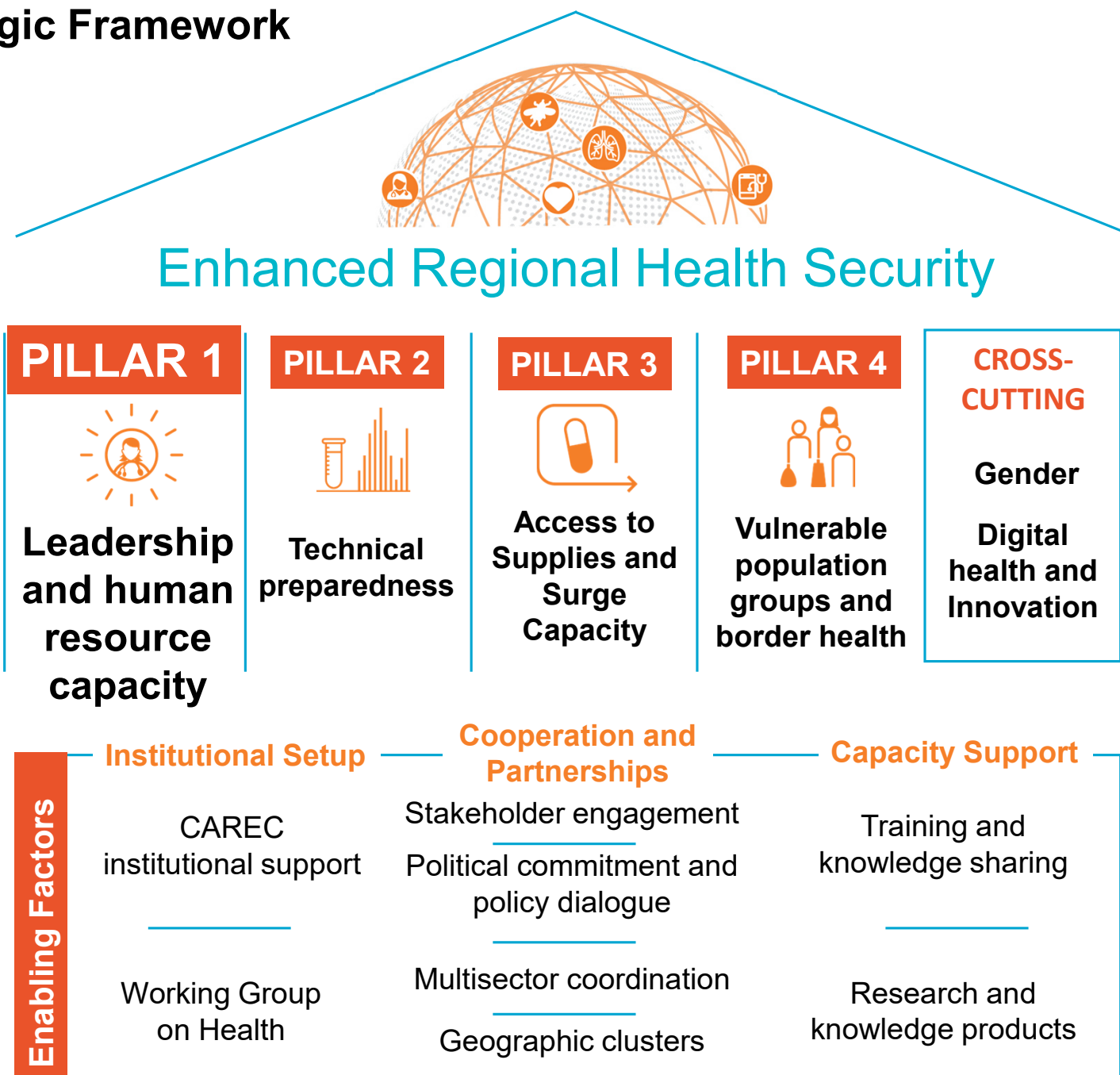


Strategic Framework





Issues in Governance, Financing and Human Resources for Health/Leadership

Governance, coordination for health security (preparedness and response)

