES ON RESPONSE TO COVID-19 PANDEMIC

APRIL 16TH, 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 Countries except Egypt, Partners and Observers



ACKNOWLEDGEMENT

We wish to appreciate staff of the D-8 Health and Social Protection Programme office, Dr Mahmud Mustapha, Oraibi Imabibo and Haydar Daudu for the compilation of the report of the Virtual Routable meeting of 16th April, 2020. The production of the report would not have been possible without the invaluable inputs and feedbacks from many colleagues, and partners. Special thanks for substantive inputs and support through the planning and report drafting to, **Shahzad Janjua**, Dr. Lola Dare of CHESTRAD Global, Dr. **Muntanqa** Umar-Sadiq, Robert Yates of Chatham House, and Kimberly Gire of Global Women Leaders Strategic Philanthropy.

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

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 numerous to mention for immeasurable inputs and comments.

Above all, thank you to the Secretary General of the D-8, Ambassador Ku Jaafar **Ku Shaari**, Program Director of the D-8 HSP Dr. Ado J. G Muhammad and other senior colleagues from the D-8 secretariat for your 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

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

2. Egypt

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

3. Indonesia

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

4. Iran

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

5. Malaysia

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

6. Nigeria

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

7. Pakistan

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

8. Turkey

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

9. D-8 Health and Social Protection programme office



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

10. D-8 Secretariat

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 OEC) in efforts to respond to the pandemic, coordinate a solidarity force and build support among member countries 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 Jafaar **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 2020 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 resources sharing as well as understanding of country specific needs. During the meeting the D-8 Member States reviewed the country's 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 our immediate situations.
- **Resilience** - How to build underlying health systems to advance health outcomes to advance UHC aspirations
- **Re-imagination** - 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.

The meeting also evaluated the consequential adversities of the COVID-19 pandemic, as projected by the IMF. The pandemic is expected to lead to global recession far deeper and more devastating than that of 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 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 countries which are:

- The D-8 should led and not allow the outbreak 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 join 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 exchange of best practices

This report provides detailed information on the deliberations, our common aspiration for a 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 countries by improving trade, and supply chain mechanism.

While we ambitiously pursue the solidarity that guarantees safety of citizens in D-8 country, 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. About 50 thousand people have so far tested positive for Covid-19, with Iran 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 April 16th 2020, to galvanize Member Countries 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 countries, 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 Countries
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 Countries



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 etiquettes. Conference etiquettes were:-

- Muting microphone as participants join the conference and when not speaking to minimize echo.
- Participants should use the chat box to introduce themselves, Full name/Country/Organization/Designation.
- Participants note that the proceedings would be recorded live and made available to participants for reference.
- Participants use also the chat messaging to ask all your questions by accompanying it with a question mark.
- Participants can use the chat box to indicate that your question has not been addressed. Wait until you are recognized by the moderator to unmute yourself to speak for not more than one minute.
- Participants should note the administrator of the meeting will mute participants if they exceed the time allotted to them to speak.

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 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 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 Countries of the launching of COVID-19 Visualizer Map for the benefit of the D-8 Member States as a useful resource to guide policy making, 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, not how to keep nations peacefully apart, but how to bring them to act together to support one another. According to him, the organization has collectively resolved to strengthen solidarity among Member Countries 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 into Europe, America, Sub-Saharan Africa and into 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 1 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 increase in mortality. Prof. Heyman stated that what the world is seeing is a difference in 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 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 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 SadiqUmar

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 nerve center to ensure the organization is playing an effective role 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 at 15th April 2020, the total of 16,887 tests have been done with 49 positive cases 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 anti-body test. Other challenges highlighted by Bangladesh includes shortage of ICUS, currently the country has COVID-19 ICU stands in just 192 centers but mentioned efforts to increase the numbers as well as 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 have 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 centers.

