Roadmap for health and well-being in Central Asia (2022–2025)
Progress and opportunities
Roadmap for health and well-being in Central Asia (2022–2025)

Progress and opportunities
Abstract

The report evaluates the progress made from 2022 to mid-2024 under the Roadmap for health and well-being in Central Asia (2022–2025) (CARM) across five central Asian countries (CACs). Endorsed by the presidents of Kazakhstan, Kyrgyzstan, Tajikistan and Uzbekistan and supported by the ministers of health of all CACs, the CARM addresses 11 key action areas and 32 reform initiatives. The report highlights individual and collaborative achievements for CACs amid a polycrisis (climate change, COVID-19 pandemic and political instability), emphasizing the need for partnerships and coordinated action to meet the CARM’s political, investment and technical objectives. The WHO Regional Office for Europe has facilitated discussions, provided political engagement and offered technical assistance, thereby elevating health as a driver of socioeconomic progress in the region. Specific accomplishments demonstrate CACs’ dedication to health and well-being, paving the way for an inclusive and sustainable future. The youthful population of Central Asia positions it to become a leader in health and economic success, in collaboration with the European Union and WHO. However, achieving these ambitions requires further investment in health, focusing on all 11 action areas of CARM. Increased collaboration and funding are essential to improve health outcomes and safeguard the region’s economic future.

Keywords

ASIA, CENTRAL; POPULATION HEALTH; SUSTAINABLE DEVELOPMENT GOALS; UNIVERSAL HEALTH CARE; PUBLIC PRIVATE PARTNERSHIP

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Acknowledgements

WHO Regional Office for Europe would like to express its appreciation to Anton Drobov (WHO Consultant) and Kristina Mauer-Stender and Bahtygul Karriyeva (WHO Division of Country Support and Partnerships) for the development of this report.


Sincere thanks are also extended to the following WHO representatives and WHO Country Office colleagues for their invaluable assistance in gathering information and reviewing the report: Nazokat Kasymova, Asheena Khalakdina, Parvina Makhmudova, Ayjeren Myratdurdyyeva, Victor Stefan Olsavszky, Aigul Sydykova, Skender Syla, Laura Utemisova, Liviu Vedrasco and Egor Zaitsev.

WHO acknowledges the support of all donors for their financial assistance in enabling this work to be undertaken.
# Abbreviations

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<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
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<tbody>
<tr>
<td>AMR</td>
<td>antimicrobial resistance</td>
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<tr>
<td>BCI</td>
<td>behavioural and cultural insights</td>
</tr>
<tr>
<td>CAC</td>
<td>central Asian country</td>
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<tr>
<td>CAESAR</td>
<td>Central Asian and European Surveillance of Antimicrobial Resistance (network)</td>
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<td>CAREC</td>
<td>Central Asia Regional Economic Cooperation (Program)</td>
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<tr>
<td>CARM</td>
<td>Roadmap for health and well-being in Central Asia (2022–2025)</td>
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<tr>
<td>CIS</td>
<td>Commonwealth of Independent States</td>
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<td>COVAX</td>
<td>COVID-19 Vaccines Global Access</td>
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<td>COVID-19</td>
<td>coronavirus disease</td>
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<td>DR-TB</td>
<td>drug-resistant tuberculosis</td>
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<tr>
<td>ECDC</td>
<td>European Centre for Disease Prevention and Control</td>
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<tr>
<td>EMT</td>
<td>emergency medical team</td>
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<td>ETAGE</td>
<td>European Technical Advisory Group of Experts</td>
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<tr>
<td>EU</td>
<td>European Union</td>
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<tr>
<td>FAO</td>
<td>Food and Agriculture Organization of the United Nations</td>
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<td>GCNMO</td>
<td>Government Chief Nursing and Midwifery Officers</td>
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<td>HLMA</td>
<td>health labour market analysis</td>
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<td>HPV</td>
<td>human papillomavirus</td>
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<tr>
<td>MDR-TB</td>
<td>multidrug-resistant tuberculosis</td>
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<td>mpox</td>
<td>monkeypox</td>
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<tr>
<td>NCDs</td>
<td>noncommunicable diseases</td>
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<tr>
<td>PHC</td>
<td>primary health care</td>
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<td>PHC Centre</td>
<td>WHO European Centre for Primary Health Care</td>
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<tr>
<td>RCCE-IM</td>
<td>risk communication, community engagement and infodemic management</td>
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<tr>
<td>SDG</td>
<td>Sustainable Development Goal</td>
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<tr>
<td>TB</td>
<td>tuberculosis</td>
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<td>UHC</td>
<td>universal health coverage</td>
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<tr>
<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
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<tr>
<td>US CDC</td>
<td>United States Centers for Disease Control and Prevention</td>
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<tr>
<td>USAID</td>
<td>United States Agency for International Development</td>
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<tr>
<td>WASH</td>
<td>water, sanitation and hygiene</td>
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<td>WOAH</td>
<td>World Organization for Animal Health</td>
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Executive summary

This report outlines the progress achieved from 2022 to mid-2024 across the five central Asian countries (CACs) under the 11 key action areas and 32 reform initiatives outlined in the Roadmap for health and well-being in Central Asia (2022–2025) (CARM). The CARM received the highest endorsement from the presidents of Kazakhstan, Kyrgyzstan, Tajikistan and Uzbekistan at the Fifth Consultative Meeting of Heads of State of Central Asia on 14 September 2023 and from ministers of health of all CACs on 11 September 2022.

