



1st Meeting of the Human Resources for Health Sub-Working Group

12 September 2024 | 11.30am-03.00pm UCT+5; Virtual

Agenda

12.00-12.15 Welcome Remarks and Introduction of Meeting Agenda

- Mr. Najibullah Habib, ADB Senior Health Specialist
- Ms. Yunping Wang, Division Director of Global Health Research, China National Health Development Research Center.
- Mr. Imran Ali, Deputy Director, Ministry of National Health Services Regulation and Coordination.

12.20-12.45 Introduction of HRH nominees and GOPA national consultants

Ms. Carlotta Fack, GOPA Project Manager

12.50-13.15 Implementing Pillar 1 of the CAREC Health Strategy 2030

Ms. Martina Merten, Facilitator of the CAREC HRH SWG

13.20-13.30 Group Picture, Virtual Coffee *Break*

- 13.30-14.30 Brainstorming session on SWG focus areas and next steps; Division of participants into three breakout rooms
- Group I Moderation: Ms. Martina Merten, CAREC HRH SWG Facilitator; Group II: Ms. Maya Makhmudova, national consultant Uzbekistan; Group III: Mr.
 Anzor Chavchavadze, national consultant Georgia

14.35-15.00 Presentation of brainstorming results of each group; Agreement on next steps; Closing Remarks – Ms. Kirthi Ramesh



Implementing Pillar 1 of the CAREC Health Strategy 2030

CAREC Program and CAREC 2030



CAREC 2030 CONNECTING THE REGION FOR SHARED AND SUSTAINABLE DEVELOPMENT

- Partnership of 11 countries and development partners working to promote development through cooperation, leading to accelerated growth and shared prosperity
- CAREC 2030 strategy supports five operational clusters
- Human development including health is a new sector, supporting framework in addressing pandemics and cooperation on non-communicable diseases

Lessons Learned - main aspects identified for optimal response to any health security threat:

Resilient and responsive health systems that cope with stress of demands of pandemic

Government preparedness

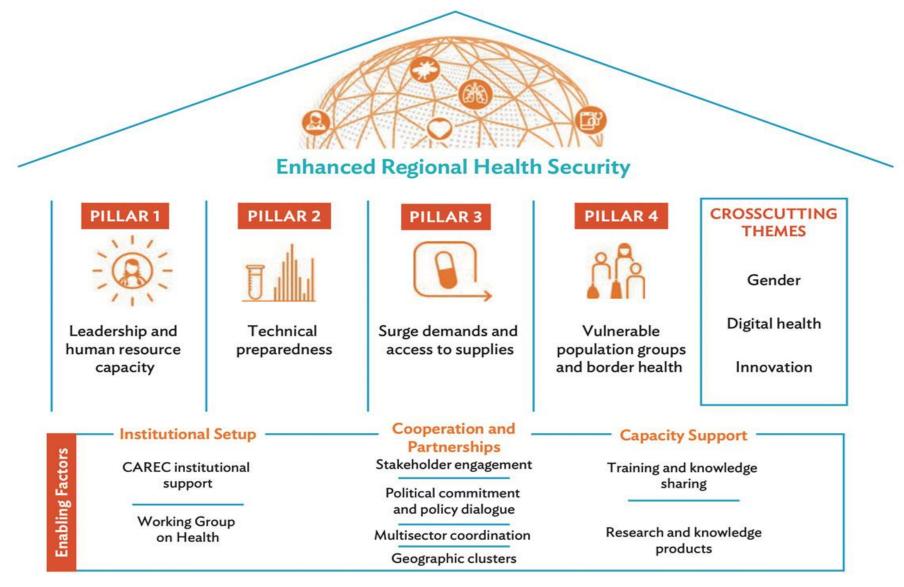
Investments in the social determinants of health to reduce deaths among people with NCDs

