EECA REGIONAL PLATFORM

Regional Priorities and Operational Model

March 2023

Neighbors Matter: Ten distinct countries in 3 subregions

Elements of commonality from Soviet and imperial experience
- *Strong commonality of Soviet life & institutions*
- *Russian as lingua franca*
- *Russia as economic, cultural & educational mecca*

Eastern Europe

UKRAINE*

MOLDOVA

South Caucasus

Central Asia

KAZAKHSTAN*

GEORGIA* ▲

UZEBEKISTAN*

KYRGYSTAN*

ARMENIA   AZERBAIJAN

TURKMENISTAN

TAJIKISTAN*

Soviet legacy on health institutions
- *Fragmented systems across multiple ministries*
- *Academic institutions with limited public health capacity*
- *Outmoded workforce training and career pathways*

EECA history and culture
- *~135 million population in ½ the area of the U.S.*
- *Heritage - Scythians to Soviets (hard power)*
- All under Russian and PRC pressure
  - Invasion threat - UA
  - Occupied territory MD, UA, GE
  - Troops stationed AR, TJ
- Reassessment of value of US ties in light of current course of Russian war in Ukraine

▲
REGIONAL OFFICE:
TBILISI, GEORGIA

*
CDC COUNTRY OFFICE

Public Health Impact through CDC's Bilateral Assets

Centers for Disease Control and Prevention
Eastern Europe and Central Asia
Regional Platform

What does the EECA Regional Platform do?

Support for CDC's Global Health Mission by providing:

- Regionally relevant strategic coherence to CDC programming, planning, and implementation

- Forward based country support under routine conditions

- Physical and personnel infrastructure for resiliency of CDC response

- Representation for CDC at a regional level including advocacy, resource mobilization, and coalition building

USG Intensive Support Countries in EECA

Armenia

Azerbaijan

Georgia

Kazakhstan

Kyrgyzstan

Moldova

Tajikistan

Turkmenistan

Ukraine

Uzbekistan

■ Current ISC
■ New ISC
■ Future ISC

EECA Regional Strategy (2021 – 2026)

Coordinated Partnerships

Goal 1: Enhance existing, and develop new partnerships to improve regional health security coordination, collaboration, and communication
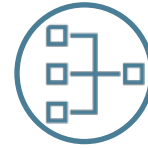
Trained Workforce

Goal 2: Enhance and expand the public health and cross-sectoral, multidisciplinary workforce

Goal 3: Ensure the ability of the region to effectively respond to public health emergencies

Goal 4: Support improvements of national public health institutions

Prepared Systems

Goal 5: Strengthen public health and clinical laboratories serving human and animal sectors

Goal 6: Strengthen surveillance systems to understand disease trends and detect public health threats

Goal 7: Promote public health science and research to ensure policy, guidelines and recommendations are based on the best available science

Goal 8: Improve the ability to decrease prevalence of vaccine preventable diseases

Goal 9: Work towards the elimination of diseases of public health importance

Identifying Priorities for the Regional Platform

Global burden of bacterial antimicrobial resistance in 2019: a systematic analysis

Antimicrobial Resistance Collaborators*

Findings On the basis of our predictive statistical models, there were an estimated 4·95 million (3·62–6·57) deaths associated with bacterial AMR in 2019, including 1·27 million (95% UI 0·911–1·71) deaths attributable to bacterial AMR. At the regional level, we estimated the all-age death rate attributable to resistance to be highest in western sub-Saharan Africa, at 27·3 deaths per 100 000 (20·9–35·3), and lowest in Australasia, at 6·5 deaths (4·3–9·4) per 100 000. Lower respiratory infections accounted for more than 1·5 million deaths associated with resistance in 2019, making it the most burdensome infectious syndrome. The six leading pathogens for deaths associated with resistance

	Component 1: sepsis and infectious syndrome models*	Fraction of countries represented in component 1	Component 2: case-fatality ratio	Fraction of countries represented in component 2	Component 3: pathogen distribution	Fraction of countries represented in component 3	Component 4: fraction of resistance†	Fraction of countries represented in component 4	Component 5: relative risk	Fraction of countries represented in component 5
Andean Latin America	0	0/3	1784	2/3	12 010	2/3	538 644	3/3	4338	2/3
Australasia	320 909	1/2	94 818	1/2	6 294 677	2/2	4 653 832	2/2	5211	2/2
Caribbean	0	0/19	2858	5/19	6225	5/19	68 078	10/19	529	1/19
Central Asia	0	0/9	43 852	2/9	2785	1/9	304 341	9/9	6065	1/9