- Insufficient **implementation of the IHR** in half of CAREC countries
- Weak legislation and policy instruments for IHR implementation
- Whole-of-government coordination mechanisms established during COVID-19 response, however health sector is usually still leading preparedness and response
- Insufficient data use and analytics for informed response planning
- Lack of effective inter-sectoral coordination mechanisms
- Inadequate One Health governance in most countries
- Inadequate cross-border coordination and collaboration mechanisms
- Low levels of development, funding and implementation of National Action Plans for Health security

Financing for health security

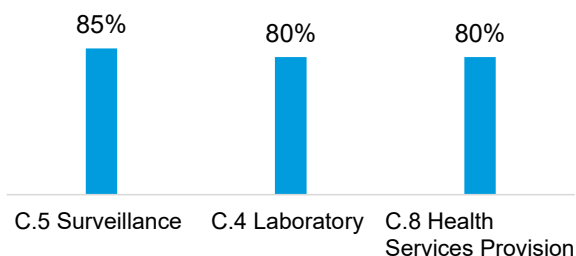
- Chronic under & declining funding for health systems and IHR capacity building, although significantly increased funding during COVID19
- Impeded/challenges in accessing emergency funding during pandemic response

Human Resources for Health

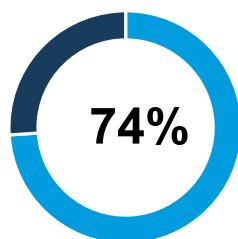
- Shortcomings in planning, forecasting and management of health workforce and for their capacity,
- Limited technical capacities of health care staff (e.g., surveillance, lab, infection prevention and control, case management, risk communication, epidemiology, case management in intensive care units, etc.).
- Insufficient human resources for the National IHR Focal Point Function