Indonesia

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

- The D-8 should led and not allow the outbreak 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 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 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 socio economic impact of the pandemic. On 14th march, Indonesia declared COVID-19 a national disaster and established the task force to accelerate COVID-19 response and strengthen cooperation between the central government and local governments. The government enforced large scale social distancing according to the health quarantine law of 2014 and enforcing a lockdown.

Indonesia has also prioritized rapid test in many areas and have 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 delegation provided a current situation report stating that in last 24hours, over 1200 new cases were recorded bringing the cumulative count to 76,389. Total deaths recorded were 94 bringing the cumulative fatalities to 4077.

The response in the country is coordinated through the National Steering Committee with Mr 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 a number of measures that includes providing needed pharmaceuticals to the health facilities for treatment of cases (chloroquine, clinical management guidelines and vaccination whenever it becomes available), 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 are carried out at the port of entry and legislation have 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.

Malaysia



Provided information briefing to the meeting on COVID-19 in Malaysia by describing the situation as ‘ever-evolving’. The country outlined the current data and trend on confirmed cases, recovered and fatal cases. So far Malaysia has recorded 77 deaths which is 1.6% of cumulative cases. Since the index case was recorded, the government had used different strategies to curb the spread. Using the Prevention and Control act of 1958 and Movement Restriction Order (MRO), they have been able to comprehensively restrict all movement shutting down all businesses, public spaces and transportation.

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. Contact tracing allows Malaysia to identify clusters early, and there is huge cooperation with international bodies.

Lessons learned from the crisis has enforced the importance of developing a resilient health system. So far, the country has 43 laboratories countrywide with 7 additional private labs to test for COVID-19. There is also a doorstep COVID-19 testing. Risk communication and real-time updates are a top priority.

The challenges faced by the country revolved around combating fake news to curb panic. Malaysia has joined the solidarity clinical trial run by the WHO to test the efficacy of drugs and has highly invested in Public-Private Partnership in fighting COVID-19. The government is currently moving Non-COVID patients to private health facilities to enable government hospitals to cater to COVID patients. In mitigating socio-economic impact in Malaysia, the government has provided:

- Ringgit (RM) 250 billion (6% of GDP equivalent)
- RM 1 billion to support COVID-19 programs and activities
- RM 128 billion for Ministries and Agencies
- 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) 7.5billion to the poor in view of the social distancing measures in place such as ban on public gathering, schools and shopping areas. Some of the recommendations from the country include:



- Enhancement of cooperation among Member Countries 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 together with technology partnerships
- Post Covid 19, need to strengthen the Primary Health Centers (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 Center 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 centers from 4 – 13 and continuous expansion is ongoing, as well as the conversion of buildings and hotels to isolation centers
- 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 is 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 cancelled 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. Government provides medical masks free-of-charge for each Turkish citizen. In order 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 the hospitals.

The recommendation from the country is that D-8 should strengthen coordination and collaboration now with 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 centred 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 at 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 centre, Bangladesh had recorded the lowest testing capacity in the region. He noted that although centres 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 budgets allocation per health centres 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 initiative to tackle these issues there is still need for the government to coordinate properly and align health budget to meet institutional needs of the current period.

The delegate proposed that Bangladesh receive support in 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 has the capacity to produce PPEs. He referenced Malaysia and Turkey's capacity to produce other medical equipment and tests kits, imploring members to figure out ways for the bloc to inter-trade and leverage on the different capacities in order 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-centre clinical trials that can be done across D-8 settings along with treatment options which are feasible, accessible, and affordable (intravenous zinc, convalescence plasma, stem cell treatment). As part of his suggestion, Osman Dar noted that instead of making inter country comparisons on mortality rates which is problematic because methods vary in countries, Member Countries should look at death data from 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 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 Dars 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 own 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 intubation period using this treatment. He also stated the ongoing studies by 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

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 Countries 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 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 Countries to avoid entering a similar situation.

