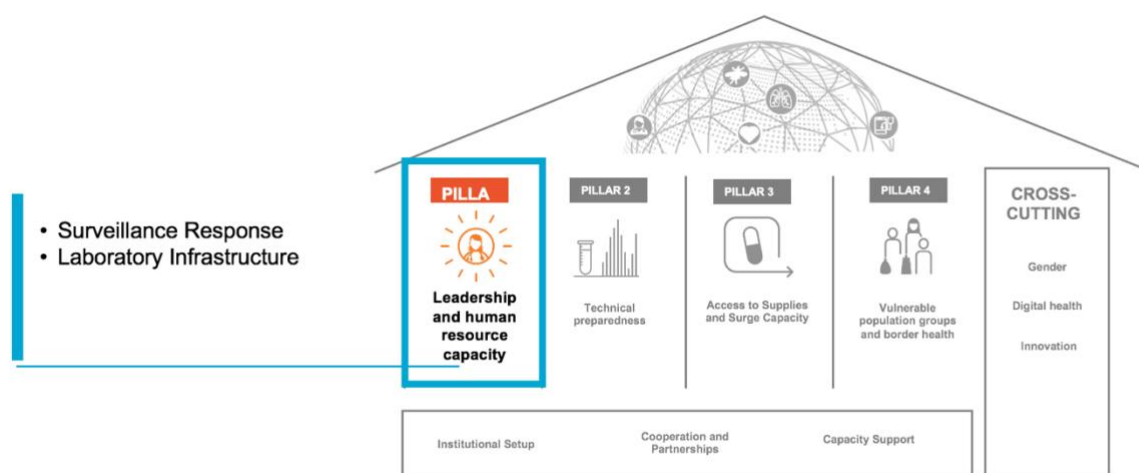


Pillar 1: Leadership and Human Resource Capacity



Key challenges. The current pandemic revealed critical gaps and challenges in many CAREC countries where there has been an uncoordinated response. Countries lacked a permanent rapid response team structure, had weak and poorly integrated systems for cross-sectoral information exchange, a lack of strategic emergency risk assessment, and insufficient emergency preparedness capacity at public health centres and hospital level¹. Coordination of regional health threats is thus key to reduce the impact of epidemiological crises, since viruses do not halt at national borders. Reducing the speed of the rate of epidemic or pandemic propagation buys time for health systems to prepare, avoids unmanageable surges of patients and allows available resources such as in intensive care to operate at efficient occupancy rates, saving lives.

Coordination leading to cooperation among CAREC countries has already happened sporadically during the COVID-19 crisis. The PRC, for example, supported many other CAREC countries with knowledge transfer and technology.² Kazakhstan helped Tajikistan facilitating the transport of goods and assisted Tajik citizens to travel back to their home country. Uzbekistan supported Tajikistan and the Kyrgyz Republic in the delivery of PPEs³. While communication approaches focused mainly on broadcast and media, risk communication and community engagement (RCCE) were not rapidly applied in most CAREC countries. Mongolia and PRC put a clear focus on keeping the public informed through daily up-dates to the nation and via text messages.⁴ However, comprehensive risk communication was not yet in place.

1 ADB. *CAREC National Assessment Report*. Unpublished.

2. Caspian Policy Center. 2020. *The Caspian Region and the U.S. Engagement During and After the COVID-19 Crisis*. Washington.

3 ADB.2021. *Toward CAREC 2030: Enhancing Regional Cooperation in the Health Sector. A Scoping Study*. Manila

4 Prevent Pandemics. 2020. [COVID-19 in Mongolia](#); and Horton R. 2020. COVID-19-what have we learned so far? *The Lancet*. 396(10265). pp.1789.