Burden of Hepatitis B and C by Country

	Population 2019 (million)	% of population in region	HCV infections (prevalence)*	HBV infections (prevalence)*
Armenia	3	2%	72,100 (2%)	55,347 (2%)
Georgia	3.7	3%	165,000 (4%)	99,564 (3%)
Moldova	3.7	3%	-	271,000 (7%)
Turkmenistan	5.1	4%	-	537,811 (10%)
Kyrgyzstan	6.5	5%	160,000 (3%)	374,299 (6%)
Tajikistan	9.5	7%	243,000 (7%)	585,888 (7%)
Azerbaijan	10.3	7%	190,000 (2%)	178,951 (2%)
Kazakhstan	18.4	13%	508,000 (3%)	479,034 (3%)
Uzbekistan	33.7	24%	1,292,000 (4%)	2,514,252 (8%)
Ukraine	44	32%	1,443,000 (3%)	531,000 (1%)
Total	137.9	100%	4,073,100 (3%)	5,627,146 (4%)

EECA Priorities
- Disease burden for EECA
- CDC country office and headquarters engagement
- Workshops with regional stakeholders

CDC Centers for Disease Control and Prevention

icap Global Health

Agenda of the workshop

Building Consensus on the Global Health Security (GHS) Priorities in the Eastern Europe and Central Asia (EECA) region

Meeting dates: April 12-14, 2022

OPERATIONALIZING IMPACT

Data Modernization
- Consolidates and links functions addressing the ID Priorities
- Strengthening institutions
- Strong partners: IANPHI-EURO, WHO Euro, ECDC

Workforce
- Greatest asset of any public health system
- Engine for NPHIs Functions
- Change agents and core to success with ID Priorities
- 21st Century Public Health (Workforce, Informatics, Lab, Applied Epi, PHEM, Healthcare Associated Infections, etc.)