In doing so, Kimberly asked Member Countries 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 which had produced ventilators, and said this was an indicator that the private sector was willing to help.

Kimberly Gire urged Member Countries to take advantage of the coordination platform afforded by the D-8 HSP. First to submit their needs to the centre 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 Countries 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, Kimberly 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 ventilators amongst Member Countries.



In concluding, she reiterated the need for Member Countries 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 Countries 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 tests kits and mini labs for diagnosis which is being proposed by private bodies.

Pakistan

Dr. Malik D-8 Commissioner from Pakistan stated the need to strengthen existing economic mechanism 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 behaviour monitoring across the bloc, innovations and research. In his statement, Dr. Malik noted that economic and health issues are entwined, since D-8 is economic, it needs to design and align a mechanism that aligns to tackle the current COVID-19 challenge. The D-8 being an economic organization 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 Dr. Malik 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 off 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 has produced negative impact to economic capacity and growth. In concluding on her submission, she urged all participants to contribute to the visualizer map in order to make it D-8 specific resource for all.

Dr. Lola summarised 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 need to obtain testing kits with high specificity, efficacy, validity and strategize on how to take testing capacity to the doorstep of citizens.
- Health work force needs to be protected by ensuring of 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 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 Science Center

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 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 Organization of Islamic Countries (OIC) with the objective 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 centre 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 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 an easy to reach database of articles. The ISC further stated that many medical research teams are already utilizing the platform to introduce vaccines or medications for 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 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 Countries of the COVID-19 Visualizer Map developed by ISC for the benefit of the D-8 Member States as a useful resource to guide policy making, 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 Countries 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 Countries 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 Countries

Bangladesh

1. The delegation suggested that D-8 develop a bank where countries with surplus medical supplies in form of diagnostic facilities, ventilators, medical devices and PPE can contribute to.
2. 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 in order to tackle the economic and health impact of the pandemic.
3. 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.
4. **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 be on health and social protection consistent with the mandate of the HSP.**



Indonesia

1. Movement and flow of goods between Member Countries 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 exchange of best practices needs to be established.

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 mechanism 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 together with technology partnerships
6. Post Covid 19, recommend 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 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 countries 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 establish 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 ventilators amongst Member Countries.
3. The D-8 HSP was urged to compile the needs of all Member Countries 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 Countries 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 same vein, a task team anchored by the HSP secretariat with representation from member countries 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

Presentations

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

FOR ON-THE- SPOT UPDATES, FOLLOW US
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 #socialprotection
 #staysafe

DEVELOPING 8 COUNTRIES
 D-8 HSP
 D-8 Organization for Economic Cooperation

CHATHAM HOUSE

Flags of Bangladesh, Indonesia, Malaysia, Pakistan, Turkey, Nigeria, and Egypt.

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;

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"> • Working groups • HMM forum • Future round tables 	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 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 in to 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 Excellency 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 4th 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 countries 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 prays 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

	Initiative by MTDC	Details
1	Robotic Solutions (Autonomous and Remote Control)	<ol style="list-style-type: none"> 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. 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. 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. 4. This initiative is accordance to the approval given by Ministry of Health Malaysia, National Security Council etc.
2	3D Printing & Injection Moulding	<ol style="list-style-type: none"> 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. 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. 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. 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.
3	Diagnostic Kits	<ol style="list-style-type: none"> 1. Developing and producing diagnostics kits relating to Covid-19 and other diseases. 2. Companies developing diagnostic kits have developed the following kits: <ol style="list-style-type: none"> 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 b. Aptamer-based biosensor – a rapid test technique for mass testing by detecting specific virus protein. 3. All the companies are in development and testing stages and in consultation with the Institute of Medical Research Malaysia.



4	Reagents and extraction kits	<ol style="list-style-type: none"> 1. Developing and producing RNA extraction kits and reagents for Covid-19. 2. RNA extraction kit is required to isolate COVID-19 viral RNA from cell-free body fluids during COVID-19 test via RT-PCR. 3. The extraction kit and reagents produced are according to the international standards.