The CARM highlights the collective achievements and efforts of CACs in prioritizing health and well-being amid ongoing challenges such as the climate crisis, coronavirus disease (COVID-19) pandemic and political instability. It emphasizes the need for partnerships, solidarity and coordinated action to achieve its political, investment and technical objectives, along with ongoing support from the WHO Regional Office for Europe. By acting as a convener, the Regional Office facilitates discussions on critical health issues and provides political engagement (led by the Regional Director) and technical assistance to individual CACs and the central Asia region as a whole. This sustained involvement has elevated health as a driver of socioeconomic progress in the subregion. Since its publication, the CARM has served as a living document. By utilizing flexible, integrative and holistic approaches to swiftly adapt to evolving circumstances, needs, opportunities and an expanding evidence base, it has set the overarching direction for progress.

The strategic positioning of health as a top priority in the development and political agenda of CACs is evident through the active participation of national leaders or high-level representatives in various global, regional and subregional events. These engagements consistently underscore health as a paramount concern in the subregion.

The advances made under each action area of the CARM are exemplified by specific accomplishments in each CAC that demonstrate their collective dedication towards prioritizing health and well-being in the face of ongoing challenges and their commitment to fully realize the CARM’s goals. As CACs continue to promote regional integration and address the key areas outlined in the CARM, they pave the way for an inclusive and sustainable future for all of their citizens. Owing to its youthful population, the central Asia region is poised to become a global leader, in partnership with the European Union and the WHO Regional Office for Europe, in setting benchmarks for health and economic success.

However, achieving these ambitions requires further action, including collaborative efforts and increased investment in health systems. It is essential to prioritize key areas outlined in the CARM, such as primary health care, financial protection, noncommunicable disease reduction, healthy environments and health emergencies and many others. Mobilizing funds and fostering continued cooperation can lead to tangible improvements in health outcomes across all CACs. Improvements in health are fundamental to economies in the subregion, both now and in the future.

1 Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan.
The Roadmap for health and well-being in Central Asia (2022–2025) (CARM) (1) marks a significant milestone as the inaugural subregional strategy for health and well-being. It was endorsed by ministers of health from all five central Asian countries (CACs) – Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan – on 11 September 2022 at the Seventy-second session of the WHO Regional Committee for Europe in Tel Aviv, Israel. A year later, on 14 September 2023, the CARM received the highest endorsement from the presidents of Kazakhstan, Kyrgyzstan, Tajikistan and Uzbekistan at the Fifth Consultative Meeting of Heads of State of Central Asia. The CARM underscores the collective achievements and endeavours of these nations in upholding their political commitment to health and well-being amid ongoing crises (the climate crisis and consequences of the coronavirus disease (COVID-19) pandemic) and widespread political instability (2). The CARM aligns with the primary objectives of the European Programme of Work (2020–2025): United Action for Better Health (3) and contributes to the Sustainable Development Goals (SDGs) (4). With continued support from the WHO Regional Office for Europe, the CARM promotes partnerships, solidarity and opportunities for coordinated action to achieve its political, investment and technical objectives. The CARM identified 11 high-impact action areas and outlined 32 reform initiatives to guide CACs’ efforts and investments in technical cooperation, both independently and with partners.

The Regional Office plays a key leadership role in advancing the CARM objectives by bringing together countries and partners and providing technical assistance. This is achieved through four main strategies: engaging with ministers, maintaining a presence in CACs, fostering partnerships and collaborations, and organizing technical meetings with CARM expert stakeholders. These efforts aim to prioritize health on the development and political agenda of CACs.

**Positioning health at the top of CACs’ development and political agendas**

Central Asia is a distinctive subregion bridging Europe and Asia. In collaboration with the WHO Regional Office for Europe, the central Asia region has made significant strides towards development, with a strong emphasis on social and environmental responsibility and attaining the SDGs. This is evident in the ongoing development strategies of individual CACs and in high-level events at the global, regional and subregional levels (Box 1). CACs have intensified their efforts to enhance subregional integration through developing a shared vision and many initiatives aimed at mitigating external pressures, advancing environmental conservation, responding to climate change, strengthening strategic planning and investments in the health workforce, and implementing actions under their newly established One Health Framework for Action (16).

The WHO Regional Office for Europe’s ongoing commitment to support CACs is evidenced by its involvement in establishing and implementing the CARM between 2022 and mid-2024, and ongoing advancements in its execution. Since its adoption in 2022, the CARM has served as a living document. By utilizing flexible, integrative and holistic approaches to swiftly adapt to evolving circumstances, needs, opportunities and an expanding evidence base, it has set the overarching direction for progress. Discussions are ongoing to extend the CARM beyond 2025 to 2030 in order to better align with the SDGs.

The Regional Office has maintained its partnership with subregional entities, including the Commonwealth of Independent States (CIS), Interparliamentary Assembly of Member Nations of the CIS, and Eurasian Economic Organization (which includes some CACs), to address a wide range of technical issues on topics falling under the scope of the CARM, including PHC, the International Health Regulations (IHR) (2005) (17), migration, tobacco control, and One Health. A significant event was the presentation of the new cooperation strategy between the Regional Office and Member States of the WHO European Region at the annual meeting of the Health Council of the CIS in October 2022 in Turkestan, Kazakhstan. Additionally, high-level representatives from the Interparliamentary Assembly addressed a high-level meeting on health and migration, hosted by the WHO Regional Office for Europe in March 2022.

The Seventy-second Regional Committee for Europe in 2022 introduced a resolution on delivering "United Action for Better Health" (18), a strategy outlining collaboration between the WHO Regional Office for Europe and WHO European Member States. The strategy delineates the Regional Office’s offerings across six core capabilities: three technical capabilities focused on making progress towards universal health coverage (UHC), bolstering emergency preparedness, and promoting population health and well-being and three enabling capabilities in leadership, communications and operational health. Member States underscored
the importance of the Region’s subregional collaboration strategies, roadmaps and memorandums of understanding in facilitating valuable collaboration among groups of countries with shared agendas. They also highlighted the added value of technical and programmatic networks for sharing learning across the Region, including within subregional networks.