Using innovations to adapt to new situations

Global and regional health cooperation and solidarity

CAREC Health Strategy 2030

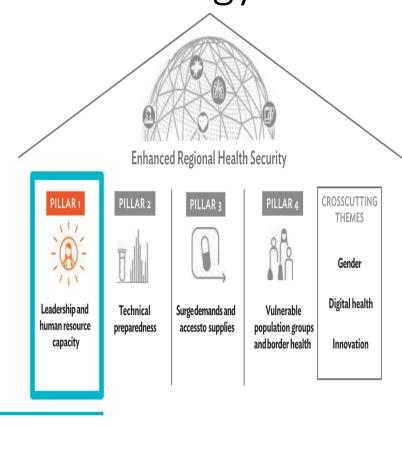
Strategic Framework of CAREC Health Strategy



Implementing Pillar 1 of the CAREC Health Strategy

Focus of Pillar 1:

Promotion of a *coordinated response* to public health emergencies, and *stronger leadership* for health security, and *health workforce* capacity and skills.







Governance & Workforce

Proposed Actions for the implementation of pillar 1:

Hold inter-ministerial meetings and plan inter-sectoral coordination on health security related topics

Define governance structure with legal and regulatory framework for regional health security

Develop or update National Action Plans for health security (NAPHS), including integration of climate change and health in NAPHS

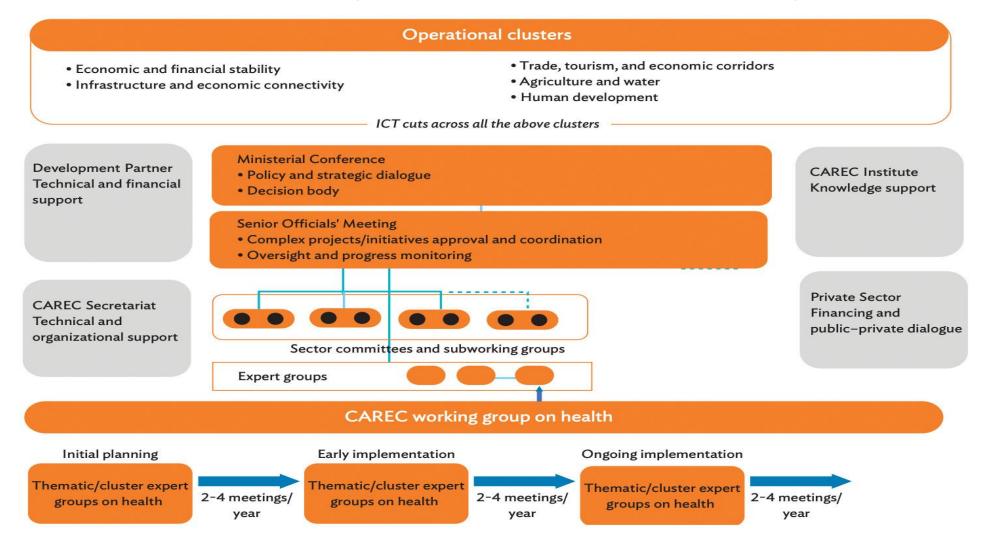
Help establishing or strengthening Emergency Operations Centers

Optimize health workforce training and distribution, including development of health workforce registries

Establish regional training center and/or identify HUBS for undergraduate and graduate degrees, including faculty training

Explore and pilot pandemic risk financing options

Institutional Setup of CAREC Health Cooperation



The CAREC Working Group on Health



The CAREC WGH leads the health-related work and is responsible for planning and implementation. It is composed of representatives from health-related government. So far, several biannual and annual meetings have been held, with WGH members discussing the CAREC Health Strategy 2030, the Regional Investment Framework, as well as pressing topics such as climate change and health in the region.

The WGH has several sub-working groups, amongst them a group on Human Resources for Health (HRH) and a group on Supply Chain Management and Procurement. The WGH members are appointed by their respective CAREC members.

Why do we need a HRH Sub-Working Group?

For achieving health security, healthcare workforce that is

- a) available and equally distributed
- b) sufficiently trained and skilled
- c) adequately paid

is KEY.

Why do we need a HRH Sub-Working Group?