Impact assessment research methodology

COVID-19 Research in the D8

D8 Secretariat & Chatham House COVID19 Roundtable
16th April 2020

Robert Yates, Executive Director, Centre for Universal Health

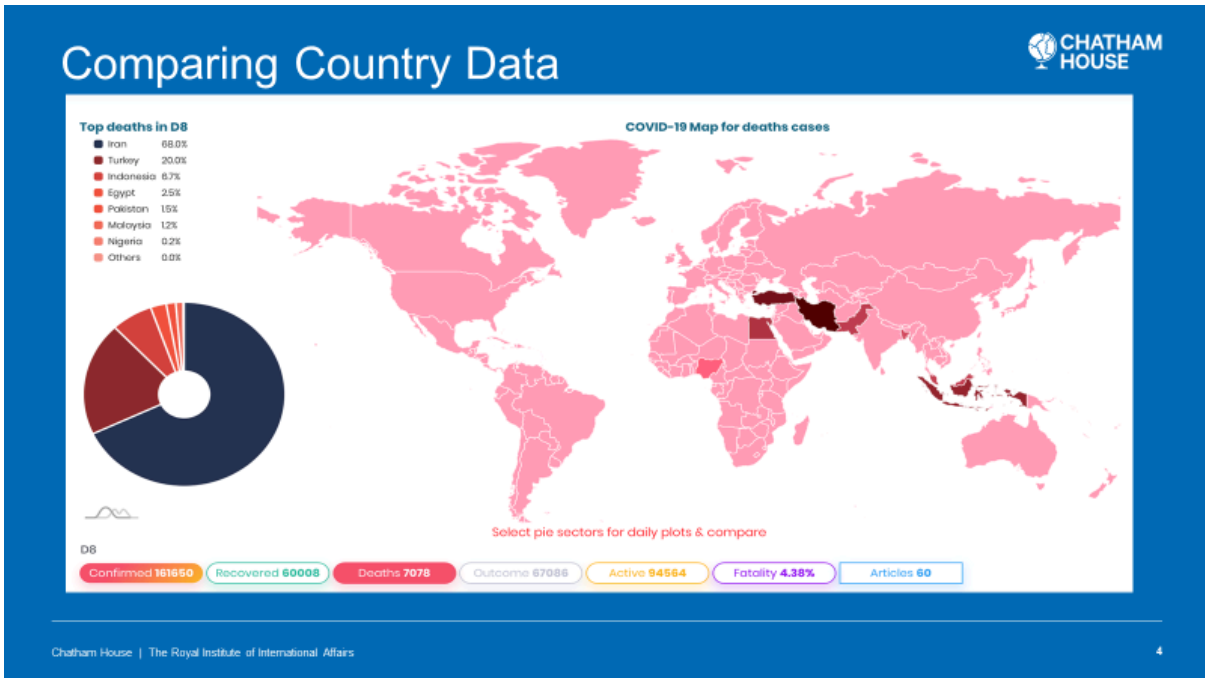


The objectives of COVID-19 Research

- 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

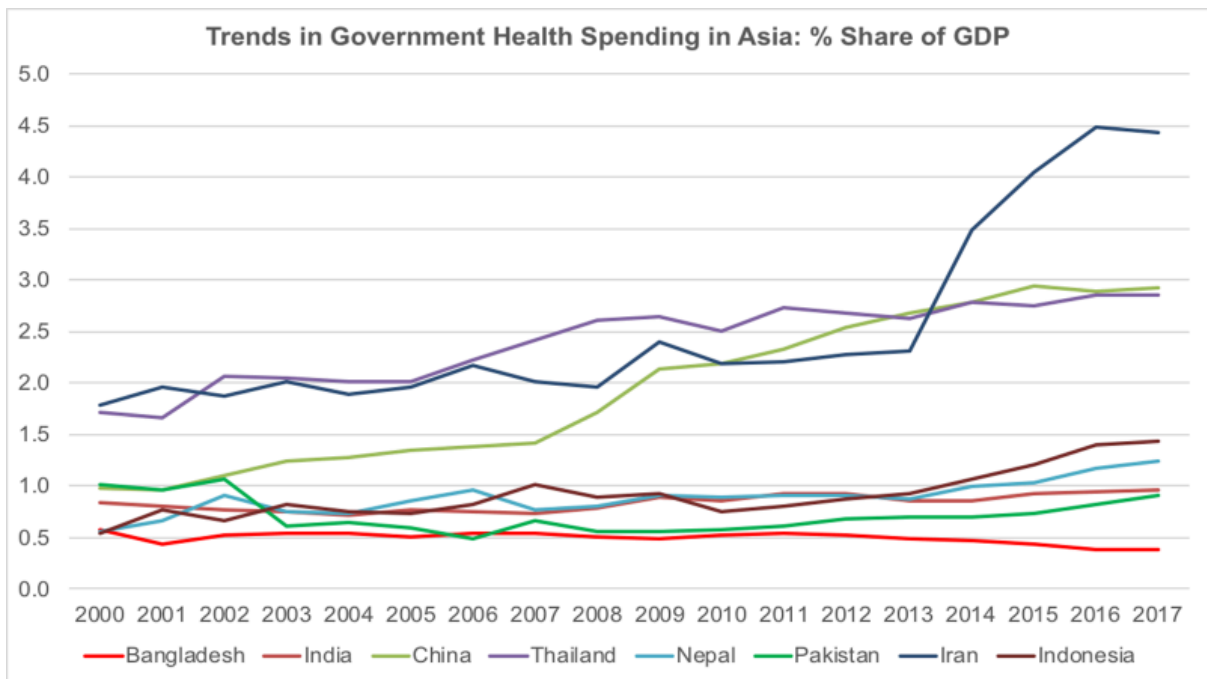
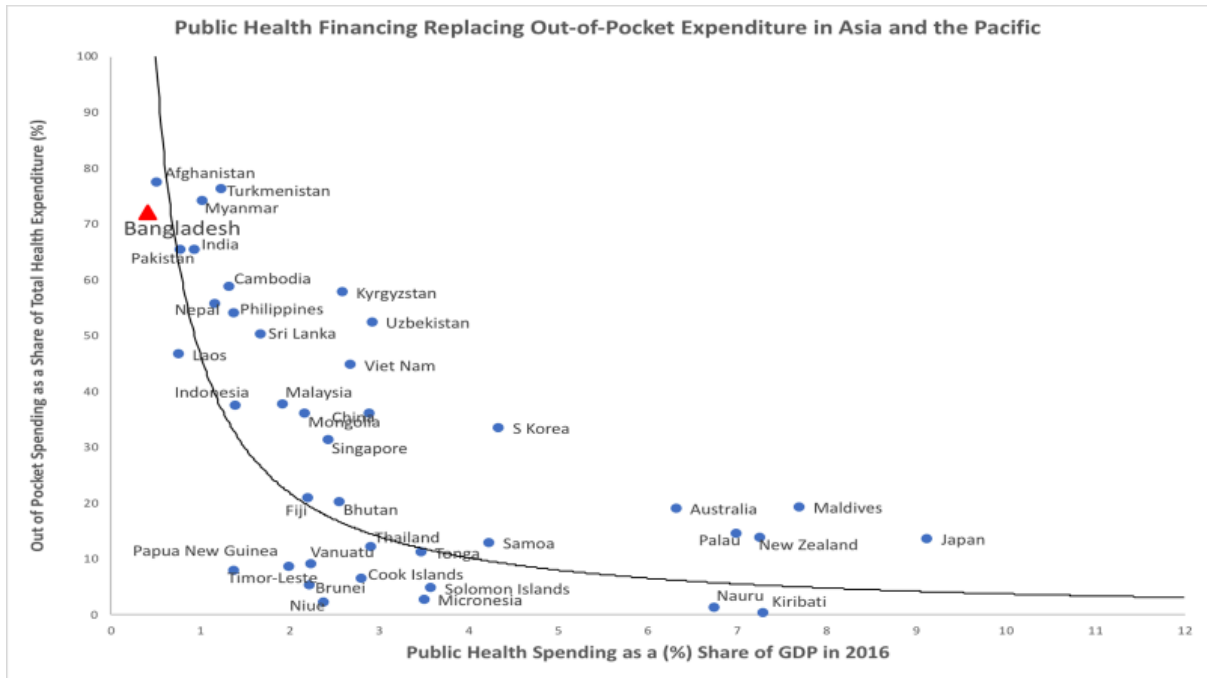