The Regional Office supports CACs to implement the CARM by serving as a convener and providing a platform for representatives of CACs to gather and discuss strategically important health issues in the subregion. The next section describes WHO’s technical support, discusses the achievements of all CACs across the action areas of CARM and highlights vivid examples of progress made.

The Second Meeting of Central Asian Government Chief Nursing and Midwifery Officers, held in January 2023 in Dushanbe, Tajikistan, was organized to exchange experiences in implementing educational reforms in nursing and midwifery.

The First Meeting of the CARM High-level Standing Group, held in June 2023 in Dushanbe, Tajikistan, emphasized the importance of elevating health in the political agenda, enhancing and broadening partnerships within CACs, and identifying critical areas that require immediate action aligned with the CARM objectives. These include strengthening primary health-care (PHC) services, reducing risk factors and behaviours for noncommunicable diseases (NCDs), mobilizing the health sector against climate change and to protect the Aral Sea, promoting the operationalization of the One Health approach, and eliminating tuberculosis (TB) by 2030.

Environmental degradation of the Aral Sea has caused severe health issues for the local population, including respiratory diseases from airborne toxic dust, waterborne diseases from contaminated water supplies and malnutrition due to the collapse of the local fishing industry. Restoring the Aral Sea can improve air and water quality, leading to better overall health outcomes for the communities in the region.
The Third meeting of Central Asian Government Chief Nursing and Midwifery Officers, held in June 2023 in Tashkent, Uzbekistan, was organized to exchange experiences in advancing the role of nurses and midwives in service delivery.

The Seventh Ministerial Conference on Environment and Health, held in July 2023 in Budapest, Hungary (12), provided an opportunity for Member States of the WHO European Region (including CACs) to renew their political commitment to addressing the environmental determinants of health. The Conference focused on interlinkages between climate change, environmental pollution and biodiversity loss, and emphasized the ambition to leave no one behind. The Ministerial Declaration (known as the Budapest Declaration (13)) and accompanying Roadmap for healthier people, a thriving planet, and a sustainable future 2023–2030 outline a series of actions to advance these goals. The Declaration identifies the CARM as one of the subregional platforms through which CACs can collaborate to accelerate progress towards achieving the SDGs related to environment and health.

At the Fifth Consultative Meeting of Heads of State of Central Asia, held in September 2023 in Dushanbe, Tajikistan, national leaders expressed their support for increased regional collaboration to address climate change impacts and food security vulnerabilities, protect the borders of CACs, and achieve the SDGs. The CARM received the highest endorsement from the presidents of Kazakhstan, Kyrgyzstan, Tajikistan and Uzbekistan.

At the 10th Summit of the Council of Heads of State of the Organization of Turkic States, held in November 2023 in Astana, Kazakhstan, leaders stated their unwavering commitment to deepening cooperation among the Turkic States by signing the joint 2024–2025 Plan of Action (14) with the WHO Regional Office for Europe to advance the health agenda in the Turkic States, Central Asia and beyond.

The 28th United Nations Climate Change Conference (known as COP28), held in November 2023 in Dubai, United Arab Emirates, aimed to prioritize health within climate action by addressing the impact of climate change on health systems, presenting country priorities and fostering collaboration. The event concluded with adoption of a political declaration on climate and health by 132 Member States (including Kazakhstan, Kyrgyzstan, Tajikistan and Turkmenistan), which is intended to serve as a call to action and joint vision for these countries.

At the Seventh Meeting of Health Ministers of Shanghai Cooperation Organization Member States, held in March 2024 in Astana, Kazakhstan, Member States underscored the significance of the climate agenda for socioeconomic advancement. They emphasized the need for collaboration at all levels across countries and regions and advocated for the establishment of climate-resilient health systems, infrastructure and information services and for community engagement and promotion of a healthy lifestyle. Following the Meeting, participants approved an Action Plan on Developing Cooperation in Health Care between Member States of the Shanghai Cooperation Organisation for 2025–2027 and signed a protocol (15).

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3 The Turkic States comprise Azerbaijan, Kazakhstan, Kyrgyzstan, Türkiye and Uzbekistan.
WHO’s technical support is aligned with action areas of the CARM

CARM action area 1: strengthen PHC

Central Asia is emerging as a champion of primary health care-oriented health systems. The WHO European Centre for Primary Health Care (PHC Centre), located in Almaty, Kazakhstan plays a pivotal role in advancing PHC across CACs and beyond across the WHO European Region. by arranging technical support missions to expedite PHC development within the region. Kazakhstan’s collaboration with the WHO Regional Office for Europe in hosting the PHC Centre demonstrates its global leadership in this area and reinforces the importance of Central Asia in global health diplomacy. This was underscored by the hosting of the international conference “Primary Health Care Policy and Practice: Implementing for Better Results” to celebrate the forty-fifth anniversary of the Declaration of Alma-Ata and the fifth anniversary of the Astana Declaration, which was organized by the Regional Office and the United Nations Children’s Fund (UNICEF) in Astana, Kazakhstan on 23 October 2023 (19). More than 600 delegates from more than 70 countries attended the conference. The conference reviewed the progress made since 2018, identified implementation strategies based on country experiences and focused on practical steps and policies to future-proof PHC with the aim of maintaining and reaching UHC. Experiences of all CACs were featured in the poster exhibit and conference panel sessions. As a tangible outcome of the conference, the Government of Kazakhstan has launched a global initiative, the Coalition of Partners, to bring together countries wishing to support PHC.