WHO EURO 2021 SPAR overview

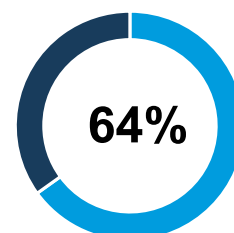
Main strengths reported



All capacities EURO average 2021



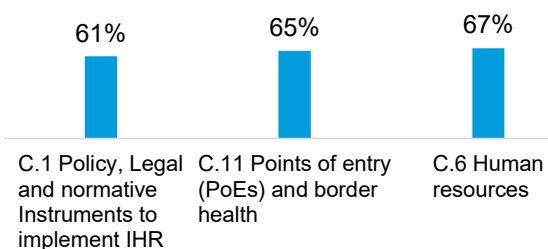
All capacities Global average 2021



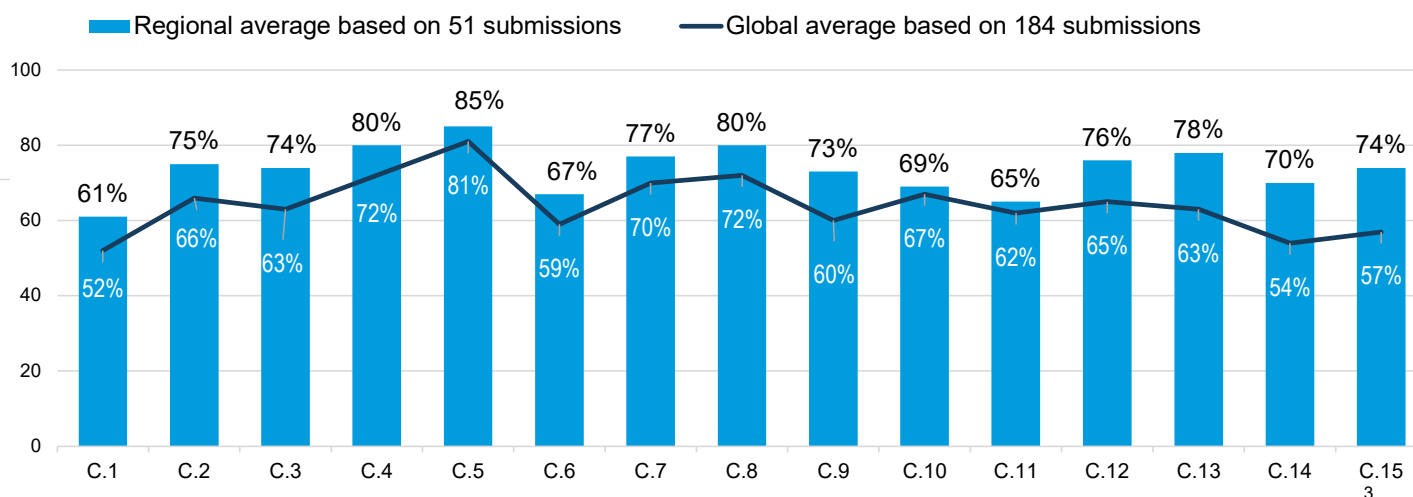
IHR designated points of entry

Ports	231
Airports	210
Ground crossings	214
Number of States Parties reporting authorized ports to issue ship sanitation certificates (SSC)	37

Main challenges reported



IHR Core capacity average reported in 2021



European Region

All data on this slide was extracted from e-SPAR on 22 July 2022



Opportunities for regional collaboration (potential interventions)

PILLAR 1



Governance, coordination for health security

- Strengthen cross-border collaboration through policy dialogue and exchange (e.g. CAREC WGH)
- Leadership courses on regional health security/governance
- Further support joint simulation exercises (and regional minimum standards), strengthening emergency operating centers (EOCs) and regional EOC networks, and developing regional health security/pandemic preparedness and response framework (incl. One Health for interested countries)
- Further support to conduct national, sub-regional emergency response reviews and implement priority actions identified to improve ongoing and future emergency responses

Financing for health security

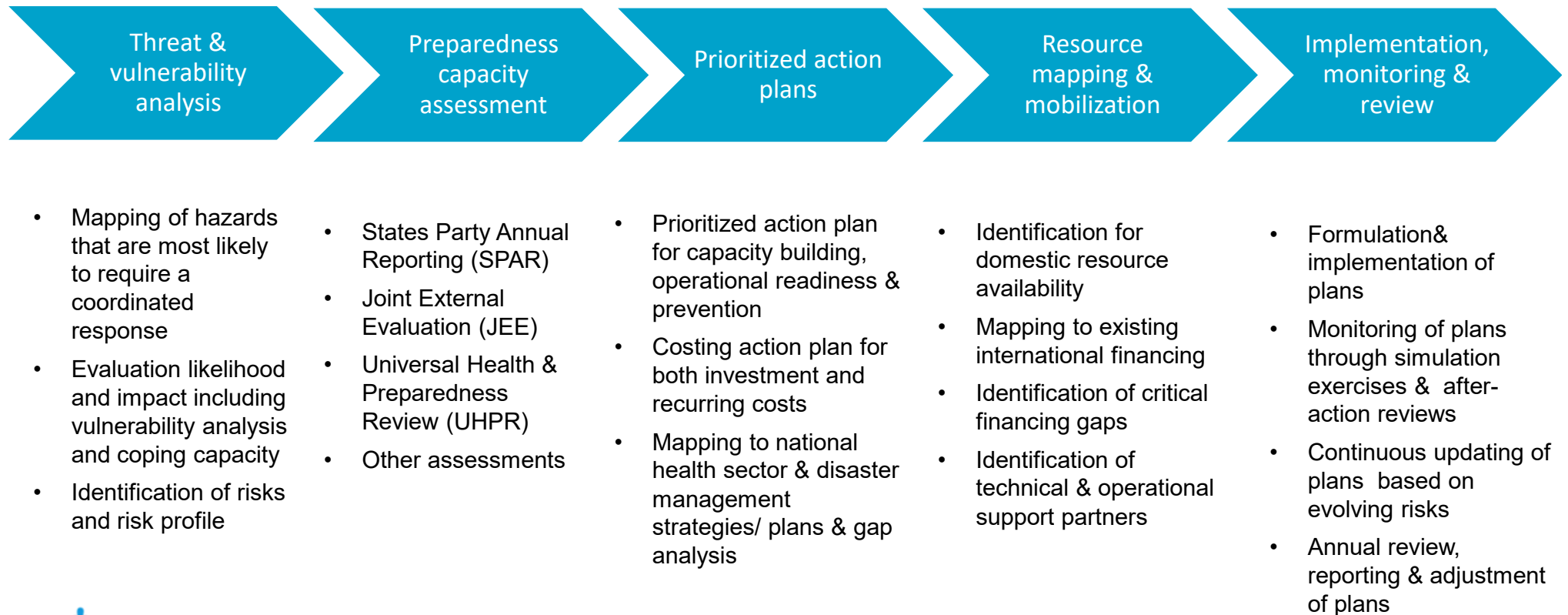
- Identify or develop and pilot financial instruments addressing new risks such as pandemics in the CAREC region.
- Explore options for (public health) emergency funds to be established, their funding modalities and specific (rapid) disbursement procedures to enable fast-tracking of allocation and disbursement during emergency situations.
- Support financing of national action plans for health security (NAPHS)

