Pillar 1
Leadership and Human Resource Capacity

Country Implementation Progress

5th Meeting of the CAREC Working Group on Health

2-3 November 2023 | Almaty, Kazakhstan

Azerbaijan

- In recent years, Azerbaijan has made significant progress in ensuring access to quality and inclusive health services, including mandatory health insurance, primary healthcare, and nutrition systems. The country has implemented a mandatory health insurance program that covers over 90% off the population, and more than 400 new primary healthcare centers have been established.
- An Intra-Action Review of Azerbaijan's response to COVID-19 helped to identify lessons in coordination, surveillance, case investigation and management, contact tracing, and infection prevention and control. s

Azerbaijan

- A national Infection Prevention and Control (IPC) working group was established, and 100 hospital IPC committee members from 50 hospitals were trained on core components such as monitoring and evaluating IPC measures. The group developed an IPC work plan for medical facilities.
- Over 2,100 healthcare workers were enrolled to the “Leadership and Program Management in IPC” course on the OpenWHO platform, which was launched in the Azerbaijani language. The campaign promoting the course increased enrolment tenfold to 18,000 by March 2022.

People's Republic of China

Human Resource Capacity & Public Health Threats Response

Published a series of regulations and Plans on Public Health and technical capacity building:

- The 14th Five Year Plan for Emergency Medical Rescue in Emergencies (nhc.gov.cn) 2023.1.10
- The 14th Five Year Plan for National Health Informatization (nhc.gov.cn) 2022.11.9
- The 14th Five Year Plan for Health Standardization (nhc.gov.cn) 2022.1.11

Kyrgyz Republic

- Draft resolutions of the Cabinet of Ministers of the Kyrgyz Republic have been prepared:
  - "On Establishment of the Medical Service (Disaster Medicine Service)" under the Ministry of Emergency Situations of the Kyrgyz Republic
  - The program "A Healthy Person is a Prosperous Country" is being implemented, for the protection of public health and healthcare system development for 2019-2030; a draft plan for 2023-2030 has been prepared.
  - In July 2023, a joint external evaluation of the implementation of IHR activities (2005) was conducted, and a draft "National Action Plan for Public Health Security in the Kyrgyz Republic" for 2024-26 was developed, taking into account the recommendations of WHO experts.

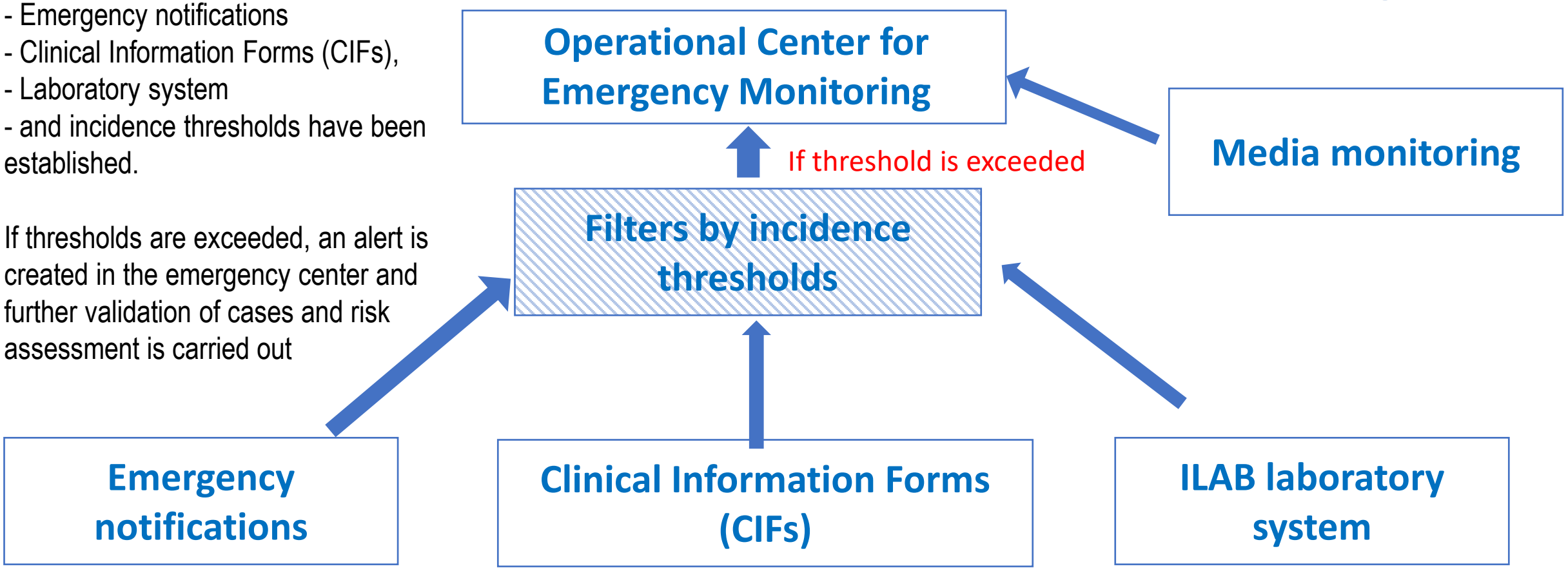
Kyrgyz Republic

- An Operational Center for Emergency Situations in public health has been organized. The task is to provide monitoring of infections and other situations in the country for early detection of cases requiring attention, analysis, and coordination when responding to public health emergencies.
- In order to train personnel and effectively respond to emergencies, training and interdepartmental simulation exercises are to be conducted at checkpoints. In 2023, simulations were held at the airports of Manas, Issyk-Kul, and the Dostuk border crossing point, with the participation of customs, medical, veterinary, and phytosanitary services.

Kyrgyz Republic

Monitoring is carried out using the i-EPID information system. Integrated into this system are:
- Emergency notifications
- Clinical Information Forms (CIFs),
- Laboratory system
- and incidence thresholds have been established.

If thresholds are exceeded, an alert is created in the emergency center and further validation of cases and risk assessment is carried out



Kyrgyz Republic

- Retraining of sanitary and epidemiological specialists on the basis of KSMIiIPK is carried out on a permanent basis, having completed:
  - CDC applied epidemiology three-month courses for epidemiologists of the sanitary and epidemiological service, since 2022
  - two-year program in applied epidemiology for those who have passed the test, 45 epidemiologists have been trained

Challenges:

- There is no National Action Plan for Preparedness and Response in Case of Public Health Emergencies
- Lack of human resources, high staff turnover at all levels, low wages
- It is necessary to train the specialists of the Emergency Operations Center on the international standards of work
- There are no interdepartmental plans to respond to specific health hazards with SOPs
- There is no manual for performing logistical functions in emergency situations

Georgia

Supported by:

- Ministry's capacity on strategic planning and analytics strengthened – New Department established
- Human resources for health strategy in progress
- Human resources for public health in progress and will be completed by December 2023
- Governance capacity of the ministry (PHC governance framework established, Digital Health Governance framework established)
- National Health Security planning high level dialogue was conducted in October 2023- The plan will be elaborated in 2024

World Health Organization

CDC Centers for Disease Control and Prevention

The World Bank

ADB Asian Development Bank

Mongolia

Key success factors

- Legal and regulatory framework improved (Pandemic Law)
- Joint IMS (under Deputy Prime Minister), Inter-sectoral collaboration strengthened
- Training among all sectors (Joint exercise, IPC)
- New structure established at the MOH (Department of Infectious Diseases)

Ongoing activities

- Law on Public Health Service
- National plan for health security and sustainable management
- Multi-sectoral collaboration
- Communicable Disease Prevention and Response Plan 2022-2025
- Improving financing from HIF for communicable disease care
- Deployment of Field epidemiologists

Mongolia

Planned activities

- Strengthening of health sector leadership in the incident management system
- HR policy improvement
- Strengthening of PPP

Challenges

- High HR turnover esp. in primary level due to low incentive and poor motivation
- Inappropriate staff mix and lack of retention policy
- Urban concentration of HR and poor quality of education

Pakistan

Progress and updates

- Country has plans & funding for building leadership & capacity building for public health workforce under IHR 2005 - required for Policy makers!
- Coordination mechanism is in place however needs further strengthening, however governance of health security needs further attention
- NIH since 2007 has initiated the Field Epidemiology and Laboratory Training Program as a comparable applied epidemiology training programs
- All provinces have established health management & epidemiologist cadre at provincial and district levels

Pakistan

Progress and updates

- Human Resource Development Centers (HRDCs) play a vital role in building the capacities of health professionals in various aspects of healthcare/public health.
- Institutes like the CPSP, Postgraduate institutes like Health Services Academy, Institute of Public Health, KMU & others offer specialized programs in public health and epidemiology
- Health department offer equal opportunity & positions for women, and they share same promotional pathways as for other genders

Challenges

- Coordination, empowerment of IHR FP/Secretariat, governance & regular funding for health security

Tajikistan

Successes

- In 2023, the Tajik Research Institute of Master Studies extended its license for postgraduate training of sanitary-epidemiological and laboratory specialists. In total, 9 training programs have been approved.
- The training of sanitary-epidemiological specialists continues under short-term (basic) courses in applied epidemiology in SDS/CAR. Since the beginning of this course, more than 70 specialists have been trained.
- The two-year advanced program (master's degree) of SDS/CAR and the Kazakh National Medical University named after. S. D. Asfendiyarov currently provide training to 5 epidemiologists from Tajikistan in Kazakhstan. Over the entire period of FETP/CAR program operations, 34 epidemiologists were trained.
- The Public Health Emergency Response Center established in 2022 is expected to be evaluated and further strengthened with the involvement of WHO consultants.

Tajikistan

Challenges

- The need for advanced training in accordance with modern requirements and challenges.
- Staff turnover: adults retire, young people lack skills. Local executive authorities pay little attention to retaining specialists at a local level. Limited graduation of public health specialists and epidemiologists from medical universities.
- Low wages: in 2021, we achieved a 100% increase in wages for the TB service.
  In 2023, the total salary of employees of all health systems was raised by 20%.
- Heavy workload: numerous national programs affect the quality of services provided.

Turkmenistan

Planned and ongoing activities

- Continue to strengthen comprehensive prevention system, improving health care management and developing multi-system interagency cooperation in public health protection; sustainable health care financing and improving the economics of health care.
- Training of health care workers, improving the skills of professors of the State Medical University of Turkmenistan named after Myrat Garryev, including improving their professional levels due to their training abroad
- Use different forms of strategic leadership (multilevel, distributed and collectively) to achieve health and well-being for all

Turkmenistan

Ongoing activities

- The functions, structure, performance and powers of the Ministry of Healthcare and Medical Industry of Turkmenistan reviewed, as well as the executive power local structures in the field of health protection of citizens are strengthened.
- Education Programs are reviewed and improved in order to train students at the State Medical University of Turkmenistan named after Myrat Garryev, to achieve high theoretical-practical training, and in-depth study of their chosen professions

What are the key success factors and challenges faced in the implementation?