To facilitate cross country experience exchange, the WHO PHC Demonstration Platform (20) was inaugurated in Issyk, Kazakhstan in 2022. It showcases the transition from a specialist-led health system towards a PHC-oriented health system with multidisciplinary teams addressing social determinants as well as expanded roles for nurses and family doctors in the management of complex chronic conditions. The Platform has already provided significant benefits to nearby CACs, as evidenced by visits from high-level delegations from Kyrgyzstan, Tajikistan and Uzbekistan (21). In November 2023 a delegation from Kazakhstan visited the second WHO PHC Demonstration Platform in Sweden. The visit showcased the implementation of telemedicine services to extend quality health-care services to residents of remote regions and significantly enhanced the participants’ understanding of and insight into innovative health-care delivery methods.

To strengthen the PHC model across the region, regular WHO country support missions to Kazakhstan, Kyrgyzstan, Uzbekistan and Tajikistan were organized. The missions aimed to strengthen the renewal of PHC strategies and policies in the wake of the COVID-19 pandemic, strengthening governance through establishing and reviewing the model of care with an emphasis on multidisciplinarity and access gaps in remote areas; addressing health workforce issues and revisiting financing including coverage for outpatient medicines. For example, Kyrgyzstan was the first CAC to establish a multidisciplinary PHC task force to accelerate implementation with a clear mandate to develop policy proposals and implementation strategies, facilitate the exchange of good practices, and demonstrate results. In Tajikistan, WHO and the Ministry of Health worked side by side to renew the commitments of national and development partner to PHC and themselves committed to aligning efforts through a joint statement signed in May 2022. In Uzbekistan, an ambitious model of PHC with expanded nurse and family doctor roles for chronic conditions, community engagement through makhallas, enhanced digitalization, and a new payment model was tested in the Syrdarya region with progressive roll-out starting with Tashkent and Republic of Karakalpakstan.
In the pan-European dialogue platform’s “Let’s Talk Primary Health Care” talk show, the PHC Centre continued to provide opportunities for CACs to contribute and shape subregional and Regional exchange. Over its 22 episodes, the talk show reached a live audience of 3000, with an additional 4000 views on YouTube. The series tackled crucial PHC policy issues pertinent to CACs such as leadership for PHC transformation, including creating multidisciplinary teams and networks, integrating digital solutions to reduce access gaps, fostering an enabling environment for the PHC workforce and expanding mental health strategies within PHC. Notably, the WHO Regional Director for Europe and the minister of health of Kazakhstan and Uzbekistan participated in the talk show, as well as other high level policy makers, practitioners and experts from all CACs.

Continuous WHO support has facilitated several high-level policy dialogues aimed at enhancing collaboration among CAC governments, development partners and ministries of health on PHC; access to medicines; reducing maternal, newborn and child deaths; accelerating the achievement of SDGs health targets; and fostering collaboration between communities and PHC providers. Based on this collaboration, a Programme entitled “Every Mother and Child Survives and Thrives – Reducing Preventable Maternal and Newborn Deaths in 227 Perinatal Centres of Uzbekistan” commenced in July 2023.

Across CACs, various meetings and round tables have addressed key PHC topics. In Uzbekistan, discussions were focused on enhancing specialized care provision and establishing multifunctional medical centres.

A year-long collaboration between the PHC Centre and the WHO Collaborating Centre for Quality and Equity in Primary Health Care Systems at Amsterdam University Medical Centre on the Strengthening Actionable PHC Performance Measurement and Management Tailored Training and Mentorship Programme began in March 2021. Teams from Kazakhstan, Kyrgyzstan and Tajikistan participated and developed priority projects in PHC performance monitoring and management.

In Kyrgyzstan, stakeholders met in November 2023 to advance the implementation of the State health programme, “Healthy person – prosperous country” (2019–2030), led by the Ministry of Health with WHO support. The outcomes of these meetings included concrete roadmaps and action plans.

Furthermore, a Universal Health Coverage Partnership workshop was held in February 2024 to strategize on accelerating actions in PHC, the health-care workforce and financing and to document greater impact for UHC. Hosted by the PHC Centre, the workshop brought together UHC policy advisors, and representatives from WHO headquarters, the WHO Regional Office for Europe and non-profit-making organizations. It identified tangible outcomes for UHC advancement in the WHO European Region, and the central Asia region in particular.
Promoting mental health and social care services

The flagship mental health initiative of the European Programme of Work 2020–2025 (3) has made significant progress in inspiring action on mental health since the adoption of the WHO European Framework for Action on Mental Health 2021–2025 (22). In April 2023 the Pan-European Mental Health Coalition (23), a WHO European mental health flagship initiative, facilitated a policy dialogue specifically designed to foster cooperation among CACs. The dialogue was on shared challenges such as combating stigma, addressing the mental health needs of children, and undertaking health service transformation initiatives. The discussions were strategically aligned with CARM objectives to promote a concerted effort towards improving mental health across the subregion.

In October 2023 a study visit was arranged in Trieste, Italy for health experts and representatives from the ministries of health of Kazakhstan, Kyrgyzstan, Turkmenistan and Uzbekistan. The objective was to glean insights from exemplary practices in rights-based, people-centred mental health care in Trieste and integrate these principles into mental health care within each country. The visit was hosted by the WHO Collaborating Centre for Research and Training in Mental Health in Trieste and included guided tours of community mental health centres. Bilateral meetings were also held with each CAC to discuss future areas of collaboration and strategies for strengthening mental health initiatives.