HRH/Leadership

- Help develop forecasting and planning capacities, including for surge capacity planning (HRH, procurement, budgeting)
- Map regionally available and needed training for selected skills and technical and managerial areas of health security; identify possibilities to develop new regional training courses where gaps are identified and work closely with existing institutions in region; eventually joint training could lead to further development of competency frameworks for selected skills and technical areas in medium-term.



Coherent national action plans for preparedness, prevention, risk reduction & operational readiness



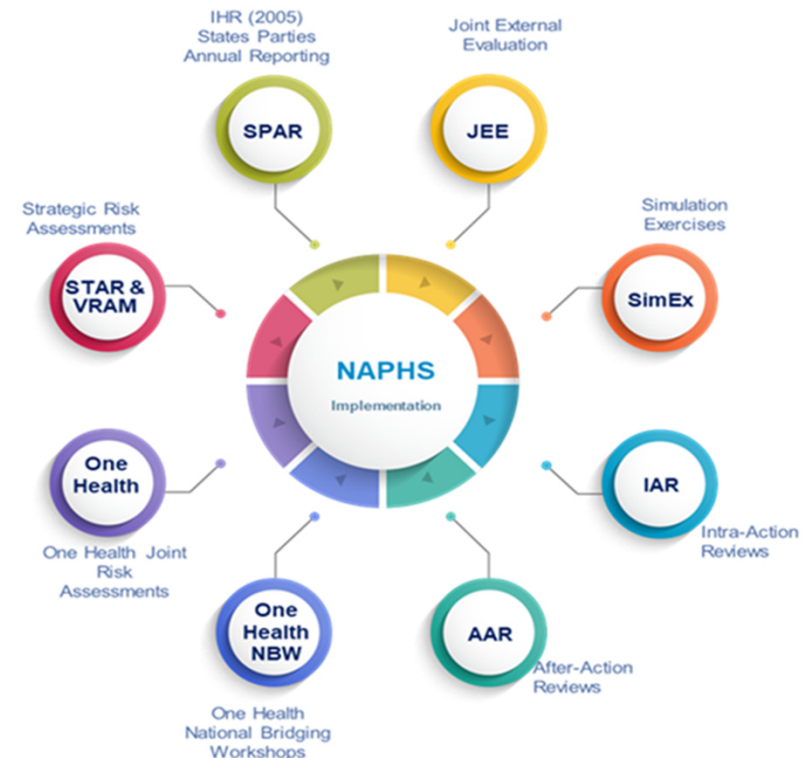
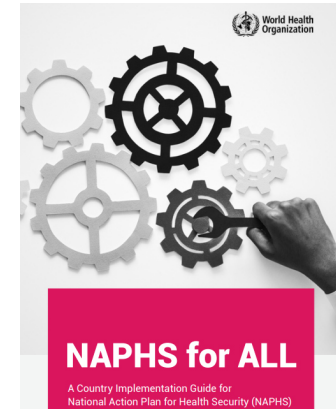


Opportunities for regional collaboration (potential interventions)



National Action Plan for Health Security (NAPHS)

- Comprehensive, multisectoral multi-year plan to coordinate evidence-based priority actions of various sectors for the purpose of strengthening country health emergency preparedness and response
- Using principles of all-hazard and one-health, NAPHS should link health emergency preparedness and response to corresponding components in the health system and ensuring UHC to the effects of emergencies
- Operationalizes recommendations and findings e.g. the **establishment of a PHEOC** from the Joint External Evaluation and other relevant assessments
- Should have a robust national accountability mechanism for ensuring actions are implemented and can demonstrate outcomes and impact





