Debate Article
http://mjiri.iums.ac.ir
Medical Journal of the Islamic Republic of Iran (MJIRI)

Med J Islam Repub Iran. 2025 (24 Feb);39.29. https://doi.org/10.47176/mjiri.39.29

Lessons from the G5 Health Cooperation in West Asia: 20 Years After Establishment

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Received: 22 Feb 2025 Published: 24 Feb 2025

Conflicts of Interest: *None declared*
Funding: *None*

Cite this article as: Abdi Z, Salehi F, Asadi-Lari M. Lessons from the G5 Health Cooperation in West Asia: 20 Years After Establishment. *Med J Islam Repub Iran.* 2025 (24 Feb);39:29. https://doi.org/10.47176/mjiri.39.29

Introduction

The G5 Cooperation for Regional Health Collaboration was established in 2005 through a Memorandum of Understanding (MoU) signed during the 52nd session of the WHO Regional Committee for the Eastern Mediterranean. This MoU formalized a commitment among the Ministries of Health of Afghanistan, Iran, Iraq, and Pakistan to address shared health challenges, with technical support from the WHO Eastern Mediterranean Region Office (EMRO). Tajikistan later joined as an observer in 2022. Supported by EMRO, the cooperation aimed to address health challenges exacerbated by conflicts, natural disasters, fragile economies, and under-resourced health systems. Challenges included communicable diseases, inadequate surveillance systems, and insufficient emergen cy preparedness, often with cross-border implications.

The G5 Cooperation aimed to combat communicable diseases such as malaria, cholera, tuberculosis, and polio through technical assistance and joint programs. It focused on exchanging health experts, facilitating knowledge-sharing through conferences and training, and managing health risks from mass gatherings, where data sharing rarely occurred. However, structural, technical, political, and economic challenges ultimately hindered its long-term success, as detailed in the following sections.

Achievements and Challenges of the G5 Cooperation

Joint efforts advanced cross-border disease control, particularly in combating polio and tuberculosis, and specifically during mass gathering of Arbaeen. Targeted vaccination campaigns in underserved and hard-to-reach areas significantly reduced disease incidence. Nevertheless, Afghanistan's failure to eradicate polio has severely impacted neighboring countries, underscoring the importance of coordinated interventions. The cooperation also sought to reinforce technical capacities through ad-hoc training workshops, held annually since its establishment, for national and provincial technical teams, primarily in communicable disease control.

While G5 Cooperation made some progress, significant challenges undermined its sustainability. According to the MoU, member states were expected to appoint fixed representatives to the secretariat and hold regular secretariat meetings to ensure coordination and accountability. These requirements were inconsistently implemented, disrupting decision-making, slowing initiatives, and hindering effective tracking of commitments. A major structural weakness was the absence of a centralized governing body or secretariat to oversee implementation and enforce accountabil-

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↑What is "already known" in this topic:
G-5 as a sub-regional entity composed of Iran, Pakistan, Iraq, Afghanistan and WHO in 2005 to address shared public health challenges, however significant pitfalls and shortcomings undermined its efficacy and sustainability.

→What this article adds:
Sub-regional cooperations are highly necessary in a newly developed format in our region. According to the established Economic Cooperation Organization (ECO) mandates, ECO Health as a unique structure between WHO/EMRO and EURO might have superb function.

[DOI: 10.47176/mjiri.39.29]

ity. Without formal governance, decisions often lacked follow-through, and the cooperation struggled with consistency and coordination. Additionally, the absence of robust monitoring and evaluation mechanisms hindered progress tracking and adaptability, further limiting the alliance's capacity to achieve lasting impact. Political instability and inconsistent commitment among member states further impeded progress. Shifting national priorities and regional conflicts disrupted planned activities, weakening the continuity of collaborative efforts and diverting focus from achieving long-term health goals, worsened by economic disparities among member states.