With strong political backing for the objectives and action areas of CARM, coupled with the achievements made by each CAC and the subregion as a whole and continuous WHO support, numerous opportunities lie ahead. CACs can capitalize on these opportunities to enhance population health, improve health outcomes, achieve all SDG health targets by 2030 and make progress towards UHC.

Case example: elevating PHC in Tajikistan’s development agenda

PHC was set as a priority in Tajikistan’s 2030 National Development Strategy and subsequent Health Plan for 2021–2025 (24). In May 2022 the Government of Tajikistan signed a joint statement with WHO and more than 18 United Nations agencies and development partners, signalling the start of a new phase of cooperation in strengthening PHC within the country. The statement outlines five pivotal areas for enhanced coordination and synergy with the Ministry of Health and Social Protection of the Population: bolstering governance mechanisms for PHC, prioritizing financing and resource allocation for PHC initiatives, addressing the critical shortage of health-care personnel, investing in infrastructure development and modernization, and broadening the scope of PHC services to encompass a wider array of health-care needs. In a shift towards a multidisciplinary approach with mental health and social work elements, Tajikistan aims to build a high-quality PHC system and establish a demonstration platform based on the WHO model.
CARM action area 2: improve health governance and human resources for health

The WHO Regional Office for Europe has demonstrated its commitment to providing support to CACs through frequent technical missions, particularly in the field of human resources for health. All five CACs signed the Bucharest Declaration (25) at the High-level Regional Meeting on Health and Care Workforce in Europe in Bucharest, Romania. The Declaration resulted in the WHO European Framework for Action on the Health and Care Workforce (26), which was endorsed at the Seventy-third session of the WHO Regional Committee for Europe in Astana, Kazakhstan. The Framework guides all technical missions and support to CACs.

The Roadmap to guide implementation of the Global Strategic Directions for Nursing and Midwifery in the WHO European Region (27) and World Health Assembly Resolution 74.15 (28) provide further guidance on focused capacity-building in nursing and midwifery. A consultation with CACs resulted in the inaugural Meeting of Government Chief Nursing and Midwifery Officers (GCNMO) Council in November 2022 that initiated a discussion of the necessity for and elements to be included in a 5-year action plan to enhance nursing and midwifery in the subregion. The action plan is due to be launched at the Central Asia International Health Investment Forum in June 2024 (29).

In addition, the second demonstration project of the Pan-European Leadership Academy commenced in April 2023 (30). The project engages mid-career officials from CAC national ministries and health institutes in a 6-month programme to enhance competency in transformational leadership and facilitate peer-to-peer exchange.
Within the framework of CARM, a high-level policy dialogue on human resources for health was convened in late April 2023 in Tajikistan. The purpose was to discuss the findings of the health labour market analysis (HLMA) in Tajikistan and potential policy measures to enhance the state of the health workforce, and address issues such as imbalanced distribution, retention challenges, workforce shortages, nursing and post-graduation medical education. The policy dialogue has informed the development of the PHC pilot in Sughd Province (Tajikistan) to ensure robust workforce recruitment and retention. The HLMA report (31) was launched and high-level political commitment was gained during a workshop on a national health workforce action plan in February 2024.

In Kyrgyzstan, WHO has supported expansion of the National Information System for Resource Management to include more data on human resources for health. Nursing education reforms were launched after consultation and dialogue with WHO and international partners in December 2022. Notably, the health workforce was included as a priority in the Comprehensive Country Strategy (2024–2030) of Kyrgyzstan (32), providing an opportunity to continue supporting national policies and regulations on the health workforce and HLMA.

Kazakhstan was selected to participate in the Active Learning Sets under the WHO Working for Health 2030 initiative (2024 cohort). As part of its ongoing efforts, Kazakhstan hosted a 2-day conference on midwifery practice. The event facilitated the exchange of experiences between Baltic countries (Estonia, Latvia and Lithuania), Sweden and CACs regarding education, regulation and service delivery models. Preparations are ongoing for two capacity-building events exclusively for the CACs this year: a short leadership course on human resources for health and management and a workshop on family medicine.

The WHO Regional Office for Europe collaborates closely with high-level officials in health and education within CACs, as well as with the World Bank and other major donors, to introduce innovative solutions. The Central Asian Conference on Innovation in Nursing and Midwifery Roles, held in May–June 2023, brought together representatives from Kazakhstan, Kyrgyzstan, Tajikistan and Uzbekistan, including the GCNMO Council. A similar conference took place in Dushanbe, Tajikistan on innovations in nursing and midwifery education. Both conferences sought to promote the exchange of best practices and enhance initiatives to strengthen the health-care workforce throughout the subregion.

In collaboration with ministries of health, WHO has conducted training courses in effective perinatal care across the subregion, including in Kazakhstan and Uzbekistan, to improve the quality of maternal and newborn care. Subsequent training-of-trainers courses equipped local experts with the skills to disseminate the knowledge and lead future courses in related topics nationwide. This initiative established a group of proficient local trainers poised to support continuous enhancements in perinatal care throughout the country.
The WHO Regional Office for Europe has been working with the Ministry of Health and Social Protection of the Population of Tajikistan for over 2 years to address key gaps related to the country’s PHC workforce. The HLMA was initiated in 2022 by the Ministry in collaboration with WHO to address three policy questions that were identified through a consultative process guided by a Technical Working Group consisting of specialists from various technical units and medical institutions. A high-level policy dialogue on the health workforce in April 2023 considered the draft findings of the HLMA. The HLMA Report, published in February 2024, provided policy considerations to address gaps and challenges. It contributed to developing a health workforce action plan through a consultative multisectoral process involving key partners, including the Ministry of Economic Development and Trade; Ministry of Labour, Migration and Employment; Ministry of Finance; and Ministry of Education and Science. The collaboration was underpinned by a high level of political commitment for implementation of the action plan, which has already been initiated and prioritizes nursing education reforms, improved quality of postgraduate education, and the development of financial and non-financial incentives for rural retention. The Prioritized Action Plan for 2024–2026 of the Strategy for the Health Care of the Population of the Republic of Tajikistan for the period up to 2030 (National Health Strategy) underscores the importance of the health workforce and was endorsed by the Ministry of Health in March 2024. The HLMA and policy considerations have been shared with other development partners in the country to inform their health workforce priorities.