- **Region with Networked NPHIs**
- NCDC as a Center of Excellence

Data Modernization

Workforce Development

National Public Health Institutes
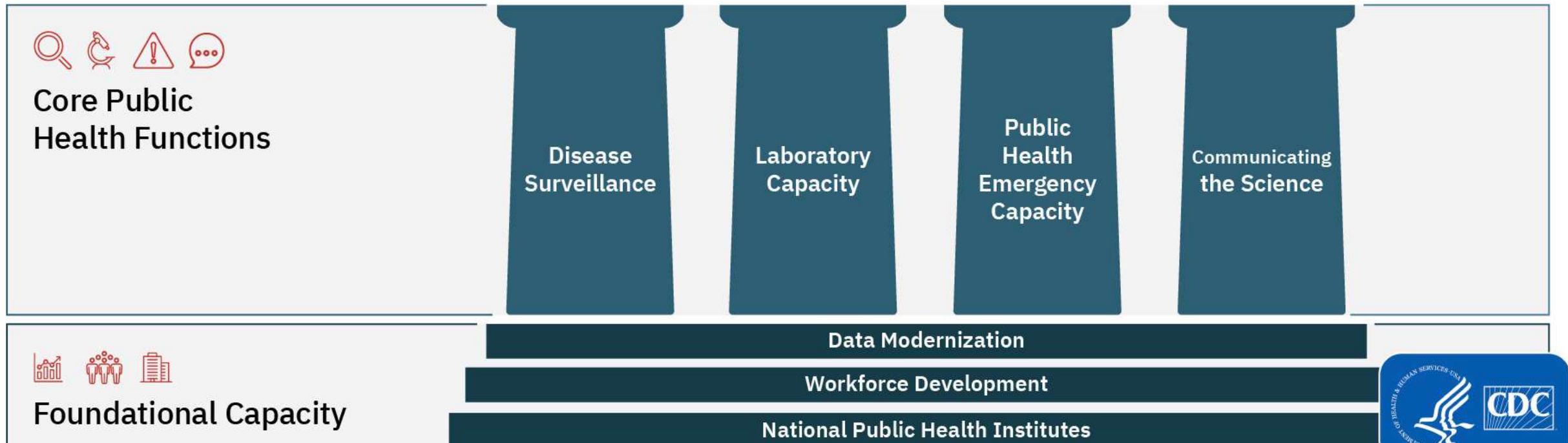
OPERATIONALIZING IMPACT
EASTERN EUROPE & CENTRAL ASIA REGIONAL PLATFORM
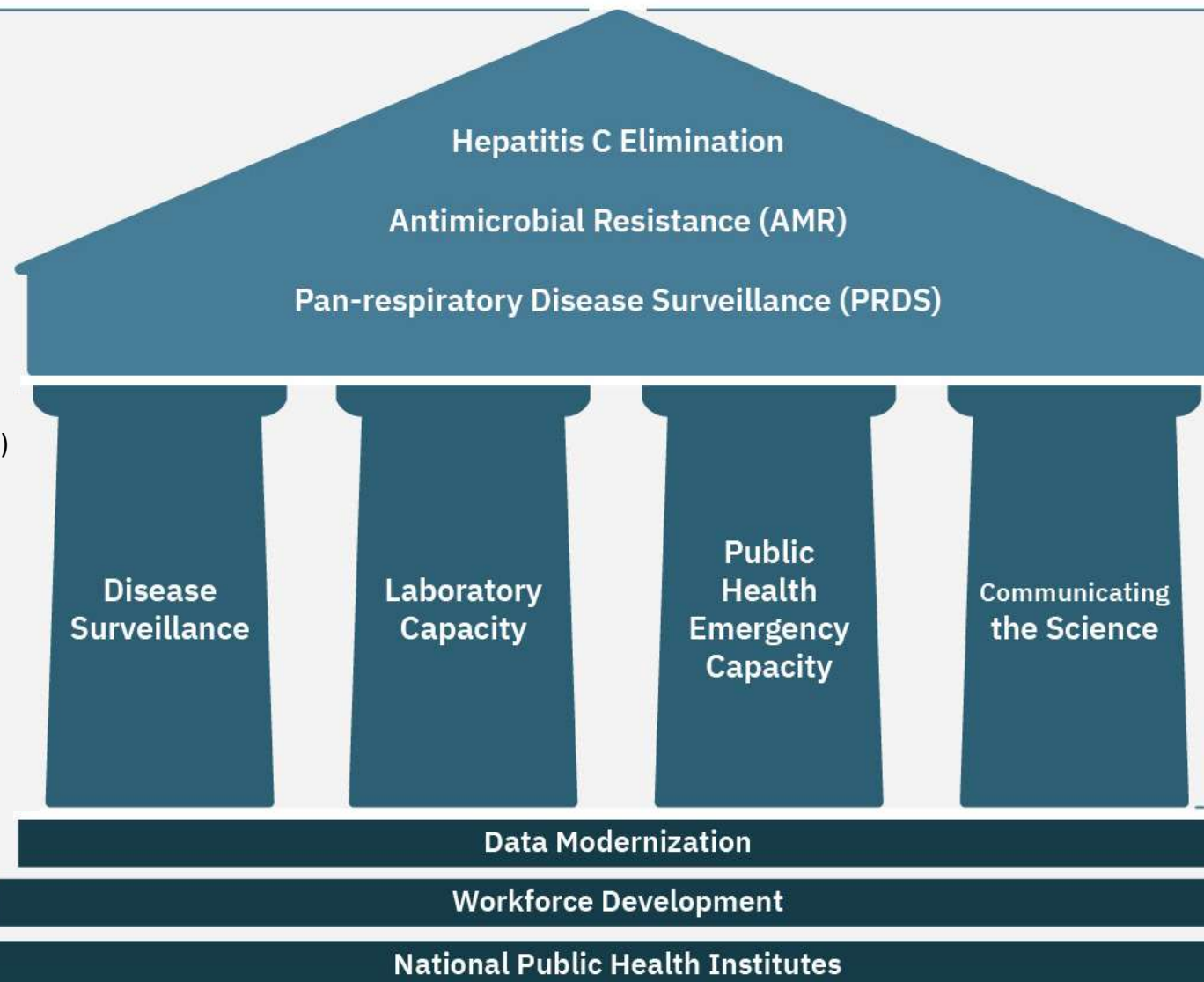
Why HCV?
- High burden across all countries in the region
- Among the top causes of death in EECA (2019)
- Model program for HCV elimination in Georgia and designation as Center of Excellence (2019) and WHOCC (2023)