Have countries with higher levels of preparedness and closer to UHC performed better?

- 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?

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Participants list

First Name	Last Name	Email	
Dr Syed Muntasir Mamun		syed.mamun.dipsi2017@said.oxford.edu	Bangla
Md. Sazzad	Hossain	sazzad.hossain@mofa.gov.bd	Bangla
Be-Nazir	Ahmed	benazir1959@gmail.com	Bangla
Mohammad Khorshed A.	Khastagir	khoshed.khastagir@mofa.gov.bd	Bangla
Mokaddes		mokaddes@kazla.net.bd	Bangla
Director of IEDCR		meerflora@yahoo.com	Bangla
sanyatahmina		sanya.tahmina@gmail.com	Bangla
Syed Abdul	Hamid	s.a.hamid73@gmail.com	Bangla
Qais	Ramzan	Qais@biggorillaapps.com	BIGGO
Claire	Munoz Parry	cmunozparry@chathamhouse.org	Chatha
David	Heymann	david.heyman@lshtm.ac.uk	Chatha
Osman	Dar	osman.dar@phe.gov.uk	Chatha
Ade	Adeyemi	adebusuyiadeyemi@gmail.com	Chatha
Nina	van der Mark	nvandermark@chathamhouse.org	Chatha
Ben	Wakefield	BWakefield@Chathamhouse.org	Chatha
Bea	Coates	bcoates@chathamhouse.org	Chatha
Frini	Chantzi	fchantzi@chathamhouse.org	Chatha
Robert	Yates	robates123@gmail.com	Chatha
Lola	Dare	lola.dare@chestrad-ngo.org	CHESTR
Olusolape	Adefala	solape.adejala@chestrad-ngo.org	CHESTR
Dr Kate	Tulenko	ktulenko@corvushealth.com	CORVU
D-8 Secretary General		moincse99@gmail.com	D-8
Oraibi	Imabibo	oimabibo@gmail.com	D-8 HSI
Naima	Abdulwahab	naimaonyiyi@yahoo.com	D-8 HSI
Dr Ado	Muhammad	ado.muhammad@developing8.org	D-8 HSI
Shahzad	Janjua	shahzad_janjua@hotmail.com	D-8 HSI
Ndidichukwu	Odoh	ndidichukwu8@gmail.com	D-8 HSI
Haydar	Daudu	daudu.haydar@yahoo.com	D-8 HSI
Muntaqa	Umar-sadiq	muntaqa.umarsadiq@gmail.com	D-8 HSI
Mustafa	Mahmud	drmahmudmz@gmail.com	D-8 HSI
Kimberly	Gire	kimberlygire@globalwomenleaders.org	GLOBA
Iqbal	Anwar	iqbal@icddrb.org	ICDDRE
Colin	Bruce	cbruce@icrc.org	ICRC
Nienke	Raap	raap@ilo.org	ILO
Indonesia	MoH	Multilateral.pkln2@gmail.com	Indone
INDONESIA-MoH	INDONESIA-MoH	yogaedyaksa27@gmail.com	Indone
Indonesia	'-MoH2	roy.himawan@kemkes.go.id	Indone
MOFA Indonesia		mfatiga@kemlu.go.id	Indone
sepasgozar		leila_sepas@yahoo.com	Iran
Dr Asadi-Lari (Iran)		mohsen.asadi@yahoo.com	Iran
ima	kashim	lkashim@isdb.org	ISDB
Mamadou	Bah	mbah@isdb.org	ISDB
Fatima Bah		alpha_bah@hotmail.com	ISDB