The WHO State of the Worlds’ Nursing 2020: Investing in Education, Jobs and Leadership (33), the first report of its type, showed that having strong and supported Government Chief Nursing Officer positions is associated with improved regulation of education and working conditions for the profession comprising 70% of the health and care workforce in Central Asia. Based on these findings, a central Asian GCNMO Council was established in November 2022. This case is a vivid illustration of how cooperation among GCNMO in all five CACs can enhance leadership and strategic planning for the nursing and midwifery workforce in the region. The GCNMO Council met physically in Bishkek (Kyrgyzstan) in November 2022, Baku (Azerbaijan) in December 2022, Dushanbe (Tajikistan) in January 2023, Bucharest (Romania) in March 2023 and Tashkent (Uzbekistan) in May 2023. Since November 2022 the GCNMO Council has met every 2 months for cross-learning and to increase the capacity in data analysis and interpretation, policy-making and planning for the nursing and midwifery workforce. The meetings have facilitated a review of the nursing and midwifery data and discussions on the main areas to address, with a focus on education, scope of practice and identification of priorities for Central Asia. The Council has also contributed to ongoing comprehensive HLMA in the region, technical missions with the health workforce and other programmatic areas, the development of national health workforce action plans, and the organization of high-level dialogues and conferences attended by national stakeholders to discuss service delivery, educational reforms and priorities for nurses and midwives in CACs.

The collaborative effort among CACs is expected to culminate in the launch of the Action Plan to Strengthen Nursing and Midwifery in Central Asia during the Central Asia International Health Investment Forum in June 2024, which underscores the collective commitment to bolstering the nursing and midwifery workforce and highlights this as a key priority area.
CARM action area 3: advance the digital transformation of health care

CACs have made significant strides in leveraging novel digital tools and methods to integrate public health and PHC systems. These contributed to the development of the Regional digital health action plan for the WHO European Region 2023–2030 (36), which was adopted in 2022. A subregional telemedical network in Central Asia was inaugurated during a workshop in Uzbekistan in May 2022. In March 2023 delegates from all CACs participated in a workshop on impact training for big data in health care, organized by the WHO Regional Office for Europe in collaboration with Valencia Polytechnic University. The training covered a wide range of topics, including regulatory issues on big data and health data, evidence-informed policy-making, process mining, artificial intelligence, and big data. Notably, delegates from CACs actively participated in practical exercises using cases tailored to their country context. In April 2023 WHO, the United States Centers for Disease Control and Prevention (US CDC) and the International Training and Education Center for Health in eastern Europe and Central Asia collaborated to launch the Informatics and Data Science for Health fellowship. The fellowship is intended to support country governance of digital transformation in the health sector and enhance digital health literacy. The first cohort of 20 fellows included individuals from Kazakhstan, Kyrgyzstan and Uzbekistan. Furthermore, comprehensive assessments of core components of health information systems, with a particular focus on digital health and immunization information systems, were conducted in all CACs under the EU/WHO Joint Action for Vaccination (37). The Central Asian Republics Information Network facilitated a series of meetings to aid technical advancement in the digitalization of health information systems. These combined efforts underscore the commitment of CACs to embrace digital innovation in health care and enhance their capacities to meet the evolving needs of their populations.

The WHO/EU joint Central Asia COVID-19 Crisis Response Programme (38) in Turkmenistan works to build national capacity to achieve UHC through digitalization of health systems and increasing the ability to collect and use quality health data. As a result, WHO and the Ministry of Health of Turkmenistan updated the VACBASE electronic immunization system and provided training for national specialists. As part of the Programme, in 2023 a comprehensive assessment of the Turkmen health information system was conducted using the WHO support tool to strengthen health information systems (39).

Additionally, in August 2023 the groundwork commenced for development of a roadmap to enhance health information systems and digital health in Kyrgyzstan, Kazakhstan, Tajikistan and Uzbekistan.

To support the ongoing enhancement of health information systems in CDCs, the WHO Regional Office for Europe, in collaboration with the Robert Koch Institute and US CDC, helped CACs to submit a grant proposal in February 2023 for US$18 million to “strengthen digital transformation networks in the health sector for the central Asian region”.

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CARM action area 4: increase investments to improve financial protection and health equity

The WHO Regional Office for Europe continues to support financial protection, which constitutes a fundamental aspect of UHC and serves as an indicator for SDGs. WHO offers direct, practical technical assistance to all CACs to generate relevant indicators and utilize the analytical tools developed by WHO. CACs have benefited from various regional and local events focused on financial protection. These include a meeting in February 2022 that convened representatives from statistical offices and health ministries and independent national experts from CACs and included individual country consultations. In September 2022 specialists from eastern Europe and Central Asia met to assess the financial challenges faced by individuals in paying out-of-pocket for health care. In November 2022 high-ranking officials from Tajikistan gained valuable insights during a trip to Türkiye, where they examined the complexities of health financing reforms. To leverage this newly acquired expertise, Tajikistan organized a health financing forum on PHC funding in April 2023. Additionally, in September 2023 Tajikistan demonstrated its commitment to improving health outcomes by hosting the “Dushanbe Invest” health investment forum, which particularly focused on investing in the pharmaceutical sector.