Why AMR?
- Top 10 Global Health Threat (WHO)
- Major priority for governments
- Across all priority organisms, either high rates of resistance or no reporting from EECA (2022 EECA)
- Tackling AMR strengthens cross-cutting core public health functions

Why PRDS?
- COVID pandemic illustrates the catastrophic potential of a pandemic respiratory virus
- Respiratory virus still poses the greatest global threat to humans
- Orthomyxoviruses, coronaviruses, and at least one of NIAID priority pandemic virus families: Arenaviridae, Bunyavirales, **Paramyxoviridae**, Flavivirida, Togaviridae, Picornaviridae, Filoviridae

Hepatitis C Elimination

Antimicrobial Resistance (AMR)

Pan-respiratory Disease Surveillance (PRDS)

Disease Surveillance

Laboratory Capacity

Public Health Emergency Capacity

Communicating the Science

Data Modernization

Workforce Development

National Public Health Institutes

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Global Public Health Data Innovation (GPHDI)

The GPHDI program will support programming across core digital program components to strengthen data collection and enable data sharing for effective planning of public health interventions.

Governance, Leadership, and Policy

Draft policy and governance documents for adoption at the country level and provide coordinated technical assistance

Cloud Infrastructure

Establish roadmaps for adoption of cloud services models that prioritize data sovereignty and governance

Data Analytic Platforms

Develop and implement global health use cases for the CDC developed integrated data analytics platforms

Workforce

Enable workforce development through development of training materials and programs in public health informatics

Data Integration

Establish process and architecture for integration of data from multiple sources to improve decision making and situational awareness

Data Standards

Promote and provide technical assistance to promote harmonization and adopt messaging and content standards for health data

Data Automation and Reporting

Support digital enablement and business transformation for electronic laboratory and case reporting, and the adoption of computable specifications and SMART guidelines

CDC EECA Workforce Development Strategy

Foundational Principles

- Country's Workforce Development Strategy and Needs
- CDC Priorities
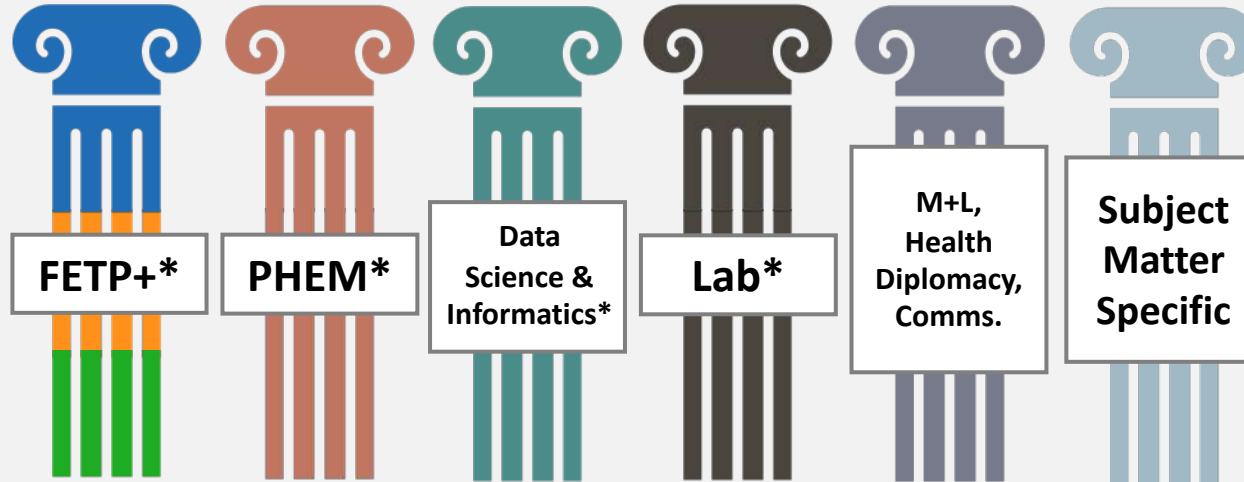- Partnerships | Consortiums

and Approaches

- PH Workforce Mapping
- HR and Training Management Platform
- Accreditation | Recognition | CEUs

Core areas for Public Health Workforce Development

- FETP+*
- PHEM*
- Data Science & Informatics*
- Lab*
- M+L, Health Diplomacy, Comms.
- Subject Matter Specific