- Strong governance and reporting system
- Control of program implementation on highest level

Uzbekistan

Компонент 1: Лидерство и кадровый потенциал

- Второй год подряд успешно реализуется совместная с Вестминстерским университетом международная Магистерская программа **«MSc Public Health Science»***. *(Разработана под руководством Министерства здравоохранения)*.
  - Программа включает в себя такие курсы, как менеджмент и экономика здравоохранения, статистику, эпидемиологию и другие дисциплины, необходимые для эффективного управления процессами сферы здравоохранения;
  - Язык преподавания – английский, что открывает возможности для межрегионального взаимодействия как с приграничными странами-соседями, так и странами дальнего зарубежья;
  - Высокий спрос на образование в сфере здравоохранения, а также глубина проработки каждого курса обеспечивают интерес студентов к данной программе;

- Кроме этого, в 2023-м году заканчивается проект «Управление передовыми медицинскими технологиями в Узбекистане», реализуемый совместно с Германским обществом международного сотрудничества (GIZ) *(9,5 млн евро)*.
  За прошедшие 4 года были выведены не международный уровень образовательные и обучающие программы в области
  - Эндохирургии, эндогинекологии, детской хирургии, неонатолгии, эндоурологии, экстренной медицинской помощи и диагностической визуализации;
  - Модернизирован подход со стороны медучреждений к эксплуатации и обслуживанию медицинской техники

**Постановление Президента Республики Узбекистан, от 07.04.2020 г. № ПП-4666*

Pillar 2
Technical Preparedness

Country Implementation Progress

5th Meeting of the CAREC Working Group on Health

2-3 November 2023 | Almaty, Kazakhstan

Azerbaijan

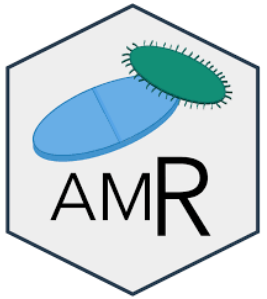
- In 2022, Azerbaijan's COVID-19 response made significant progress in its vaccination campaign, with over 13 million doses of COVID-19 vaccines administered and over 5 million people fully vaccinated as of March 2023. The government has expanded its healthcare infrastructure, including the recruitment of medical personnel and increasing healthcare resources.
- In 2022, the national stakeholders worked together with UN to strengthen the national healthcare procurement system and improve the treatment of tuberculosis and HIV, covering nearly 8,000 people.

Azerbaijan

- Technical assistance was provided to a working group in Azerbaijan to update the national guidelines on COVID-19 case management.
- 250 healthcare workers enhanced knowledge on covering the long-term effects of the disease and rehabilitation. A guide on “Support for Rehabilitation: Self-Management after COVID-19-Related Illness” was distributed to healthcare facilities.

Georgia

- Antimicrobial Strategy and action plan developed with support from WHO and US CDC and will be launched in December 2023
- Antimicrobial surveillance protocol developed and approved by the Ministerial decree
- National Center for Disease Control and Public Health works on strengthening laboratory capacity for genomic sequencing (US CDC)
- One health action plan developed and approved by the Government of Georgia
- Needs assessment at regional public health laboratories
- Health Security Action Plan is currently being developed (WHO, US CDC, other UN agencies, WB)
- Pandemic fund to improve technical preparedness on public health emergencies



Меры в сфере санитарно-эпидемиологического надзора

Глобальная пандемия коронавирусной инфекции внесла свои коррективы в жизнь.

В настоящее время эпидемиологическая ситуация по коронавирусной инфекции в Казахстане стабильная, все ограничительные меры отменены. Казахстан как весь мир с 2020 года принимал беспрецедентные меры по борьбе с COVID-19.

За три года Казахстан, как и весь мир пережил **6 подъемов** заболеваемости коронавирусной инфекции, которые длились **от 1 до 3 месяцев**.

Как показала пандемия, успех реализации профилактических мер по COVID-19 напрямую зависит от межведомственного взаимодействия.

Практически с начала объявления пандемии при Президенте РК под председательством Премьер-Министра РК создана **Государственная комиссия** по обеспечению режима чрезвычайного положения;

Меры в сфере санитарно-эпидемиологического надзора

В январе 2020 года **распоряжением** Премьер-Министра под председательством заместителя Премьер-Министра РК создана **межведомственная комиссия** по координации мероприятий по недопущению возникновения и распространения коронавирусной инфекции в РК. Проведено 148 заседаний, где было принято более 2 тыс оперативных и рациональных решений по вопросам охраны и защиты здоровья населения от COVID-19, взаимодействия государственных органов, укрепления инфраструктуры медицинских организаций, закупа лекарственных средств, иммунобиологических препаратов, изделий и оборудования медицинского назначения, средств индивидуальной защиты, усиления и послабления ограничительных мер с учетом эпидемиологической ситуации в стране и в мире, вакцинации и ревакцинации населения.

С начала пандемии при Министерстве здравоохранения **и** при акиматах областей, городов Алматы, Астана, Шымкент созданы **Республиканский и оперативные штабы**, которые ежедневно координировал работу медицинских организаций по противодействию коронавирусной инфекции.

Меры в сфере санитарно-эпидемиологического надзора

По мере распространения COVID-19 выявлялись признаки инфекции, которые были абсолютно не характерны для других эпидемий. В этой связи мы просто должны были эволюционировать вместе с развитием хода пандемии. По итогам 3-х лет борьбы с пандемией мы извлекли соответствующие уроки и сегодня видим необходимость:

- постоянной готовности и реагирования на биоугрозы;
- внедрения системы прогнозирования и моделирования биоугроз;
- межведомственного взаимодействия и оперативного реагирования на биоугрозы;
- развития отечественной биофармацевтической промышленности, снижение импортозависимости;
- возможности оперативного перепрофилирования объектов здравоохранения;
- модернизации и оснащения лабораторий;
- совершенствования программ обучения в высших медицинских учебных заведениях;
- подготовки кадров, их обучение и мобилизация;
- развития и внедрения информационных систем и продуктов.

Пандемия коронавируса продемонстрировала важность глобального сотрудничества, мирового порядка, базируемого на совместном доверии, взаимоподдержке и взаимопомощи, а также необходимости создания институтов, способных в подобные моменты кризиса мобилизовать все силы и принять необходимые меры.

Kazakhstan

- **Лабораторная инфраструктура и потенциал**
- В рамках инициативы «Хорошие лаборатории - крепкое здоровье» при поддержке ВОЗ в стране реализуется проект национального наставничества в области управления качеством в лабораториях (в т.ч. ответных мер на COVID-19) в соответствии со стандартом ISO 15189. **Казахстан присоединился к данной инициативе в начале 2019 года**.
- Эта инициатива направлена на укрепление лабораторных служб посредством разработки политики и планирования, обучения, наставничества и других мероприятий.
- Программа положительно принимается лабораториями. Эта программа обеспечивает не только совершенствование системы управления качеством, но также увеличивает национальный потенциал и устойчивость, включая национальных экспертов в области системы управления качеством, а также приверженность качеству.

Лабораторная инфраструктура и потенциал

- Национальные менторы проводят визиты в каждую лабораторию, участвующую в программе наставничества (лабораторий общественного здравоохранения, клинико-диагностические лабораторий). Внешняя поддержка оказалась полезной во внедрении СМК посредством регулярного наставничества.
- В рамках данной инициативы С 2020 года проводится работа по внедрению GLLP, ВОЗ подготовлены национальные фасилитаторы.
- В стране разработана Лабораторная политика
- В рамках Единого здоровья Казахстану одобрена мультистрановая заявка фонда борьбы с пандемиями

Проблемы лабораторий во время пандемии COVID – 19

- В Республике Казахстан первый случай COVID – 19 зарегистрирован 13 марта 2020 года. Лабораторная служба Казахстана, как и многих других стран мира, столкнулась необходимостью бесперебойного выполнения ПЦР тестирования
- **Недостаточное количество лабораторий, выполняющих ПЦР тестирование** (*На начало пандемии тестирование на COVID-19 осуществлялось в 19 лабораториях с мощностью 6000 исследований в сутки. Путем привлечения государственных медицинских и частных лабораторий количество лабораторий увеличилось до 184 и достигла максимальной мощности 129000 исследований в сутки*)
- **Недостаточный кадровый потенциал, владеющих методом ПЦР** (*На базе референс лаборатории по контролю за вирусными инфекциями проведены курсы обучения ПЦР методике, и биобезопасности. При поддержке ВОЗ, проведены циклы обучения сотрудников лабораторий. Внедрена программа Национального наставничества, участвующих в тестировании COVID 19.*)

Kazakhstan

Проблемы лабораторий во время пандемии COVID – 19

- **Недостаточная оснащенность лабораторий ПЦР оборудованием** *(Приобретены высокопроизводительные ПЦР-амплификаторы для всех лабораторий, автоматизированные станции выделения нуклеиновых кислот, шкафы биологической безопасности что привело к расширению производственной мощности. Закуплены мобильные лабораторные комплексы для отдаленных сельских местностей.)*
- **Недостаточный объем ПЦР тест систем, отсутствие отечественных производителей тест систем** *(Через 2 недели после регистрации первого случая коронавирусной инфекции - 26 марта 2020 года Национальным научным центром особо опасных инфекций имени Масгута Айкимбаева МЗ РК разработана и произведена отечественная ПЦР тест-система для лабораторной диагностики COVID-19.)*

Проблемы лабораторий во время пандемии COVID – 19

- **Разобщенность имеющихся лабораторных информационных систем, соответственно низкая скорость передачи результатов** (Проведена интеграция всех лабораторных информационных систем в Единый Интеграционный Портал данных (ЕИП), а также в программу «Ashyk», для определения эпидемиологического статуса пациента. Результаты исследований параллельно получал каждый пациент путем SMS сообщения.)