In addition, the fifth subregional European meeting on tracking health spending using the System of Health Accounts, held in Istanbul (Türkiye) in April 2023, witnessed renewed commitment to improving and making health spending data more transparent across CACs. Moreover, in April 2023 a joint workshop involving health policy-makers and financing experts, including representatives from CACs, urged governments to transition to a new phase of tracking health spending. In the same month, the WHO Regional Office for Europe and European Observatory on Health Systems and Policies (40) convened a meeting of CACs in Almaty, Kazakhstan to engage in a policy dialogue on ensuring sustainable and affordable access to medicines, with the goal to enhance national policies on medicines and foster collaboration among CACs and other subregions. Through its Access to Medicines and Health Products Programme (41), the Regional Office has provided targeted support to CACs in areas such as pricing and reimbursement, strategic procurement and supply chain, regulatory system strengthening, and antimicrobial resistance (AMR). This has resulted in the launch of surveys on pricing for reimbursable medicines in Uzbekistan; advocacy for medicines reimbursement and improve supply chain in Turkmenistan; and the analysis of medicines price dynamics and consumption patterns for decision-making and budget modelling to support the introduction of medicines reimbursement in Tajikistan (42–44). Access and pricing of medicines have been evaluated in several CACs.
CARM action area 5: reduce the burden of communicable diseases

The WHO Regional Office for Europe has been actively involved in subregional initiatives to reduce the burden of communicable diseases in Central Asia. Thorough reviews of HIV, TB and viral hepatitis have been conducted in all CACs with the goal to evaluate progress towards meeting national targets in diagnosis, treatment and prevention of these infectious diseases and make recommendations to enhance the national response to them. These reviews provide valuable insight into the effectiveness of current strategies and offer guidance to improve the overall approach to managing these diseases. This support was made possible through financial contributions from the United States Agency for International Development (USAID), the Global Fund to Fight AIDS, Tuberculosis and Malaria, and the Government of Germany. With the support of the USAID-funded project "Accelerated efforts in ending drug-resistant TB in Turkmenistan", WHO supported the Ministry of Health to adopt the latest recommendations for TB and drug-resistant TB (DR-TB) prevention, screening, diagnosis and treatment in the National Tuberculosis Programme. The support included developing new consolidated guidelines for TB preventive treatment and systematic TB screening, as well as guidelines for TB and DR-TB treatment. Additionally, WHO conducted assessments of the TB diagnostic network and introduced a standardized package of community-based care for TB. The project was successful implemented and will continue into 2025. An initiative on the concomitant treatment of hepatitis C and DR-TB was launched in 2022 to enhance collaboration between the respective health service sectors at national level and bolster clinical care for TB patients.
In partnership with non-State entities and financial support from the Global Fund, the Tuberculosis Regional Eastern European and Central Asian Project 2.0, with the goal to enhance TB and DR-TB prevention and quality of care, was successfully completed (45). More than 900 patients in Central Asia benefited from implementation of the regional operational research initiative to introduce fully oral modified shorter treatment regimens for DR-TB. Kazakhstan and Tajikistan have completed the Multisectoral accountability framework to accelerate progress to end tuberculosis by 2030 (46) assessment and formulated roadmaps. The roadmaps outline additional measures to enhance multisectoral coordination and accountability and foster the meaningful engagement of civil society and affected communities in TB response efforts. All CACs have devised national guidelines that consolidate TB preventive treatment and systematic screening for TB in accordance with the latest WHO recommendations (47–49). This strategic move will expedite efforts towards the elimination of TB in Central Asia by preventing new incident TB cases and identifying missing TB cases, particularly among susceptible populations at a high risk of developing TB.

In Turkmenistan, the Central Asia COVID-19 Crisis Response Programme (38) works to build long-term resilience for routine immunization systems to manage future vaccine-preventable disease outbreaks, including by implementing adequate monitoring and evaluation practices and developing national immunization plans. As a result, a national immunization programme was developed within the framework of the European Immunization Agenda 2030 (50). WHO promotes the engagement of young Turkmen people in immunization efforts within the framework of the Youth4Health regional network (51). Consequently, WHO has introduced Immune Patrol, its innovative digital game-based learning platform, for rollout in secondary schools in Turkmenistan in 2024–2025.

In line with the objectives and goals of the European Immunization Agenda 2030 (50), which aims to eradicate vaccine-preventable diseases and strengthen immunization systems, WHO Regional Office for Europe supported various activities conducted in Central Asia. The Regional Office collaborated with the European Commission and UNICEF to offer specialized technical support to CACs to expand COVID-19 vaccination among vulnerable populations groups. The partnership assisted selected CACs in ensuring access to COVID-19 vaccines from COVID-19 Vaccines Global Access (COVAX) and effectively utilizing funds from the Gavi Alliance to implement robust COVID-19 vaccine deployment plans. Furthermore, under the European Immunization Agenda 2030, strategic policy dialogues held in 2022 facilitated meetings between national immunization programme managers from CACs and regional and global partners. Together, managers and partners developed an operational framework to implement the European Immunization Agenda 2030 and devised an action plan to address immunization inequities within CACs. In addition, the Regional Office offered strategic assistance to evaluate vaccine management systems, conducted formative research to understand the demand for COVID-19 vaccines, devised a customized communication strategy to enhance the expansion of vaccination against human papillomavirus (HPV), delivered communication training on HPV and COVID-19 vaccination for health-care professionals, and created an electronic immunization registry to establish a routine immunization information system. Tajikistan received particular support to validate an assessment of the circulating vaccine-derived poliovirus outbreak in order to keep Central Asia free of poliomyelitis.