One Health*

Outcomes

- Pandemic Preparedness
- Public Health Priorities Addressed
- Institutionalized and Sustained Programs

CEUs: Continuing Education Units
FETP: Field Epidemiology Training Program
PHEM: Public Health Emergency Management
M+L: Management and Leadership

*Aligned directly with priorities in the US Government's Global Health Worker Initiative

Advancing Public Health Science
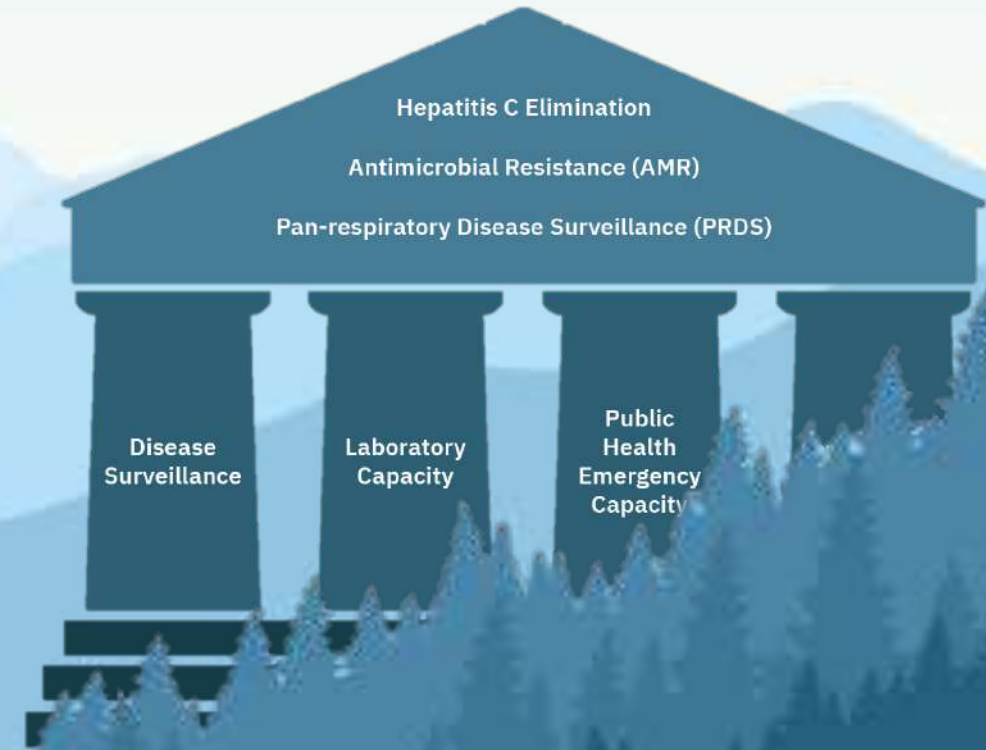
- Discern **what** works