Kyrgyz Republic Technical Readiness of Laboratories

There are 152 public health laboratories functioning in Kyrgyz Republic, of which:

- On the basis of Department/Center of Disease Prevention and State Epidemiological Surveillance: 51 sanitary and bacteriological laboratories, 8 accredited under ISO 17025, 8 to be prepared
- 10 PCR laboratories for COVID-19 diagnostics have been built with the support of the Islamic Development Bank
- The ILAB information system has been implemented at the national level and in all PCR laboratories
- AIDS Center hosts 33 laboratories of LDV and GVG.
- On the basis of the Republican Center for Quarantine and Highly Dangerous Infections: 8 laboratories, 3 of them on the basis of the Center, 4 portable labs, 1 mobile complex, 4 mobile rapid diagnostic laboratories (1 ISO 15189 accredited)

Kyrgyz Republic — Technical Readiness of Laboratories

Challenges of the surveillance system:

- Integration of electronic surveillance systems for infectious diseases between MoH and MoA is needed
- Poor physical infrastructure of laboratories at district and provincial levels
- No national system of engineering services for Biological Safety Cabinets and PCR equipment available
- The procurement system is not adapted to orders in small quantities, it is cost-oriented
- Further improvement and enhancement of the quality management system in the laboratories according to the current international standards ISO 17025 and ISO 15189
- Implementation/improvement of ILAB computer base at all levels of laboratories

Mongolia

Key success factors

- Integrated COVID-19 into influenza surveillance system
- Response based on COVID-19 transmission stages
- Point of entry surveillance
- Decision making based on risk assessment
- RC was implemented at all levels of the response
- COVID-19, Hospital bed utilization and management
- Strengthened laboratory network and capacity (rt-PCR labs n1-60, Variant NGS, G-Xpert)

Ongoing activities

- Upgrading the laboratory-based surveillance
- Integrated communicable disease surveillance system
- HR development in the field of communicable diseases

Mongolia

Planned activities

- Strengthening of capacity for communicable disease researches and establish a research center
- Explore opportunity for regional cooperation on joint research activities and projects
- Establishment of CDC
- Assessment of laboratory biosafety and sustainable practices

Challenges

- Insufficient funding for public health services and some essential healthcare services during the pandemic
- Paper based recording and reporting system which increases workload for HR

Pakistan

Technical Preparedness - Summary

- To strengthen core capacities under IHR 2005, Pakistan conducted 1st Joint External Evaluation in 2016 & 2nd one in May 2023
- One of 5 key recommendation of JEE 2016 report was to have an:
  a) Integrated Surveillance & Response mechanism and a
  b) Public Health Lab network for early detection.
- Pakistan developed National Action Plan for Health Security and secured domestic funding for IDSR/PHL/FETP program and for PoEs
- IDSR mechanism, document & a training manual developed with support of UKHSA – 140 districts trained out of 160 till date.
- Integration of VP surveillance integration is planned
- One Health surveillance integration with Health is planned

Pakistan

Technical Preparedness - Surveillance

- IDSRS using DHIS-2 platform established in over 80 % districts across country
- 140 IDSR implementing districts have reporting compliance of more than 80% for weekly reporting; while alert logbooks/ alert management are not available at all levels but available in some provinces (KPK and Sindh)
- Event Based surveillance (EBS) and Indicator-Based surveillance (IBS) are available but not integrated at all levels
- PDSRUs/DDSRUs have been established where trained human resource on disease surveillance, outbreak response, case detection are available

Pakistan

Technical Preparedness - Surveillance

- CDC Pak established at NIH for surveillance data analysis, reporting generation, alert generation, declaration of health emergency & a coordinate response
- Sentinel site surveillance established in provinces
- Under NIH Act 2021, a National Data Center has been established at the NIH hosting servers of IDSR and the District Health Information System - DHIS2
- Challenges exist for long term sustainability - regular governments financing for capacity building, resources to functionalize PDSRUs/DDSRUs & mobility of surveillance / RRT staff

Pakistan

Technical Preparedness - Laboratory

- National Lab Working Group has been established to coordinate policy & planning for National Laboratory System
- National Laboratory Policy developed in 2017 while minimum laboratory quality standards /strategic objectives for NLS and GCLP developed in 2019,
- National Genomic Surveillance strategy for priority pathogens developed in 2023 while National veterinary lab policy and guidelines developed in 2022
- NIH has established external quality assessment scheme to ensure quality testing in laboratories in microbiology

Pakistan

Technical Preparedness - Laboratory

- A tiered laboratory network exists, including a laboratory network of vertical programs (TB, malaria and HIV):
  - Tier-4 laboratories, including national reference laboratories (NIH, NVL, NRLPD);
  - Tier-3 laboratories, including provincial public health laboratories (Punjab, Sindh, Balochistan, KPK); and
  - Tier-2 laboratories, including district/tehsil headquarter laboratory with limited public health testing facilities.
- Challenges exist: for funding for sustaining/enhancing testing capacity for priority diseases and qualified HR ; Linking with One health & Private sector

Tajikistan

- Based on cooperation in the field of sanitary and epidemiological well-being of the SCO and CIS countries, epidemiological surveillance data is exchanged monthly.
- The country has 22 laboratories with a recognized ability to conduct high-quality PCR tests (5 laboratories in 2019).
- There is an electronic system for registering and tracking the activities of PCR laboratories in relation to C-19. In the future, it is planned to include emergency notification functionality in this system.

Tajikistan

- Modernization of laboratories: the WB-financed Millati Solim project provides for the renovation and equipping of more than 50 laboratories in the SES system, including the equipping of 17 sanitary-and quarantine checkpoints at the state border.
- In 2023, 5 mobile laboratories on biological agents indication were received with the support of the Eurasian Development Bank.
- Currently, 12 SQCs at the state border are equipped with measuring instruments, computer equipment and consumables.
- Expansion of PCR capabilities: inclusion of other tests along with C-19 in PCR laboratories.

Tajikistan

- Work begins on sequencing infectious agents and preparations are underway for Tajikistan to join a single sequencing database.
- The implementation of LIMS (Laboratory Information Management System-USAID) and LQMS (Laboratory Quality Management System-WHO) has been lunched.
- Regional installation of laboratory equipment (Kyrgyzstan, Uzbekistan, Armenia and Tajikistan) through the Rospotrebnadzor (Russia).

Turkmenistan

Planned and ongoing activities

To further develop the pharmaceutical industry and provide the population with high-quality, safe medicines and health care products produced in Turkmenistan, replace imported products in the domestic market and significantly increase export opportunities;

Strengthen the provision of health care infrastructure The pharmaceutical industry will be rapidly developed to provide the population with high-quality, safe medicines and health care products produced in Turkmenistan, to replace imported products in the domestic market, and to significantly increase export opportunitiesThe project “Strengthening clinical and laboratory services in Turkmenistan in 2023–2024”, which will be aimed at strengthening the capacity of national health systems in the field of clinical laboratory diagnosis of diseases. The project will support health services to ensure the availability, accessibility, reliability and state-of-the-art laboratory testing for accurate and timely diagnosis of the most common diseases, such as common communicable diseases, non-communicable diseases, surgery, emergencies, maternal and child health and others.

“Saglyk” State Health strategy 2021-2025

Turkmenistan

What are the latest regional/cross-border events in this region?

- The pharmaceutical industry continuously developing in the country. In the past years, a total of 6 new pharmaceutical enterprises were built and put into operation. The building of the active pharmaceutical company "Saglyk" was completely renovated and new production departments were built, a new production facility was built in the "Buyan" agro-industrial complex. The task of providing the drug market with high-quality and safe drugs that meet international standards has been established. Licensing of individual types of work on public health protection was introduced in the country, and the private sector of health care was created and developed. Healthcare institutions were equipped with modern medical equipment, ambulances and other resources. In 2008-2020, nearly 30 thousand medical devices with new technology that meet world standards were installed in healthcare facilities.
- Regular use of budget funds in health care was established, the number and use of hospital beds was brought to a suitable level, the work of institutions working in economic accounting and providing paid services was improved, and the efficiency of the work of health care institutions was increased.
- The infrastructure of health care has been significantly strengthened. In Ashgabat, dozens of large health facilities, unmatched in Central Asia, were built and put to the public's service. Between 1995 and 2020, more than 78 large health facilities were built, 49 district hospitals were renovated, and 53 new buildings were built. 89 Village Health Centers and Village Health Centers were built and 65 were renovated. Buildings of existing large health care institutions were renovated and new buildings were built.

Turkmenistan

- What are the key success factors and challenges faced in the implementation?
  - Involvement of stakeholder (ongoing projects)
  - Comprehensive control and reporting governmental system

Uzbekistan

В конце 2022 года был утверждён проект по созданию **Национальной референс лаборатории***, реализуемый с участием кредитных средств немецкого государственного банка KfW *(10,3 млн евро);*

- Проектом предусмотрены дополнительное **оснащение клинических лабораторий** многопрофильных медицинских центров, **их цифровизацию и внедрение мировых стандартов качества менеджмента** *(ISO/IEC);*

- Ожидается, что Проект приведет к улучшению доступности к государственным лабораторным медицинским услугам, а также раскроет потенциал трансграничного сотрудничества.

Кроме этого, на финальной стадии утверждения находится проект «Принятие неотложных мер по противодействию коронавирусной инфекции **COVID-19** в Республике Узбекистан», реализуемый с участием кредитных средств Азиатского банка развития и Азиатского банка инфраструктурных инвестиций *(200 млн долл.)*;

- **Целью проекта** является укрепление материально-технической базы, повышение квалификации кадров, внедрение единой информационно-коммуникационных технологий в структурных учреждениях Санитарно-эпидемиологической службы *(СЭС).*

В целом, на сегодняшний день в системе здравоохранения реализуется 11 инвестиционных проектов** на общую сумму более 1 млрд долл., в каждом из которых совершенствование материально-технической базы является ключевой задачей.

**Постановление Президента Республики Узбекистан, от 09.11.2022 г. № ПП-418*
***Постановление Президента Республики Узбекистан, от 28.12.2022 г. № ПП-459 (Приложение 3; на узбекском языке)*

Pillar 3: Surge Demand and Access to Supplies

Pillar 4: Vulnerable Population Groups and Border Health

Country Implementation Progress

5th Meeting of the CAREC Working Group on Health

2-3 November 2023 | Almaty, Kazakhstan

Main elements of national system to ensure the quality of imported medicines and vaccines

- Taking samples from each batch during import process
- Checking information mentioned in the documentation in comparison with medicine samples
- Controlling package, leaflets and registration of the medicines before laboratory analysis
- Quality control of taken samples in comparison with the manufacturer's normative documentations

Issues and limitations of current situation, including examples of detected problems

1. Problems related to the registration of the medicines

a. If there is no registration
b. Differences in storage conditions
c. Differences in shelf life term
d. Manufacturer differences
e. Differences with the applicant (license holder)
f. Differences with the release condition from the pharmacy (RX or OTC)

2. Problems with the packaging of the medicines

a. If it does not conform to the approved packaging
b. Differences in storage conditions
c. Manufacturer differences
d. Differences with the applicant (license holder)
e. Differences with the release condition from the pharmacy (RX or OTC)

Issues and limitations of current situation, including examples of detected problems

3. Problems with the instructions for use of the medicines

a. If there is no approval of the user manual
b. Upon expiry of the approval period of the instruction
c. Differences in storage conditions
d. Differences with shelf life term
e. Manufacturer differences
f. Differences with the applicant (licensee)
g. Differences with pharmacy release condition (RX or OTC).

4. In cases where there is little time left until the expiration date of the medicinal product (for example: 1 month, 2 months, 3 months and 6 months)

5. In case of inconsistency between submitted documents and medicines (not all the series mentioned in the invoice are among the samples, failure to submit analysis certificates for batches, etc.)