Investments in human resource development are required to better meet the needs of CAREC countries in the health sector in terms of numbers of medical personnel, their knowledge, and their skills mix. To address human resource capacity gaps, efforts have been made by different development partners in the region such as WHO and UN agencies, the World Bank, the EU and others, which can be used as a foundation for further work. This will require the cooperation with development partners on shared priorities to build capacity of the public health workforce, including needs assessment about workforce gaps and training priorities to help inform decisions about public health workforce development as well as promoting essential crosscutting skills to complement public health workers' discipline-specific skills.⁵

Training of other clinical personnel is also needed. This may include doctors, nurses, and relevant ancillary staff, with topics focused on health security measures and up-to-date methods for prevention of spread and management of cases. Special attention needs to be paid to female health workers who often predominate lower ranks of the health workforce and thus are more prone to risks such as infection. Regional cooperation could be useful to share best practices in terms of training modules at undergraduate or postgraduate level including continuous professional development and develop regional e-Learning courses for specific skills needed in the region. While planning and implementing the respective training programs

in CAREC countries, careful consideration should be given to the regional context and dynamics such as doctors and patients mobility across borders to access specialized medical services in neighboring countries, as well as availability of relevant institutions with advanced level expertise, which can serve as regional hubs for training of clinical personnel and public health professionals.

Of particular importance to improve detection of infectious diseases are effective laboratory practices that produce accurate results. This depends on continuous supervision and continuous medical education for mid-level health personnel as well as for doctors, updating and upgrading skills and procedural competencies in a coordinated way to ensure unified testing results. Existing regional initiatives (e.g., WHO EURO, PIP PC, Better Labs for Better Health initiative) as well as advanced level laboratories (e.g., Richard G. Lugar Center for Public Health Research in Georgia Public Health Research Laboratory in Kazakhstan) can provide further leadership and guidance for improving skills of laboratory workforce in the re-gion.⁶

Proposed actions. Pillar 1 will focus on strengthening leadership and human resource capacity through promotion of a *more coordinated response to emergency public health threats and support of workforce skills*. Main areas of intervention may include the following:

- (i) Improve inter-ministerial and intersectoral coordination and governance in the CAREC region, including regional dialogue mechanisms, and mapping of status quo of IHR as well as respective knowledge and experience sharing among countries in the CAREC region.
- (ii) Strengthen the technical capacity of policy makers, public health managers, planners as well as epidemiologists, and data scientists in health policy, planning, management and implementation of effective and gender-sensitive measures to respond to public health threats and emergencies, including the COVID-19 pandemic, with a view to enhance resilience and pandemic preparedness through regional capacity building and knowledge sharing opportunities and platforms, particularly promoting the leadership and governance ability of health policy makers regarding health emergencies.

5 CDC. 2021. [Action Plan Public Health Workforce Development](#).

6 World Health Organization. 2018. Better Labs for Better Health – Strengthening Laboratory Systems in WHO European Region. Geneva; and CDC. 2019. [Georgia: A Neutral Hub Brings Disease Detectives Together](#); and Global Biodefense. 2014. [BSL 3 Research Laboratory Opens in Kazakhstan](#).

- (iii) Establish and strengthen Emergency Operations Centers (EOCs), in close collaboration with IHR focal points, in the member countries and provide a central location from which to coordinate data collection and response to a public health threats at national level and support exchange and networking among regional EOCs to strengthen more coordinated response.⁷
- (iv) Strengthen joint outbreak response amongst CAREC countries and support CAREC countries to carry out health emergency drills and cooperation. Explore cooperation with CAREC countries on core capacities building at points of entry under International Health Regulations (2005).
- (v) Improve distribution of health workforce in CAREC countries, e.g., by developing capacity development plans for rural areas.
- (vi) Strengthen knowledge and skills of public health and epidemiological workforce (male and female) including mid-level health professionals (lab-technicians etc.), through regional webinars, as well as recommending skills-focused continuous medical training modules specifically targeting laboratory operations and methods, laboratory quality assurance and quality control, laboratory biosafety and evidence base for epidemic countermeasures to control and contain key regional health threats.
- (vii) Improve technical skills for early warning, alert, and response in emergencies, including supporting CAREC member countries in the development of field-based tools (includes online, desktop and mobile application that can be rapidly configured and deployed) and training that includes female participants.
- (viii) Further explore options and possible piloting to implement pandemic risk financing.
- (ix) Improve research and appropriate best practice results on CDs and NCDs, especially from within the region, promoted through relevant regional research training opportunities provided by regional and international agencies, including study reports, webinars.

A full document of draft CAREC 2030 Health Strategy is available at <https://www.carecprogram.org/uploads/MC-2021-CAREC-Health-Strategy-2030-20211711-EN.pdf>

⁷ Center for Strategic and International Studies. Accessed July 2021. [Polio Emergency Operations Centers](#).