Opportunities for regional collaboration (potential interventions)

PILLAR 1



Strengthen CAREC Working Group on Health

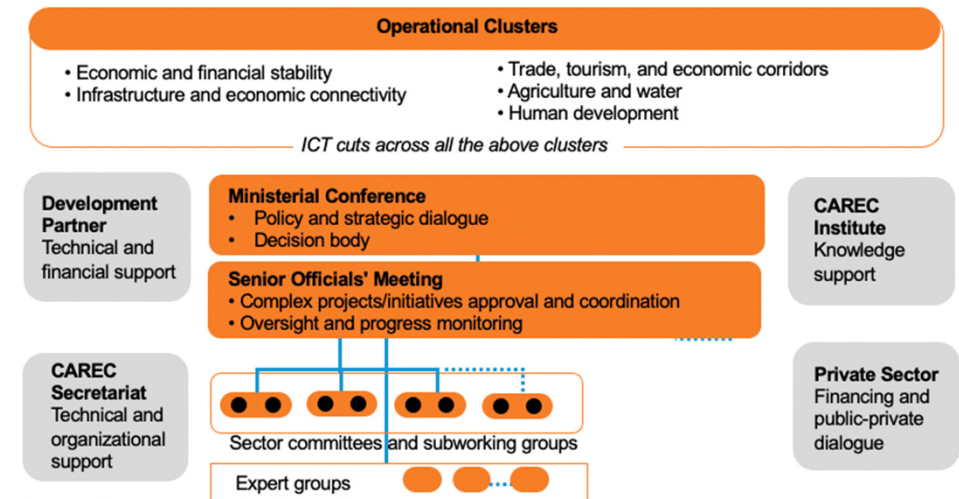
Mandate

- Support development, operationalization and implementation of the CAREC Health Strategy 2030 and Regional Investment Framework
- Ensure adequate engagement of and coordination with regional actors
- Contribute to development and implementation of a supportive environment for regional health cooperation through

Composition

- Three senior working group members (one appointed as the WGH focal point), responsible to represent country in the WGH and responsible for day-to-day communications

CAREC Institutional Framework





Opportunities for regional collaboration (potential interventions)

PILLAR 1



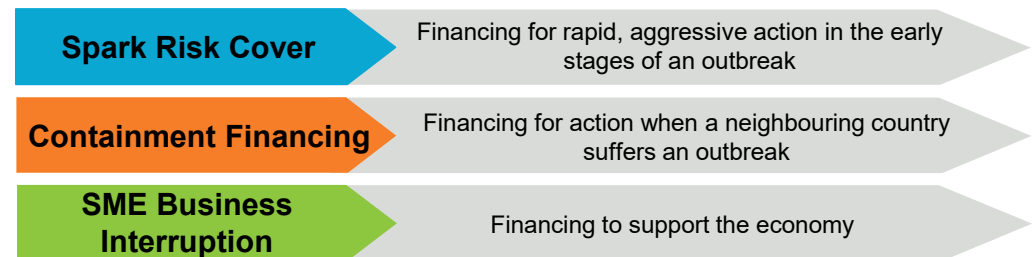
Infectious Disease Risk Financing Framework (IDRFF)

Objectives: Develop regional risk financing mechanisms for infectious disease outbreaks to support rapid response and containment¹

1. Risk financing for health and economy

- Aggressive, early action helps contain disease spread, save lives, reduce economic impact
- Risk management and financing are closely linked and should be developed together
- Regional collaboration coordinating preparedness (monitoring and controlling) and response (financing) will reduce overall costs
- **There is currently no planned emergency financing for the next outbreak in CAREC**

2. Develop three regional risk financing mechanisms



- Leveraging private (re)insurance and capital market to provide CAREC members with immediate financing to deliver emergency plans when the next outbreak occurs

3. Implement these mechanisms for CAREC members

- Design emergency plans including required public health infrastructure and quantify related investment costs with ADB, WHO, Ministries of Health, Ministries of Emergency Management, and Ministries of Finance
- Work with CAREC members and private sector to design risk financing products



¹This work is part of a wider ADB project (TA-9878) that supports CAREC member countries to strengthen their earthquake, flood and infectious disease risk management strategies and public sector budget resilience.