However, most of the CAREC countries are lacking adequate human resource requirements, reflected in

- substandard quality of education and further education
- insufficient training options
- weak enforcement of quality standards and accreditation
- poor capacity to plan and manage health workforce at the national, institutional and operational level

Source: ADB. 2021. Toward CAREC 2030: Enhancing Regional Cooperation in the Health Sector—A Scoping Study. Manila;

ADB. 2022. CAREC Health Strategy 2030. Manila; ADB. 2022. CAREC National Assessment Report. Unpublished.

So far HRH approaches in the CAREC region

Some capacity building in the region through offering trainings for healthcare workforce – for example for surveillance and response, including training programs for laboratory services, field epidemiology, and infection prevention and control, or for trainings of nurses, including knowledge on sexual and reproductive health for achieving the Sustainable Development Goals, has happened.

However, an overall capacity building approach in CAREC is missing.

Objective and proposed deliverables of the SWG HRH

To strengthen human resources for appropriate and effective health response measures, the members of the HRH sub-working group will *help to:*

1. **Map and scope demand for human resources** in CAREC countries against required health workforce competencies for health emergency preparedness and response (for example, public health and healthcare management specialists) and for health systems strengthening.

How will HRH SWG members support?

They can, for example, provide expertise and insight, document reviews and coordination with other staff in ministries, public service, educational establishments, etc., at different state levels (central, provincial or regional levels) to gather relevant information.

Objective and proposed deliverables of the SWG HRH

2. Map and develop educational and professional standards in the CAREC region to support more mobility for health students and professionals through mutual recognition (for example in nursing and public health)

How will HRH SWG members support?

They can, for example, *provide expertise and insight on the situation in each country, support* document reviews and conduct interviews with health experts working in this field.

Objective and proposed deliverables of the SWG HRH

3. Facilitate the identification and further ideation on a regional training center and/or HUBs (Centers of Excellence) for undergraduate and graduate degrees in public and global health, including subjects like One Health, Climate Change and Health, useful for increasing health security capacity.

The repository on health security related trainings can serve as a starting point for mapping of training centers and identifying those which have the potential for excellence. It covers training programs related to health security offered by different entities based in CAREC countries as well as training offered by International Organizations.



Breakout rooms I-III



Breakout room I:

Discussion of the idea of conducting a demand analysis for selected cadres, including mapping of existing human resources against required health workforce competencies for health emergency preparedness and response (for example, public health and healthcare management specialists).

Countries: China, Pakistan and Mongolia

DP-representatives Moderator: Martina

Breakout room II:

Topic: Discussion of the idea of developing (sub-)regional standards for selected health professions to support more mobility for health students and professionals through mutual recognition (for example in nursing and public health).

Countries: Turkmenistan, Uzbekistan, Kazakhstan and Azerbaijan

Moderator: Maya

Breakout room III:

Topic: Discussion of the idea of facilitating the identification and further ideation of a regional training center and/or HUBs (Centers of Excellence) for undergraduate and graduate degrees/continuous medical education in public and global health, including subjects like One Health, Climate Change and Health, useful for increasing health security capacity.

Countries: Georgia, Tajikistan and Kyrgyz Republic.

Moderator: ANZOR.

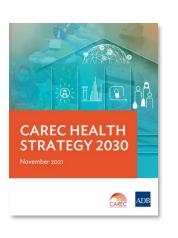
Flow of questions asked by the moderator and summarized after breakout room discussion

- Was the topic of relevance for its group members?
- Which aspect has been identified as most pressing?
- How should it be approached?
- Who amongst the HRH SWG members can take over the lead in contributing to research and information fathering?
- Has any additional topic been identified which is of relevance to the breakout group members?

Next steps after 1st HRH SWG meeting

- HRH SWG members decide which of the working areas is of greatest need for their respective country
- Identified lead of breakout group will share with facilitator of HRH SWG (Martina Merten) how he/she believe they can contribute to the SWG
- HRH SWG members and GOPA national consultants can share documents through the CAREC Health Cooperation member's page.

Thank you.





Visit newly designed CAREC Health Cooperation website: https://health.carecprogram.org