CHESTRAD Global Communications		communications@chestrad-ngo.org	IsDB
CPRC Malaysia		dr_norhayati@moh.gov.my	Malays
FABIAN	BIGAR	fabian@moh.gov.my	Malays
WAN NORAINI	MOHAMED NOOR	drwnoraini@moh.gov.my	Malays
PRELLNANTHY	PETER	prellnanthy@moh.gov.my	Malays
SHAFINA AZ	ABDULLAH	shafinaaz@moh.gov.my	Malays
Nor Izzah	Ahmad Shauki	drizzah@moh.gov.my	Malays
CHEE KEONG	CHONG	drchongck@moh.gov.my	Malays
ROZITA HALINA	TUN HUSSEIN	rozitalalina@moh.gov.my	Malays
JARIN SIJAYA	ABDUL HATHI	jarin@kln.gov.my	Malays
Norhalim Yunus		norhalim.mtdc@gmail.com	MTDC
zayyad		zayyadmfa101@gmail.com	Nigeria
Godwin	Ntadom	ntadomg@yahoo.com	Nigeria
Ahmad	Baba	babaaj@yahoo.co.uk	Nigeria
Mohammad Abul	Faiz	drmafaiz@gmail.com	Pakista
salman salimi		salman.salimi2003@gmail.com	Pakista
Sunmonu Tihamiyu		tsunmonu@ppfn.org	PPFN
Ibrahim Muhammad	Ibrahim	imibrahim@ppfn.org	PPFN
Norfadelizan	Abdul Rahman	lizan.abdulrahman@tajbank.com	TAJ Bar
MoH Turkey		disabgm.uk@gmail.com	Turkey
Fitsum	Alemayehu	fitsum@wacihealth.org	WACIH
Tariah Adams		tariahadams@whiteribbonalliance.org	WHITE
Juliet nwakerendu		juliet.nwakerendu@zenithbank.com	Zenith
Muhammad Bawa		muhammad.bawa@zenithbank.com	Zenith
Fitsum Alemayehu		fitsay25@gmail.com	
Mishal	Khan	Mishal.khan@lshtm.ac.uk	
Mokaddes		mokaddes@kazla.net.com	
Nyra	Mahmood	nyra@simplyshariahc.com	
Jamilu Nikau		jinikau@gmail.com	
Amr	Taha	amrtahaelshazli@gmail.com	
Galaxy Tab S4		drmohammadassai@gmail.com	
test	test	test@test.com	
Ahmad	Njidda	ahmad.njidda1@gmail.com	
mofacomms sigs		afomsmmoc@hotmail.com	
Payman Hemmati		hemmatipayman@yahoo.com	
Sir Prof Ali	Zumla	a.i.zumla@gmail.com	
Christy	Asala	kristyibrahim@gmail.com	
dr. mohammad javad	sehghani	it1@ricest.ac.ir	
mahdi	beh	in.mahdi@gmail.com	
Slamet	Abdulbasir	slamet_basir@yahoo.com	
NORHALIM	YUNUS	halim@mtdc.com.my	

Pictures



Zoom

Recording...

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 Zulkafli	Galaxy Tab S4	Shahrul Rizal	Muntaqa Umar...
Colin Bruce	JARIN SIJAYA A...	Dr Kate Tulenko	Dr. Safi M. Mali...	Kimberly Gire



Transcript of discussions