Examples of regional collaboration

PILLAR 1



Joint Assessment and Detection of Events (JADE) Regional Exercise

- Exercise JADE is an annual, regional functional simulation exercise first held in 2018.
- Planned, developed and facilitated by the WHO Health Emergencies Programme (WHE) for the WHO Regional Office for Europe, supported by regional partners.
- Participants involve National IHR Focal Points (NFPs) and other relevant sectors.
- Objectives:
Strengthen the functions of IHR NFPs and to demonstrate the importance of IHR communication in contributing to risk assessment and situation monitoring, both regionally and globally

JADE 2022: 41 States Parties confirmed, 3 exercise days 22,23 and 24 November



[Exercise JADE 2019 Report](#)
[Exercise JADE 2018 Report](#)



In November 2019, the WHO Health Emergencies Programme for the WHO Regional Office for Europe conducted a functional simulation exercise called Exercise JADE (Joint Assessment and Detection of Events). This report includes a summary of the exercise, feedback and evaluation data, as well as recommendations for future exercises.



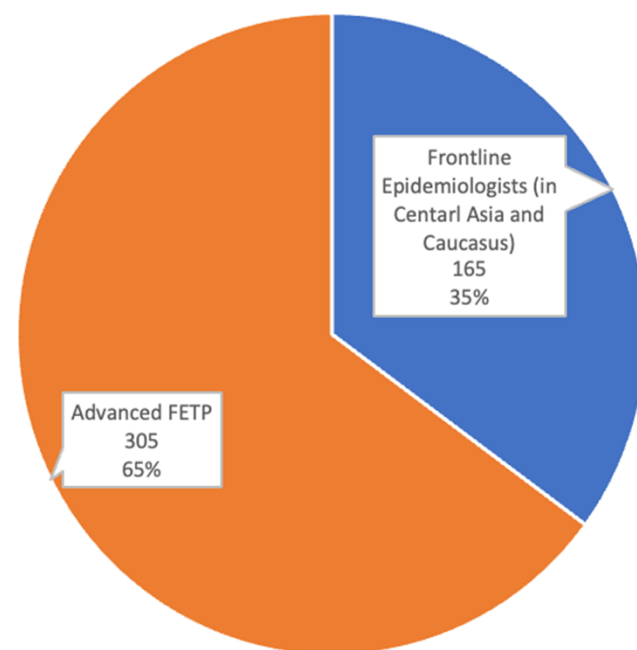
Examples of regional collaboration



Field Epidemiology Training Program is being supported by US CDC for almost two decades in South Caucasus and Central Asia

- As of 2021, over 470 health professionals from 18 Field Epidemiology Training Program (FETP) cohorts received epidemiological training
- The program was financially supported by diverse group of funders over the course of these years

Regional **Informatics and Data Science in Health Training Program** for 5 countries (Kazakhstan, Kyrgyzstan, Uzbekistan, Georgia, and Ukraine) is planned to start in Feb 2023





Proposed Regional Investment Framework

Activity	Proposed Modalities	Possible Countries/Clusters
▪ Enhance Health Security Preparedness and Response capacity	▪ Project or project component ▪ TA	▪ Azerbaijan, Georgia, Kazakhstan, Kyrgyz Republic, Mongolia, Pakistan, PRC, Tajikistan, Turkmenistan, Uzbekistan
▪ Strengthen CAREC WGH	▪ TA (some support under ADB TA)	▪ <i>All CAREC countries</i>
▪ Improving project readiness for health security	▪ TA facility	▪ <i>Countries interested in projects (via policy dialogue)</i>
▪ Strengthening HR capacity for Appropriate and Effective Health Response Measures	▪ TA or project component	▪ Azerbaijan, Georgia, Kazakhstan, Kyrgyz Republic, Mongolia, Pakistan, Tajikistan, Turkmenistan, Uzbekistan
▪ Improve availability of training and capacity development in health security	▪ TA	▪ Regional