6. Deficiencies or inconsistencies in the documents attached to the application.

Planned or suggested action to address the existing limitations

- Organization of periodic educational meetings with importing and representative companies of medicines
- Inform the manufacturers about last changes regarding the legislation and requirements for the import process of medicines
- Sharing information about non-reliable manufacturers between regulatory authorities
- Risk based approach for the classification of manufacturers
- To be aware of last trends in pharmaceutical field

Expectations from possible operational collaboration with other national regulatory authorities of CAREC countries

- Approach towards carcinogenic impurities in the medicines and control of permissible quantities of these substances in them.
- Approach for the regulations of vaccines and other biopharmaceutical products during the registration and import process
- Arrangements or suggestions for the participation in the international conferences and trainings surrounding all lifecycle of the medicinal and pharmaceutical products (GLP, GCP, GMP, GDP, GSP, GPP, etc.)
- Sharing information about falsified and suspicious medicinal products
- Using the services of AEC's laboratory as outsource activity by mutual agreement
- Exchange of the experience in import-export and in registration process of medicinal products

Azerbaijan

COVID-19 response and immunization

- 17,600 hand hygiene stations, disinfectant, belt clips, and 16,000 risk communication materials were distributed to 100 healthcare facilities, including in five conflict-affected districts.
- More than 6,000 units of cold-chain equipment were bought by the Government, including freeze tags, vaccine carriers, vaccine refrigerators, log tags, cold boxes, and others.
- 1,500 health workers enrolled in the Azerbaijan Health Worker Vaccine Effectiveness Study and a health and vaccine status database created.

Azerbaijan

COVID-19 response and immunization

- Around 300 healthcare workers and epidemiologists were trained in the use and maintenance of vaccines, and around 150 staff of regional hygiene and epidemiology centers were trained and used the online platform on cold chain inventory.
- A national guideline was developed on strengthening immunization service and Government was supported in forecasting and procurement of vaccines as per the national immunization calendar including vaccines against tuberculosis and polio.
- 378 children of 0-10 years age received routine vaccines (62% of them had incomplete or uncertain immunization status) and 78 adults received COVID-19 vaccine in six rural villages with low performance.

Azerbaijan

- Azerbaijan has implemented several nutrition programs targeting vulnerable populations, including pregnant women and children. However, challenges remain in ensuring equitable access to healthcare services for all citizens, particularly in rural areas.
- Refugees and asylum seekers were supported with access to health care services:
  - 421 (192 women) accessed medical examination and treatment under Mandatory Health Insurance;
  - 600 (282 women) received essential medicines and 43 received psychological assistance.
  - 592 potential victims of exploitation (43% women, 34% girls, 23% boys) received phycological assistance and accessed other health services.
  - In 2022, the national healthcare procurement system was strengthened and the treatment of tuberculosis and HIV, covered nearly 8,000 people.
  - In addition, nearly 1,300 prison population has access to Hepatitis C treatment.

Azerbaijan

- With the aim of supporting financial inclusion and use of digital financial services among emigrants, migrants, and remittance recipients in Azerbaijan and abroad, an assessment was carried out on current remittance flows, related practices and services, and existing national legislative frameworks and policies. Now refugees from other countries and asylum-seekers have the right to work with the issuance of PIN codes from the State Migration Service, making them eligible for official employment.

People's Republic of China

- Series of projects are carried out among China and GMS countries, including the prevention and control of major infectious disease, cross-border malaria and dengue fever joint prevention and control pilot cooperation projects, cross-border pestis joint prevention and control projects, etc.
- We work together to better prevent the health risks brought by cross-border floating population and provide basic public health services.

Georgia

Phased introduction of Reference Pricing

- Reference pricing mechanism introduced by Law on Medicines and Pharmaceutical products (Dec 1, 2022)
- Government Decree on pharmaceutical price regulation methods, rules and procedures adopted (December 26, 2022)
- Information sharing requirement on stocks and prices set for the pharmaceutical products by the Ministerial Order essential for market monitoring to timely detect expected shortage (March 2023)

Phase I

- January 2023 – Reference Prices defined for the medicines reimbursed under UHC:
  - ✓ 30 INN from Chronic Diseases Management Program
  - ✓ 10 INN from Oncologic Patients Management
- Reference prices published for 1,100 pharmaceutical products

Phase II

- June 2023 – List of medicines within existing 40 INN expanded
- RP defined for 1,620 pharmaceutical products

Phase III

- August 2023 – New 40 INN added covering combinations
- RP defined for 2,330 pharmaceutical products

Phase IV

- October 2023– New 53 INN Added (in total 133 INNs)
- As of today RP defined for 3,200 pharmaceutical products

Georgia

- Strengthen vaccine supply chain: investments made in a cold chain infrastructure
- Access to medical products: Managed Entry Agreements to improve access to innovative drug
  - Amendment to the Law is currently reviewed by the Parliament
  - Negotiations with Pharmaceutical Companies started to agree on special conditions
- Mobilizing additional state funding for cancer drugs and orphan drugs

Georgia

Addressing health needs of IDPs and other vulnerable communities

Primary Health Care Reform

Improve access to all benefits within state funded programs for vulnerable groups

Kazakhstan

На сегодня санитарно-карантинный контроль осуществляется на **39** пунктах пропуска через Госграницу, совпадающей с таможенной границей Евразийского экономического союза:

- - **17 в международных аэропортах** городов Республики Казахстан, КСЭК МЗ РК;
- - **2 в морских портах**, КСЭК МЗ РК;
- - **5 на железнодорожных станциях**, КСЭК МЗ РК;
- - **1 на МЦПС Хоргос**, КСЭК МЗ РК;
- - **14 на автопереходах** через Госграницу, КГД МФ РК.
- На 14 автомобильных пунктах пропуска через Госграницу, совпадающей с Таможенной границей Союза в соответствии с действующим законодательством, санитарно-карантинный контроль осуществляется таможенными органами.
- Координацию по организации санитарной охраны на государственной границе осуществляет Комитет санитарно-эпидемиологического контроля Министерства здравоохранения РК.

Kazakhstan

Трансграничный обмен данными в приграничных районах на основе ММСП

- Рамочные документы, которые регулируют трансграничное сотрудничество:
  - Договор о Евразийском экономическом союзе от 29 мая 2014 года;
  - Соглашение «О применении санитарных мер»;
  - Соглашение о сотрудничестве государств-участников Содружества Независимых Государств в области предупреждения и ликвидации чрезвычайных ситуаций;
  - Соглашение о сотрудничестве в области санитарной охраны территорий государств – участников Содружества Независимых Государств.

Процедуры передачи информации по здравоохранению.

- ***В рамках ЕАЭС:*** В случае чрезвычайной ситуации санитарно-эпидемиологического характера, уполномоченный орган 24 часов информирует об этом, а также о принятых санитарных мерах другие государства-члены.
- ***В рамках СНГ****:* Предупреждение и ликвидация чрезвычайных ситуаций санитарно-эпидемиологического характера на территориях государств, требующих проведения мероприятий по санитарной охране территории государства – участника Содружества Независимых Государств.

Предоставление информации соседней стране о рисках связанных с общественным здравоохранением. Координация по отслеживанию контактов заболевшего пассажира с историей поездки в соседнюю страну.

- ***В рамках ЕАЭС:*** Обмен информацией между уполномоченными органами государств-членов о лицах, прибывающих из стран, неблагополучных в отношении распространения коронавирусной инфекции COVID-19, и следующих транзитом через территории государств-

Department of Medicines and Medical Devices under the Ministry of Health of the Kyrgyz Republic

- regulates the circulation of medication and medical products;

- controls the legal circulation of narcotic drugs, psychotropic substances and their precursors;

- Regulates activity in the field of circulation of medicines and medical products in line with the uniform principles and regulations for the circulation of medicines and medical products in the Eurasian Economic Union

Kyrgyz Republic

- Medicines imported into the Kyrgyz Republic must be registered, approved for medical use and are subject to quality assessment

- The assessment of the quality of medicines is carried out in order to confirm the compliance of the quality of specific series (batches) of medicines imported into the country or produced in the country with the requirements of state quality regulations.

- The procedure for assessing the quality of medicines is regulated by the Decree of the Government of the Kyrgyz Republic No. 312 of July 5, 2018.

The main objectives of assessing the quality of medicines

- to ensure the safety of medicines for human life, health and the environment;

- to protect consumer interests related to the safety of medicinal drugs;

Kyrgyz Republic

Challenges

- There is a lack of regulatory documents governing the quality of vaccines supplied by international organizations that have not yet received state registration in the Kyrgyz Republic, which makes it difficult for experts to assess the quality of such vaccines.
- Insufficient facilities to carry out laboratory testing (lack of an immunobiological laboratory or laboratory that could test medical equipment)

Kyrgyz Republic

- There are 24 checkpoints in total, of which 12 have permanent Sanitary control points
- Free services for the diagnosis and treatment of TB, HIV, hepatitis B and C are available for migrants.
- Nine mobile clinics are to increase coverage of HIV and hepatitis B and C health services in remote areas.

- In 2022-2023, a study on HIV and hepatitis was conducted among migrant workers in the Kyrgyz Republic, the results showed the prevalence of HIV up to 0.5%, hepatitis C up to 4%, hepatitis B up to 5%.
- It is planned to introduce preventive examinations among migrant workers leaving/returning to the country. A cluster study will be conducted in 2024-2025 on the prevalence of infectious diseases among migrants.
- Suggested: 1. to organise a simulation training jointly with transboundary regions; 2. to get the entry points fitted with relevant utensils and equipment, 3. to develop an emergency response standard operating procedure given the vulnerable groups.