- Identify **why** it works
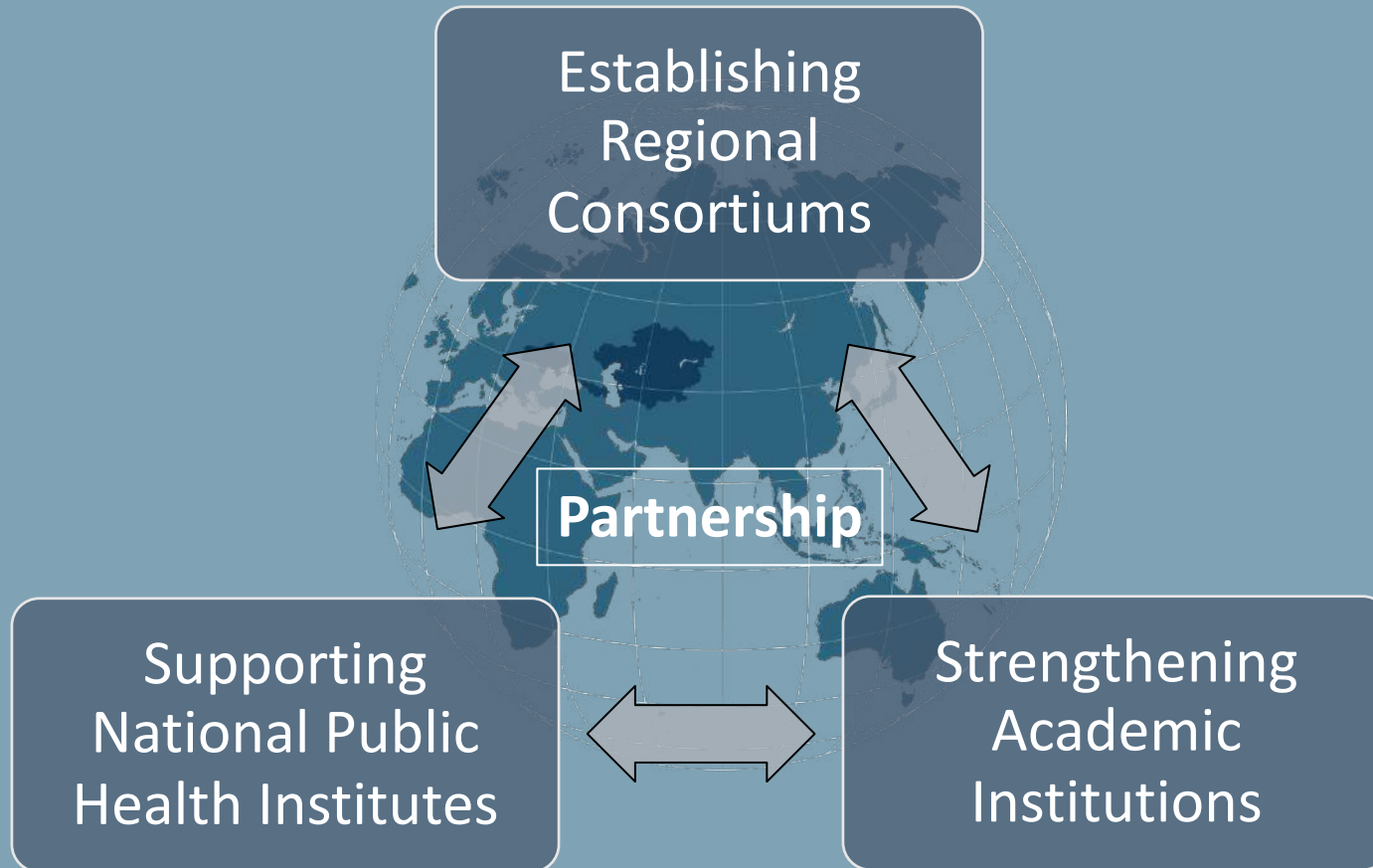
- Support **how** to adapt for real world application

- Inform policy makers for **adoption**

Hepatitis C Elimination

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Disease Surveillance

Laboratory Capacity

Public Health Emergency Capacity

Using a Technical Assistance Model for Health Security

Strengthening robust public health systems, while more time-intensive initially, is the best model for national sustainability

Establishing Regional Consortiums

Partnership

Supporting National Public Health Institutes

Strengthening Academic Institutions

Key Partners in EECA

Current Engagements

Pandemic-Respiratory Disease Surveillance (WHO Euro)
- *Georgia, Kyrgyzstan, Uzbekistan*

Antimicrobial Resistance (WHO Euro, ICARS, ICAP)
- *Georgia*

Hepatitis C (WHO Euro)
- *Georgia, Kyrgyzstan*

Workforce Development and Emergency Management
- *All countries*

Data Modernization Initiative (WHO Euro, ITECH, GoF)
- *Georgia, EECA regional fellowship program*

Ukraine Recovery (WHO, ITECH, ICAP)
- *AMR, Surveillance, Laboratory Strengthening, PHEM/Informatics, FETP/Workforce*

Increasing Opportunities Across the Region

Ukraine
AMR/Workforce/Public Health System Recovery

Georgia
Workforce/NPHI/HCV/ Academic institutions/AMR/ PRDS/Lab

Kazakhstan
Workforce/AMR/ PHEM/One Health

Kyrgyzstan
PHEM/Workforce/ Hep C/PRDS

Moldova
Workforce/PHEM/Lab/ NPHI

Armenia
Workforce/NPHI/Academic institutions/AMR

Uzbekistan
Workforce/NPHI/AMR/ PHEM/PRDS/One Health/ Hep C

Tajikistan
Laboratory/HCV/ Workforce

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THANK YOU