A critical shortcoming was the failure to establish a functional regional health surveillance system, despite its prioritization in the MoU, which could have enabled real-time data sharing and early health crisis warnings. Its absence was particularly evident during the COVID-19 pandemic, where coordinated surveillance could have mitigated regional health and economic impacts (1). Moreover, directives in the MoU, such as 'defining unified health programs,' proved impractical. Collectively, these challenges limited the G5 Cooperation's ability to achieve sustained impact. While its achievements highlight the potential of regional collaboration, structural flaws and external obstacles emphasize the need for a stronger framework to address shared health challenges.

Insights from Successful Regional Health Collaborations

Global health collaborations have overcome similar obstacles through strong governance, commitment, and innovation (2). Examining successful regional collaborations offers valuable insights for developing more effective regional health frameworks. The following are notable examples of successful regional health collaborations.

The Persian Gulf Cooperation Council (GCC) is an example of successful regional health collaboration through centralized governance and strong political commitment. Its joint procurement mechanism has reduced costs and ensured equitable access to essential medicines. Despite criticisms regarding transparency, the establishment of a regional disease control center (CDC) strengthened health security through coordinated responses to public health threats (3).

The European Union (EU) exemplifies effective regional health collaboration through innovative strategies and strong institutional frameworks. Initiatives such as the European Health Insurance Card (EHIC), joint procurement mechanisms, the European Medicines Agency (EMA), the Health Emergency Preparedness and Response Authority (HERA), and, more importantly, the European Centre for Disease Prevention and Control (ECDC) enhance coordination and preparedness among member states. These initiatives underscore the importance of trust and robust governance in addressing cross-border health challenges (4, 5).

Since its establishment in 2017, the Africa CDC has improved surveillance systems, coordinated responses to outbreaks like Ebola and COVID-19, and promoted regional self-reliance through vaccine production and resource access (6).

The Association of Southeast Asian Nations (ASEAN) has strengthened regional health collaboration among the member states focusing on disease prevention, disaster preparedness, and universal health coverage. A notable ASEAN's achievement was its unified response to the SARS outbreak, characterized by timely communication, data sharing, and joint efforts that successfully contained the epidemic (7, 8).

These examples highlight the critical importance of governance, commitment, and accountability in building resilient regional health collaborations. Centralized governance, inclusivity, economic alignment, robust monitoring and surveillance systems, and independent secretariats are essential for effective coordination and sustainable health partnerships.

ECO Health as a new paradigm

The Economic Cooperation Organization (ECO) offers a promising model for regional collaboration grounded in economic collaboration. Established in 1964 and renamed ECO in 1985, it serves 460 million people and fosters regional integration and economic development among its 10 member states, including Afghanistan, Iran, Pakistan, Türkiye, Azerbaijan, Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan, and Uzbekistan. ECO's recent focus on health, highlighted at the fifth Health Ministerial Meeting in Geneva in 2023, reflects its commitment to addressing transnational health issues.

The challenges of the G5 Cooperation highlight the urgent need for a more robust and sustainable framework for regional health collaboration. Successful models demonstrate the value of embedding health initiatives within broader political and economic frameworks. By leveraging existing economic partnerships, these alliances align health priorities with regional development objectives, promoting stability, equitable resource-sharing, and sustainability.

The ECO Health initiative should focus on key strategies such as innovative surveillance, disease prevention and control, emergency preparedness and response, and capacity building, to become a cornerstone of regional collaboration. A transition from the G5 Cooperation to ECO Health framework could address historical challenges while leveraging economic and health collaboration across both WHO regions of EMRO and EURO.

Authors' Contributions

MAL and ZA developed the concept, ZA and FS drafted the manuscript, MAL and FS finalized the text.

Ethical Considerations

Nothing.

Acknowledgment

Declared none.

Conflict of Interests

The authors declare that they have no competing interests.

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[DOI: 10.47176/mjiri.39.29]

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[DOI: 10.47176/mjiri.39.29]