Mongolia

Key success factors

- Upgrade of vaccination and cold chain at all levels
- COVID-19 vaccination (4 different COVID-19 vaccines, 4 funding resources)
- National response preparedness resources warehouse (NCZD)
- Improved awareness among decision makers and community towards importance of timely response measures against emergence of communicable diseases such as COVID-19
- E-registry systems (Supply, vaccines, medicines)
- Investment from public (funding, supply: PPE, medicines, vaccines) and other sources such as donors WHO, ADB, UNICEF, WB and private entities

Ongoing activities

- The National Medicine Regulatory Authority is set up for drug regulation and coordination including supply chain management
- Capacity development on supply chain management

Mongolia

Planned activities

- Rationalization of legal/regulatory framework for procurement and supply chain management
- Capacity building and introduction of international standard for procurement and supply chain management

Challenges

- During pandemic lack of regulations for emergency supply and logistics (drugs and medical equipment, inadequate domestic production, and difficulties in transportation and logistics)
- Poor logistic management

Mongolia

Key success factors

- During the pandemic constant surveillance was carried out in strategic ports
- Surveillance was carried out in areas with a high mobile population
- Social welfare programs for vulnerable groups including social health insurance (government subsidized group)

Ongoing activities

- Border entry point surveillance assessment
- Primary health care service strengthening and establishment of public health centers in provinces and districts

Mongolia

Planned activities

- Strengthening of primary health care services closer to rural and vulnerable populations
- Outreach/mobile services to reach out the most marginalized population
- Community engagement and participation

Challenges

- Income related inequalities in health care utilization
- Double burden of communicable and NCDs
- Increased urbanization, poverty, high OOP, high prevalence of infectious diseases such as TB among poor population
- Poor IPC (esp. HCWM)

Pakistan

Regulatory Mechanism

- Pakistan has standardized Pakistan Procurement Regulatory Authority (PPRA) rules/guidelines for public procurements for all sectors
- Federal, Provincial governments and allied organizations are bound to procure under PPRA – procurement delays during health emergencies!
- Annual submission of demand and supply maintained on ministerial as well as health facility level
- NDMA Act gives flexibility for making procurements by-passing PPRA rules

Pakistan

Procurement & Supply Chain Mechanism

- Well established across the country, however lack of funding leads to shortage of essential supplies for preparedness aspects
- Currently no Regional Supply Chain Risk Management Plan has been developed or planned

Challenge(s)

- Though digitization of public health supply chain is available in EPI and few programs but not for larger health system
- Improving supply chain data availability, stores and capacity building is needed

Pakistan

- Pakistan has designated 18 Points of Entries, Nine Airports six ground crossings and three international seaports where staff is placed and are able to screen by thermal scanners/guns for international passengers during PHIEC/Pandemics
- Designated PoEs in Pakistan have access to appropriate medical services, including diagnostic facilities noticed mainly in the airports, however, all the ground crossing point of entries are lacking the isolation facilities
- Cross border population movement with Afghanistan and Iran is regular and migrants are considered vulnerable population groups besides poor and women in Pakistan

Pakistan

- Designated PoEs in Pakistan have capacities to apply recommended measures to disinfect, decontaminate or otherwise treat baggage, cargo, containers, conveyances, goods or postal parcels
- Polio teams placed at designated cross border check points; close coordination of both countries for collaborative NIDs/SNIDs to avoid missed children

Pakistan

Burden of Disease

- Regional collaboration initiatives for cross-border support to migrants with chronic infectious diseases (e.g., TB, HIV) are not in place yet
- Though patients from Afghanistan are treated at Quetta and Peshawar for surgical/medical conditions

Coordination

- Adhoc national multisectoral process with mechanisms in place, involving all relevant sectors (i.e., health, transportation, migration, customs), to make policy decisions on international travel-related measures to respond to public health events (i.e., exit/entry screening, contact tracing, testing, quarantine)

Pakistan

Challenges

- Funding and human resource for POEs, lack of quarantine facilities for POEs/ Ground crossings, coordination at POEs & between border authorities and Health Emergency Contingency Plan at designated PoEs

Tajikistan

Regulation mechanisms, procurement and supply chains

- The annual internal performance assessment, analysis and forecasting by the Service of State Health Supervision and Social Protection of the Population of the Republic of Tajikistan make it possible to timely identify weaknesses in the overall chain of interaction and focus the attention to achieve the required goals under the priorities of the National Development Strategy of the Republic of Tajikistan until 2030 and the action plan.
- Comparative data for the national internal indicators of the republic for 2021 and 2022:

1. The number of pharmacies increased by 216 units (7.7%)
2. The volume of medicines and medical supplies imported into the republic increased from US$135,817,868 to US$156,038,104 – or by US$ 20,202,236

- More than 90% of the needs of the country's pharmaceutical market are covered by the import of medicines and medical goods by wholesale distributors and suppliers.

Tajikistan

Plans and ongoing activities

- Experience sharing and country visits to study the activities of relevant agencies monitoring healthcare to increase capacity in the field of medicines supply
- Technical assistance in the form of providing international expertise from the countries of the region in these specialized areas
- Equipping laboratories to bring them in compliance with international standards on their organization and conducting pre-clinical and clinical testing of medicines to ensure their high quality and safety

HELPING TAJIKISTAN VACCINATE AGAINST COVID-1

The Asian Development Bank is providing a $25 million grant under its Asia Pacific Vaccine Access Facility to support the Tajikistan National Deployment and Vaccination Plan for COVID-19 vaccines. Here's what it's for:*

Purchase of at least **3 million vaccine doses**, syringes, and safety boxes

Delivery to **over 2,500** national, regional, and district **health facilities**

To vaccinate **1.3 million people** from priority groups

adb.org/tajikistan

ADB

STRENGTHENING TAJIKISTAN'S VACCINE PROGRAM

Deployment of
196 mobile teams
to remote and rural areas

Gender- and age-sensitive
education campaigns
and outreach

Information and knowledge sharing
with other CAREC** members

adb.org/tajikistan

ADB

Tajikistan: COVID-19 Vaccine Support Project under the Asia Pacific Vaccine Facility (TAJ-APVAX)

- Basic Data:

Grant Amount from Asian Development Bank	$25 million	*Approval date*	16 June 2021
Government contribution:	$1.8 million	*Signing date*	21 June 2021
Total project cost	$26.8 million	*Effectiveness date*	12 July 2021
		Expected Completion	31 Dec 2024

- Impacts: Vulnerable groups protected from morbidity and mortality caused by COVID-19. The spread of the SARS-CoV-2 virus reduced and confidence of citizens restored.

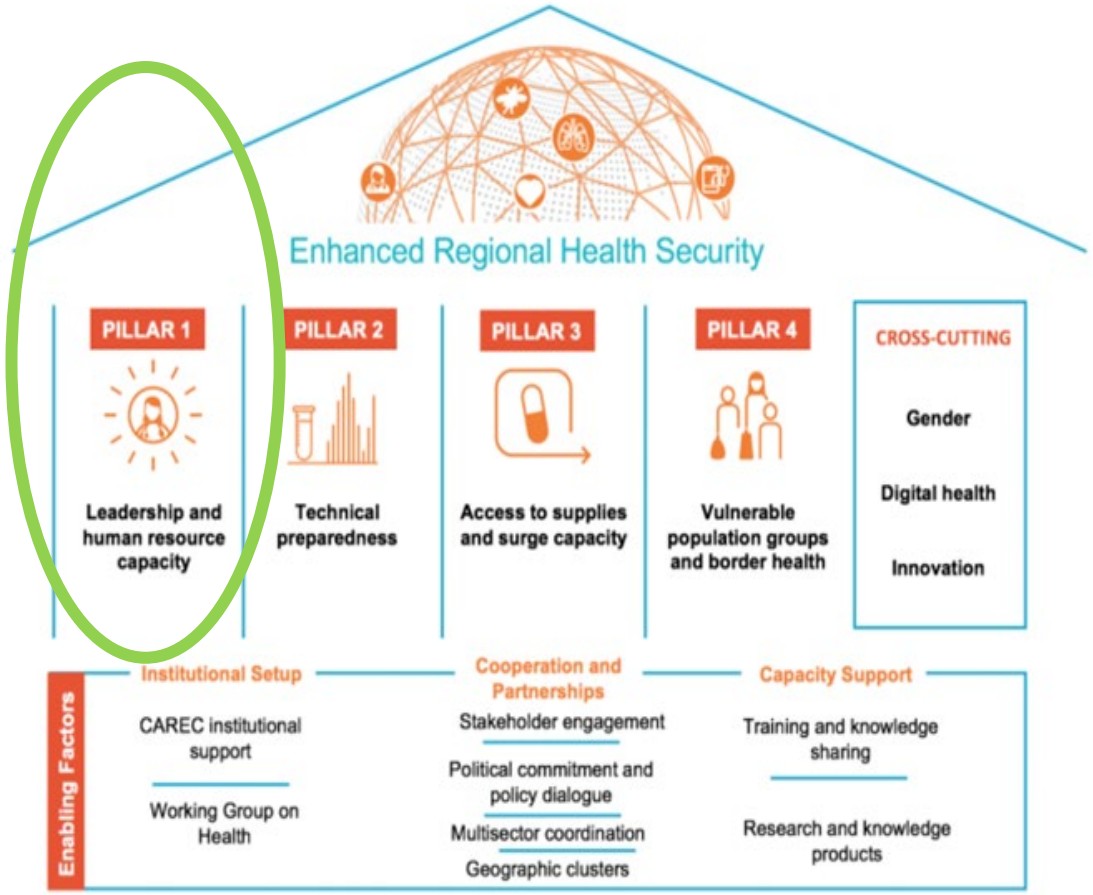
- Outputs: (1) COVID-19 vaccine procured and delivered to designated points; and (2) Vaccination program implementation capacity strengthened.

- ADB Operational Priorities: gender mainstreaming and regional cooperation

- Executing Agency: Ministry of Health and Social Protection of the Population (MOHSPP)
- Implementing Agency: Project Administration Group under MOHSPP

- Implementing Partners: Republican Center for Immunoprophylaxis, Republic Center for Healthy Lifestyle, Department of Primary Health Care, Department of Sanitary and Epidemiological Safety, Emergency Situations and Emergency Medical Assistance, State Supervision of Health and Social Protection, UNICEF as the procurement agent, GAVI, the Vaccine Alliance for the coordination of Tajikistan's participation in the COVAX Facility

Pillar 1: Leadership and Human Resource Capacity



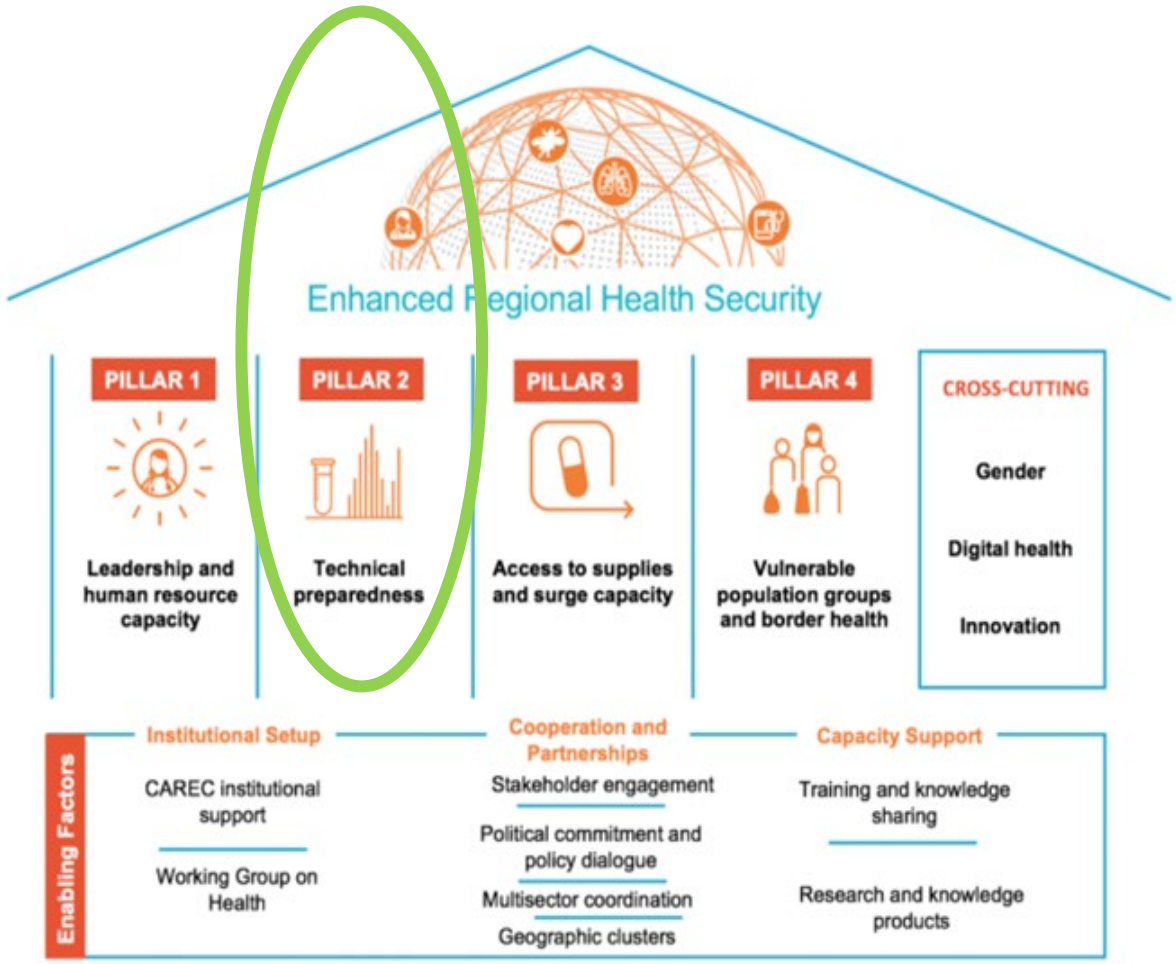
TAJ-APVAX Contributions

- Supported the Tajikistan National Deployment and Vaccination Program (NDVP) under directives of the national multisectoral COVID-19 task force chaired by the Prime Minister
- MOHSPP Leadership: Project Director is Minister with First Deputy Minister as Coordinator of Investment Projects in MOHSPP
- Capacitated over 3,700 specialists and employees (65% women) in central and local government units in interpersonal communications and social mobilization, which helped in more effective vaccination
- Launched information, communication and education campaigns targeted over 3,000 stakeholders with printed materials (80% targeted for women) and video for nationwide coverage, which helped reduce vaccine hesitancy
- Trained primary health care workers (90% women) on registration, collection, disinfection, transportation, storage and disposal of wastes during immunization

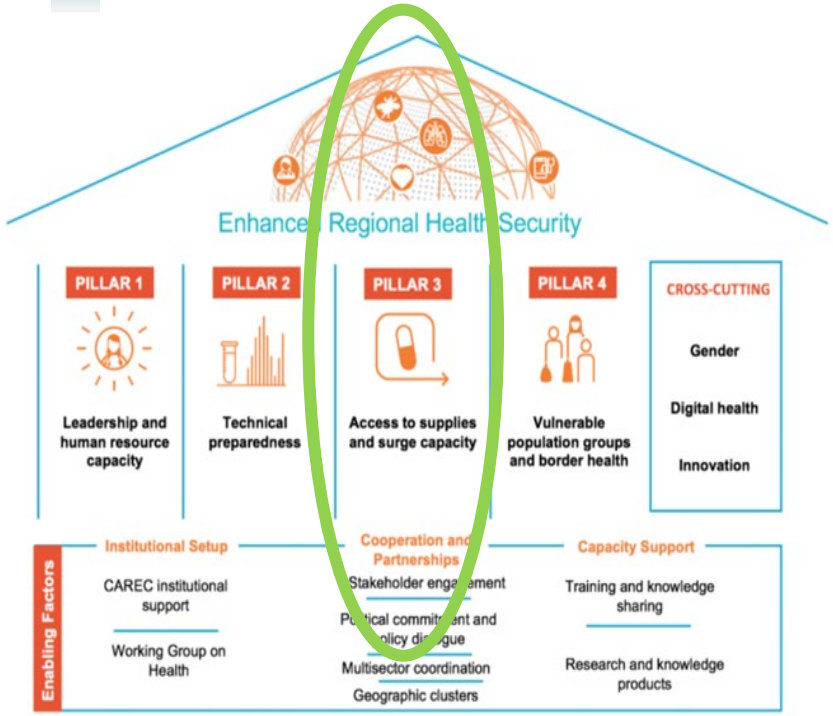
Pillar 2: Technical Preparedness

TAJ-APVAX Contributions

- Procured diagnostic equipment for key hospitals and medical institutions to strengthen post-COVID-19 diagnostics services and care, including in near border areas
- Procured laboratory equipment for key hospitals and medical institutions to aid in post COVID-19 analysis, including in near border areas
- Repaired key medical equipment of three major government hospitals to restore service provision in a most cost-effective way for patients and within their area of reach
- Procuring medical waste incinerators



Pillar 3: Surge Demand and Access to Supplies



TAJ-APVAX Contributions

- Procured 3.508 million Sinovac vaccines (equivalent to about 17% of total vaccine supply), almost 3.9 million syringes and 48,600 safety boxes (under COVID-19 Vaccines Global Access (COVAX) facility's Advanced Market Mechanism)
- 99.48% of vaccines administered nationwide (51% women); vaccine wastage rate of 0.6%
- Collection, transport and disposal of COVID-19 related wastes

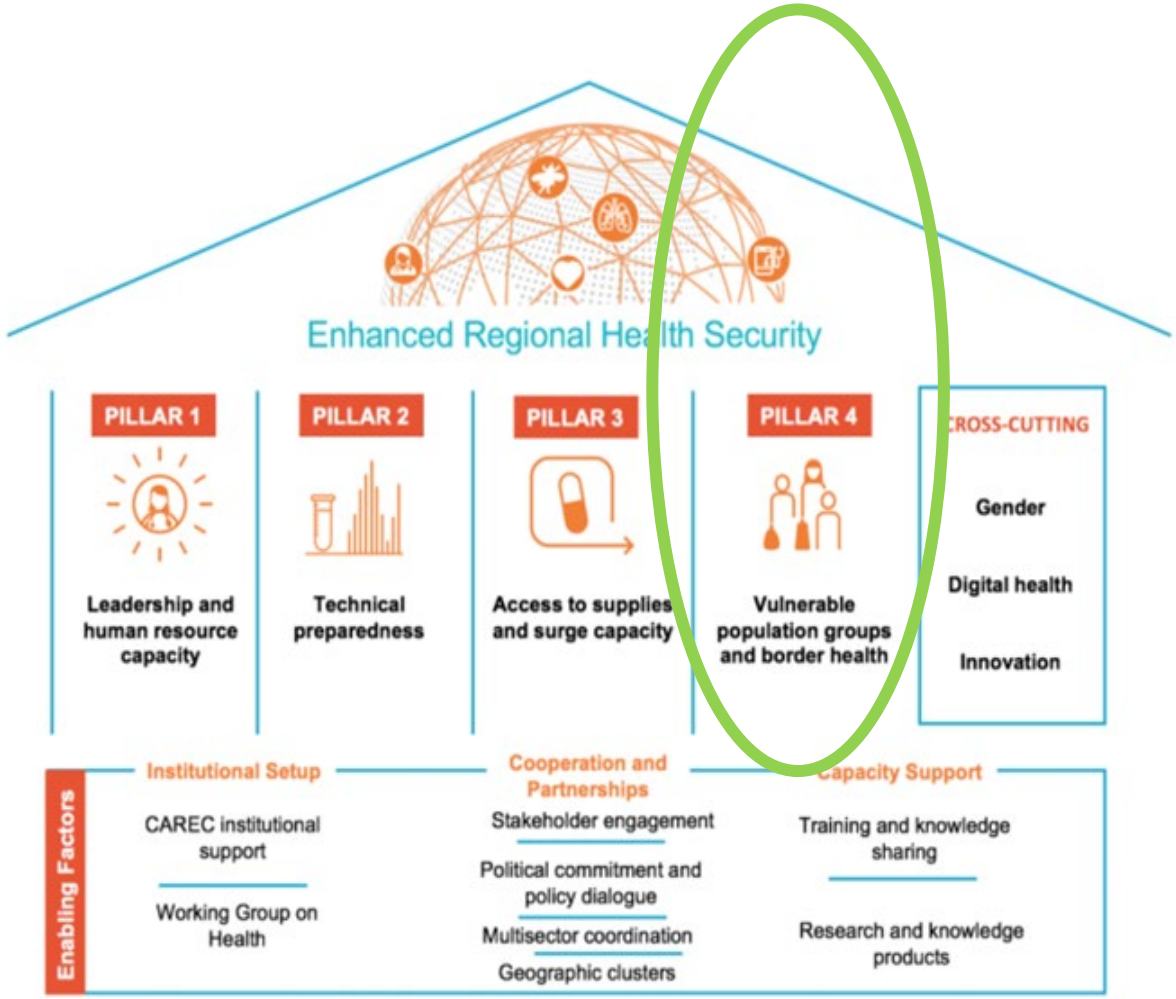
TAJ-APVAX: Critical Success Factors

- Political will and leadership
- Well-defined National Deployment and Vaccination Plan
- Country-wide multi-tiered healthcare system
- Advance actions
- Corporate-wide procurement arrangements
- Responsiveness and flexibility

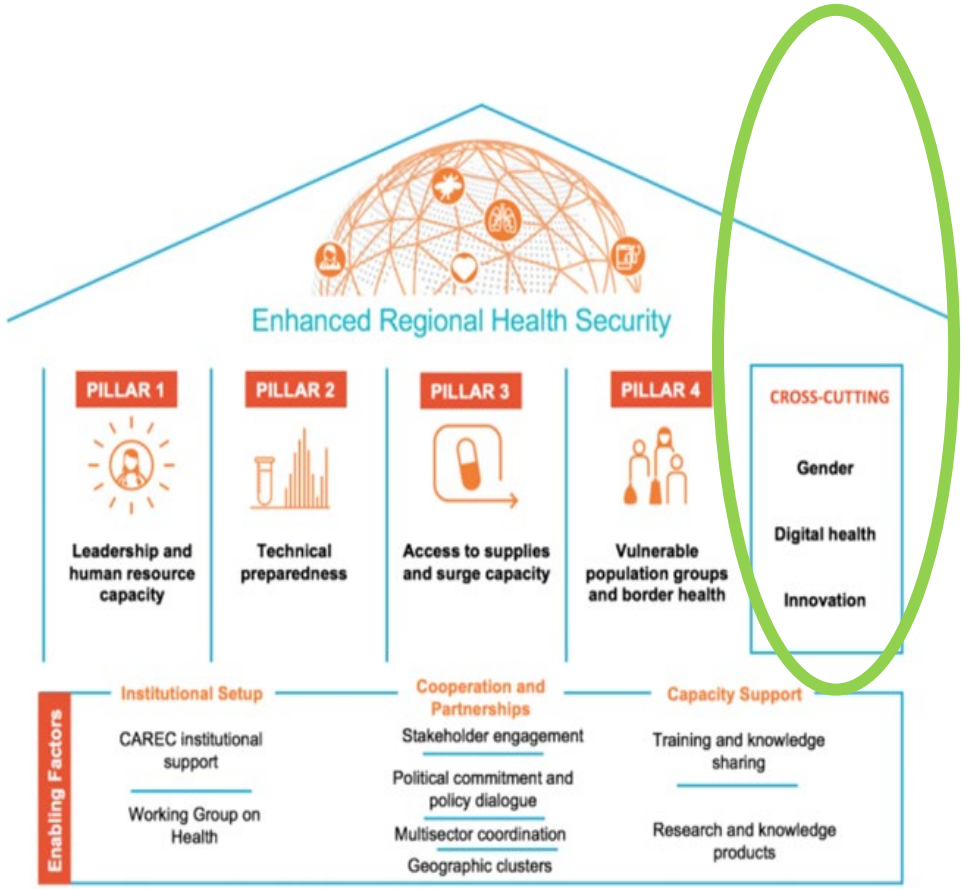
Pillar 4: Vulnerable Population Groups and Border Health

TAJ-APVAX Contributions

- Supported vaccination following the priority groupings per the NDVP
- Migrants (international and domestic) availed of vaccines
- Medical facilities in some border areas being provided with laboratory equipment and diagnostic equipment for post-COVID diagnostic services
- Regional coordinators deployed for local coordination and with mobile teams, including women



Cross-cutting themes



TAJ-APVAX Contributions

- **Gender**: Disaggregated data collection and reporting established under the project; Gender action plan provides gender-sensitive targets (e.g., gender-sensitive modules for trainings and campaigns; women-friendly access to vaccinations; communication strategy to reduce vaccine hesitancy; mobile teams including women)
- **Digitalization**: Provided accounting and inventory management software for systems improvement, strengthening controls and monitoring; Collaborated with World Bank project's through MOHSPP on Mahzan Database of vaccinated individuals – initiated inclusion of vaccine serial numbers for ease of tracking, and support to data entry operators
- **Innovation**: expanded support – COVID-19 vaccination program and post COVID-19 diagnostics and services, utilizing country systems and strengthening capacity and institutions

Environmental Safeguards, Climate change and Health

TAJ-APVAX Contributions

- Project assessed temporary increase of hazardous health-care waste (used syringes, needles, PPE, etc.) at service points as a result of vaccination. Minimal environmental impacts are envisaged.
- Wastes being disposed of in accordance with the standard operating procedure on disposal of medical waste after vaccination against COVID-19 (approved on 6 March 2021 by the MOHSPP).
- Supported Republic Center for Immunoprophylaxis to carry out the collection, transportation and disposal of medical wastes after vaccination.
- Microwave-type incinerators are being procured, which will not contribute to any carbon emissions.

Tajikistan

- As part of cooperation in the field of sanitary and epidemiological well-being of the SCO countries, a meeting on border health was held with the support of the IOM: it was decided to prepare an agreement between the Ministries of Health of Tajikistan and Uzbekistan on cooperation in the provision of comprehensive services for border health protection.
- Ratification of the Agreement on Combating TB between Kazakhstan and the Republic of Tajikistan

Turkmenistan

Planned and ongoing activities

- Country was systemically supplied with medicines and medical products according working plan approved by EXTRAORDINARY ANTIPANDEMIC COMMITTEE
- In accordance with the relevant Work Plan, medicines, medical products, vaccines and equipment were brought to our country from abroad. 300 types of medicines were purchased by the General Pharmacy Association and distributed to state pharmacies and treatment-prevention institutions.
- Medical consumables were supplied by the "Medical Equipment" production association. Medical equipment and consumables received through humanitarian assistance were distributed to Health and Prevention facilities. Medical supplies and reagents were received and distributed to treatment and prevention facilities under the tender. 885 types of infectious and non-infectious disease vaccines, drugs, diagnostic and protective agents, medical equipment were brought and distributed to treatment and prevention institutions and pharmacies by licensed private enterprises in the country.
- The project "Provision of medicines necessary for the prevention and treatment of non-infectious diseases and for the protection of the health of the mother and the child in Turkmenistan in 2023-2024." aimed at strengthening the capacity of the national health care system to combat NCDs, rare diseases and improve maternal and child health care in Turkmenistan.The project will provide access to quality, affordable and affordable medicines by purchasing medicines for the treatment of NCDs and other diseases.

Turkmenistan

What are the key success factors and challenges faced in the implementation?

- Increased reliability of the medications and medical consumables delivery chain
- Strict control on realization
- Involved of stakeholder

Turkmenistan

Planned and ongoing activities

"SAGLYK" State Healthcare Program 2021-2025

- To create "healthy villages, regions, cities and healthy communities" by carrying out integrated measures in the fields of health care, education, sports, culture, environmental protection, road safety and other areas of the economy;
- The supply of health care institutions with specialized specialists in the country's remote and border districts, other districts and cities, and rural areas will be revised, and relevant work will be carried out to improve their living conditions in accordance with the legislation of Turkmenistan;
- In rural areas located far from district centers, mobile medical teams consisting of relevant specialists will provide high-quality treatment and prevention services;
- Efforts to bring healthcare services based on modern technologies closer to the rural population will be strengthened;
- Special programs will be developed to encourage health workers to work in remote areas and villages.

Turkmenistan

What are the latest regional/cross-border events in this region?

- Plan of actions to prevent the introduction and spread of acute pneumonia in the border regions of Turkmenistan bordering the Islamic Republic of Iran and Afghanistan. This Organization envisages the organization of activities to prevent acute infectious diseases in the border regions. In order to identify sick citizens in the border regions, they should be isolated and start treatment. In order to increase the level of preparedness of health care institutions that provide medical services in the event of an acute infectious disease to the population living in the border villages and its surroundings: the plan for emergency measures against epidemics is being amended;
- Citizens who live and work permanently and temporarily in settlements of border regions and their surroundings are regularly monitored on daily basis
- In order to prevent infectious diseases that can be transmitted from animals to humans in border areas, scheduled vaccinations are carried out among agricultural animals susceptible to those diseases;
- Disinfection and disinfection works are carried out regularly in cattle beds, cages and sheds in those districts;
- In order to protect agricultural animals from locusts, fleas and other insects, washing is carried out with means for disinfection

Turkmenistan

- What are the key success factors and challenges faced in the implementation?
  - Strong management and control system
  - Decentralized population, complicated information distribution

Uzbekistan

- К настоящему моменту имеется ряд нормативно-правовых документов, регулирующих механизмы развития
  как фармацевтической промышленности, так и достижение международных стандартов в области систем обеспечения качества лекарственных средств (УП-5707*, ПП-4554** и прочие);
- Вместе с тем, улучшение механизма регулирования, закупок лекарств и управления цепочками поставок в целом происходит за счёт таких программ как «Promoting the Quality of Medicines Plus», разрабатываемая совместно с Агентством USAID (США).
  Цель программы:
  - Совершенствование национальных систем регулирования для обеспечения качества медицинской продукции
    в государственном и частном секторах;
  - увеличить поставки основных медицинских препаратов, имеющих важное значение для здравоохранения,
    с гарантированным качеством;
  - Укрепление кадрового состава фармацевтического сектора.
- Ожидается, что подобного программы окажут точечное воздействие на совершенствование управления лекарствами, расходными материалами или резервами в наиболее целесообразных сегментах системы здравоохранения.

*Указ Президента Республики Узбекистан от 10.04.2018 г. № УП-5707
**Постановление Президента Республики Узбекистан, от 30.12.2019 г. № ПП-4554
***https://www.usaid.gov/uzbekistan/fact-sheets/promoting-quality-medicines-plus

Uzbekistan

На сегодняшний день особое внимание требует **Приаральский регион**. В последние годы здесь наблюдается беспрецедентное и растущее бремя неинфекционных заболеваний (НИЗ), в частности сердечно-сосудистых заболеваний (ССЗ)*.

- С целью кардинального решения данный проблемы был разработан и находится на финальной стадии утверждения проект «**Реформа системы здравоохранения** (РСЗ) Приаральского региона», реализуемый с участием кредитных средств немецкого государственного банка KfW (32,0 млн евро). Задачами проекта являются:
  - Улучшенная больничная инфраструктура для лечения ССЗ в регионе Аральского моря;
  - Усиление услуг по лечению ССЗ на уровне Первичной медико-санитарной помощи;
  - Улучшение клинических навыков в области ССЗ и укрепление управленческого потенциала.
- Ожидается, что данная Реформа позволит существенно облегчить последствия неблагоприятного засушливого климата и снизить риск осложнений при ССЗ не только для жителей Узбекистана, но и соседних стран.

*Результаты исследования, предшествующего инициации проекта (основа концепции)

Cross-cutting themes
Climate Change and Health

Country Implementation Progress

5th Meeting of the CAREC Working Group on Health

2-3 November 2023 | Almaty, Kazakhstan

Azerbaijan

Climate change and health

- National Priorities for Socio-Economic Development" and the "Strategy of Socio-Economic Development in 2022-2026" identified a clean environment and country of "green growth" as one of the five priority directions of the country's development through 2030.
- The Environmental Performance Index (EPI) assessing global performance on climate change, environmental health, and ecosystem vitality ranks Azerbaijan 104 out 180 countries. While the national environmental monitoring system has been improved over the past years, including in data collection, production, and reporting, gaps remain that need to be addressed.
- Azerbaijan is now taking steps towards acceding to a Strategic Environmental Assessment (SEA), which is an effective tool to help achieve the country's sustainable development, climate, and health objectives.

Azerbaijan

Climate change and health

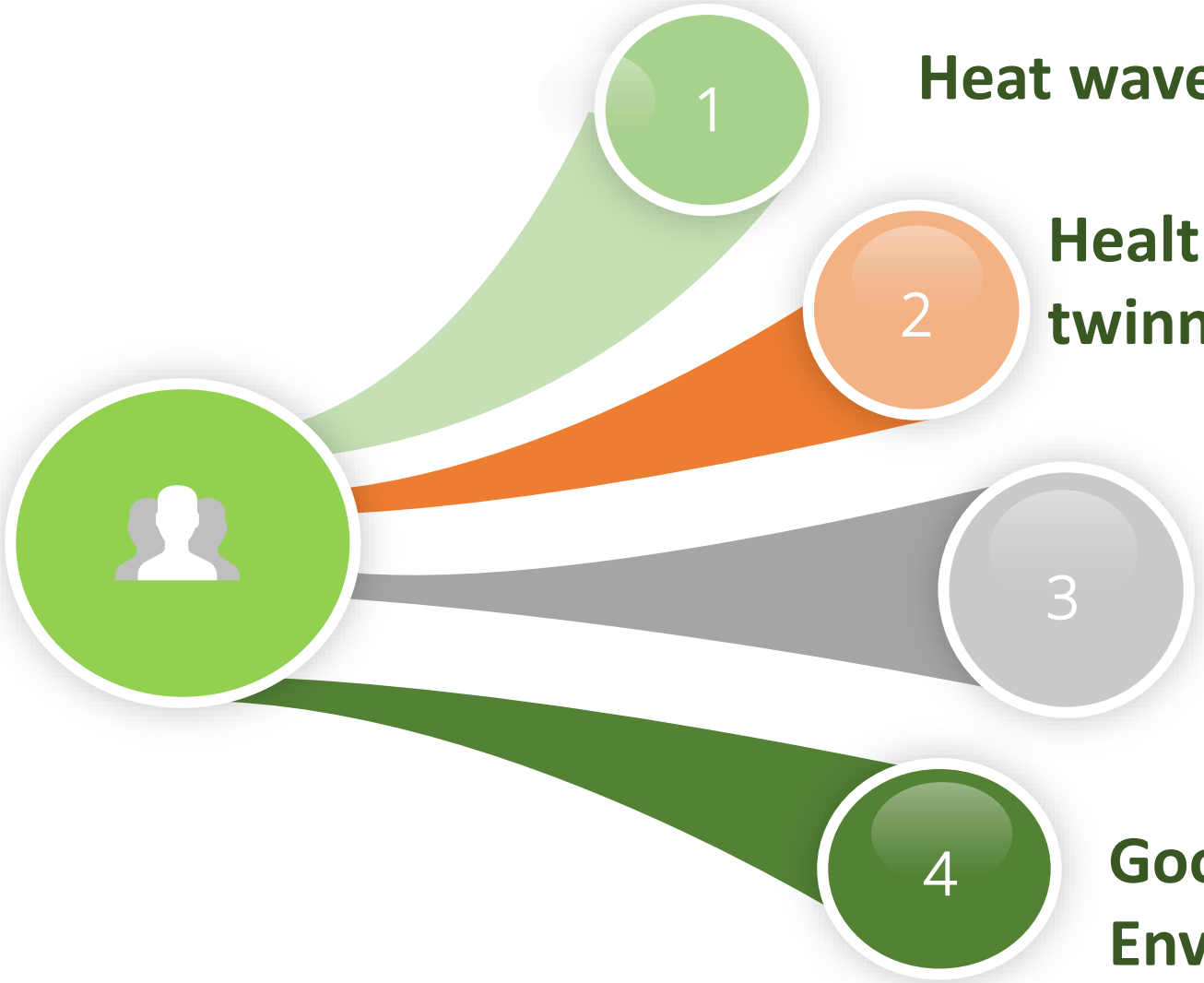
- A public information portal on Climate Change in Azerbaijan was introduced, that will facilitate coordination between government agencies and stakeholders where real-time information on climate conditions, adaptation policies, risks, and vulnerabilities will be available
- The Climate Change Vulnerability Index was introduced in Azerbaijan, based on international best practices to help design future adaptation strategies for the country's most vulnerable areas.

People's Republic of China

Digital Health - Application

- Database for one-health: disease prevention and control, health status, sector monitoring and administration; info flow and sharing
- e-Health card for all citizens:
  - Medical consulting: appointment, diagnosis, medicine and payment
  - Access to Info sharing or reporting platform on emergency public health events
- Distant Diagnosis
- Wearing portable monitoring/therapy gadgets with distant movable terminals

Georgia Climate Change and Health



1. Heat waves action plan in progress
2. Health impact assessment capacity building twinning project (EU and NCDC)
3. National Environmental Health Strategy and Action Plan being updated
4. Good collaboration with the Ministry of Environmental Protection and Agriculture

Kyrgyz Republic

KR Strategic Climate Documents

- National Development Strategy of the Kyrgyz Republic for 2018-2040
- The National Development Program of the Kyrgyz Republic until 2026 (Decree of the President No. 435 dated 12.10.2021)
- Decree No. 330 of June 12, 2020 "On Approval of the Program for the Development of Drinking Water Supply and Wastewater Disposal Systems in Populated Areas of the Kyrgyz Republic until 2026"

Key climate issues

- Insufficient funding
- Improvement of the regulatory framework for climate change adaptation is required
- Research on the climate change impact on public health and determining risk levels
- Strengthening trans- and interdisciplinary research, intersectoral collaboration, sharing best practices and monitoring progress in climate and health

The Green Climate Fund project ideas:

- Reduction and prevention of Acute Enteric Infection (AEI), tick-borne viral encephalitis and Congo hemorrhagic fever in the context of climate change;
- Reduce the vulnerability of the population to the negative health impacts of climate change by increasing the capacity of emergency medical services;
- Assessing the risk of climate change impacts on health outcomes associated with circulatory and respiratory diseases;
- Reducing the prevalence of climate-dependent circulatory and respiratory diseases and prevention of foodborne diseases in the context of climate change.

Pakistan

Digital Health/Innovation

- National Strategy Framework on Digital health has been developed
- National Health Data Center (NHDC) established at NIH
- DHIS-2 Platform being used for surveillance activities
- Disaggregated data is collected during health emergencies /Surveillance data

Pakistan

Climate Change and Health

What are country plans or ongoing activities relating to assessing (a) climate hazards and impacts on health and health systems and (b) climate change vulnerability

- Pakistan is a highly vulnerable country to the effects of climate change, despite share in carbon footprint is very low, natural disasters, including floods and long-term droughts, which disrupt agriculture and food supplies, often leading to humanitarian crises.
- The effects of climate change also have a profound impact on population health, as evidenced by the rise in diseases like malaria, dengue fever, and waterborne illnesses.
- Additionally, public health hazards such as heat exposure and air pollution compound existing health issues, placing additional strain on healthcare systems.
- To effectively address these climate-related risks and safeguard population health, it is imperative for health systems to embark on a process of adaptation.

Pakistan

To tackle the challenge, following actions have been taken are

- Ministry of NHSR&C carried out a scoping study on Climate Resilient Health System (CRHS) in 2022
- Based on the scoping study, the Ministry adopted a Framework of Action on CRHS in Pakistan – approved and launched on 21 July 2023

Pakistan

Climate Change and Health – Actions

- The Ministry of NHSR&C participated in the dialogue led by the Ministry of Climate Change and Environmental Coordination in the development of National Adaptation Plan, endorsed by the Cabinet on 26 July 2023
- The Ministry organized a Roundtable discussion to foster CRHS in Pakistan on 11 September 2023

Pakistan

Future planned activities are

- Access Green Climate Fund - preparatory grant to be used through WHO
- Notify Climate-Health Steering Committee and Technical Working Groups
- Conduct Climate-Health Vulnerability Assessment and Technological assessment with support of WHO and FCDO
- Use available information for the development of National Health Adaptation Plan
- Work on Climate Financing for implementation of activities including capacity development, research, etc.
- Also considering to collaborate with global experts for partnerships

Turkmenistan

Climate change and health

Planned and ongoing activities

Dashoguz Velayat located in the north of the country and Darganata Etrap of Lebap Velayat belong to the arid zone, which is affected by the natural environment of the Aral Sea. According to the results of research carried out in these regions, drinking water and some food products contain salts of heavy metals, pesticides, organic detergents, oil products and phenol. In the regions near the island region, it was found that there is a correlation between somatic diseases of children and gynecological diseases of women of fertile age, anemia, perinatal losses, kidney failure, endemic pharyngitis, infectious and non-infectious diseases.

- To reduce the negative impact of the natural environment of the Aral Sea on human health and to prevent non-communicable diseases, planned activities will be implemented by the health care system, research activities will be carried out.
- It is preferred to carry out advanced complex tests for detection of various toxic substances, radiological and bacteriological, genetically modified sources, food supplements by methods based on high technologies. Among them, immunoenzyme, chromatography, spectrometry, polymerase chain reaction studies will play a greater role.
- Environmentally safe and world-leading technologies will be installed in existing and new industrial enterprises. The coast of the Turkmen part of the Caspian Sea will be kept clean, and plans to prevent its pollution will be implemented regularly.
- From the point of view of ecological safety and environmental cleanliness, chemicals used in agricultural crops in Turkmenistan will be strictly controlled and their safety for human health will be ensured, and biological and agrotechnical methods that are safe for the environment and human health will be put into practice in the fight against plant diseases and pests.

What are the key success factors and challenges faced in the implementation?

- Involvement of stakeholders and community
- Significant governmental control on implementation of the program goals
- Regional approach is required

Uzbekistan Изменение климата и здоровье

- Хотя совершенно ясно, что изменение климата оказывает воздействие на здоровье человека, точная оценка масштабов и воздействия многих связанных с климатом рисков для здоровья остается сложной задачей;

- Как ранее было отмечено, наибольшее внимание требует регион Приаралья;

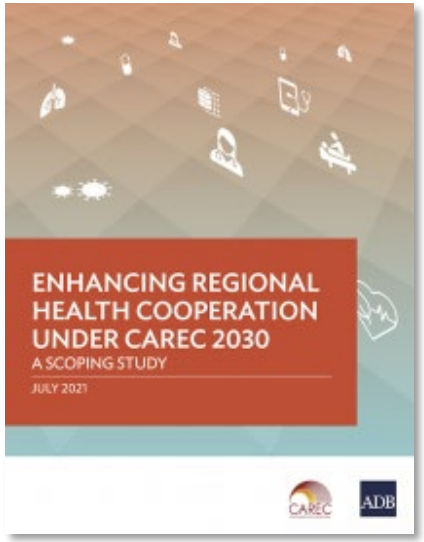
- Например, целью № 69 Стратегии «**Узбекистан — 2030**»* является:
  - Стабилизация экологической обстановки в регионе Приаралья, смягчение негативного воздействия экологических проблем, возникших в результате высыхания Аральского моря;
  - Одной из мер является: Создание на дне высохшего Аральского моря дополнительно 600 тысяч гектаров зеленых площадей, доведение их общего объема до 2,6 миллиона гектаров или до 80 процентов территории;
  - Необходимые реформы в сфере здравоохранения осуществляются посредством инвестиционных проектов, аналог которых был представлен ранее в Компоненте 4.

- В целом же, «Предотвращение чрезвычайных ситуаций и бедствий, связанных с глобальными изменениями климата и представляющих угрозу жизни человека» является целью № 98 Стратегии «Узбекистан — 2030»* .

- Одной из ключевых мер, которая позволит снять нагрузку на систему здравоохранения из-за последствий изменения климата – это «Углубление сотрудничества в таких направлениях, как обеспечение единой глобальной безопасности, усиление потенциала реагирования при чрезвычайных ситуациях, оперативный информационный обмен со всеми государствами региона, проведение совместных учений».

** Указ Президента Республики Узбекистан, от 11.09.2023 г. № УП-158*

Thank you



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