Facilitated by ongoing support from the Regional Office, national specialists from CACs benefited from a series of training courses and were actively engaged in research studies. Throughout 2023 national specialists from CACs received training at the demonstration platform on viral hepatitis elimination at the WHO Collaborating Centre on Viral Hepatitis Elimination (National Centre for Disease Control and Public Health) in Georgia. In March 2023 a study on the population attributable fraction was conducted in collaboration with the Robert Koch Institute and the WHO Collaborating Centre for Viral Hepatitis and HIV in Kyrgyzstan. In March 2024, in collaboration with the Research Institute of Virology in Tashkent and the WHO Collaborating Centre on Viral Hepatitis Elimination, WHO conducted training sessions on hepatitis C case management for more than 50 professionals that included diverse aspects of hepatitis C service delivery such as diagnosis, treatment, care, and addressing stigma and discrimination.

From 2022 to mid-2024, CACs were actively involved in subregional events focused on HIV and TB. The events included Regional network and guidelines dissemination meetings on HIV in Seville (Spain), a central Asian pre-exposure prophylaxis event in Almaty (Kazakhstan), and a DR-TB treatment workshop in Istanbul (Türkiye).
Kyrgyzstan, Turkmenistan and Uzbekistan have successfully met the regional hepatitis B control targets outlined in the Action Plan for the Health Sector Response to Viral Hepatitis in the WHO European Region (52). This significant milestone was verified by the European Technical Advisory Group of Experts (ETAGE) following a thorough evaluation of country reports and recommendations provided by the ETAGE Working Group on Hepatitis B at its fifth meeting on 17 March 2023. The assessment considered hepatitis B vaccination coverage for the birth dose and subsequent doses in each country, along with additional measures to prevent mother-to-child transmission. Furthermore, serosurveys revealed notable reductions in hepatitis B prevalence in the vaccinated cohorts, indicating that vaccination efforts have been effective. As more countries across the central Asia region achieve these control targets, their collective efforts bring the WHO European Region closer to the overarching objective of eliminating viral hepatitis as a public health threat by 2030.

In a collaborative effort involving all five CACs, a regional operational research initiative was launched to explore the efficacy of fully oral modified shorter treatments regimens for multidrug-resistant TB (MDR-TB) (53). By 31 December 2023 a total of 3228 patients had been enrolled in the treatment programme: 679 in the regional cohort and 2549 in national cohorts. Remarkably, the treatment success rate surpassed 82%. This initiative marks a significant breakthrough in MDR-TB management by introducing new regimens that are not only more effective but also safer and injection-free. By pooling resources and expertise across the subregion, CACs have demonstrated their commitment to addressing the challenges posed by MDR-TB and improving patient outcomes.
CARM action area 6: reduce the burden of NCDs

As part of the WHO Regional Director for Europe’s Advisory Council on Innovation for Noncommunicable Diseases signature initiative on childhood obesity (54), policy dialogues on obesity were launched in CACs in June 2022 at a high-level event. The dialogues brought together key stakeholders from health sectors in CACs and were accompanied by a training programme for PHC physicians on childhood obesity prevention and management. The aim was to facilitate the implementation of evidence-informed policy interventions aligned with an NCD framework to effectively address obesity. CACs also benefited from the 2022 Regional workshop on evidence-informed policy to fight obesity. The workshop was a collaborative effort between the Asian Development Bank Institute and the WHO Regional Office for Europe to understand the regional and national drivers and trends in obesity and their implications for health systems and sustainable development. Furthermore, the 2023 Summit of the Spouses of European Leaders in Zagreb, Croatia was attended by the First Lady of Kyrgyzstan. At the Summit, the priority of ending childhood obesity within the Region was raised and the Network on the Prevention of Childhood Obesity in the WHO European Region launched (55).

In 2022 a WHO mission in Tajikistan aimed to improve evidence-informed decision-making on NCD-related guidelines. Three workshops involving key stakeholders were focused on planning activities to adapt the guidelines on diabetes and hypertension. These efforts were bolstered by capacity-building and awareness-raising initiatives and were followed by prompt action.
In collaboration with the WHO Regional Office for Europe and the World Diabetes Foundation, the Ministry of Health of Kyrgyzstan initiated a project in 2022 to enhance diabetes care by restructuring the diagnostic and patient support systems. A video documentary on the Tallinn Systems Conference, held in December 2023, features insights from people living with diabetes, health-care providers and policy-makers illustrating that the transformative process driven by trust (56).

In August 2022 a narrative case study was conducted to explore evidence-informed policy initiatives addressing childhood cancer in Uzbekistan (57). This collaborative project involved the WHO Regional Office for Europe and medical professionals specializing in cancer. Its aim was to develop evidence-informed policies for preventing and managing childhood cancer and enhancing the utilization of health information. In December 2023, the Global Platform for Access to Childhood Cancer Medicines conducted a mission in Uzbekistan. Its objective was to assess the existing procurement and supply management practices for childhood cancer medications and identify avenues for enhancing these processes.

In its BRIEF project, WHO recognizes that brief interventions for NCD risk factors are an effective measure to help people quit tobacco, reduce or stop alcohol use, and increase physical activity (58). The BRIEF project is being implemented in all CACs. In March 2023 a workshop on comprehensive tobacco cessation services was held in Astana, Kazakhstan with the aim of integrating these services into existing health-care frameworks. In addition, the WHO Regional Office for Europe introduced a seminar series tailored to graduate and postgraduate students, early career researchers, and young professionals who are interested in the public health aspects of alcohol. Furthermore, implementation research on school nutrition policies was conducted in Kyrgyzstan and Uzbekistan. It involved capacity-building activities, policy analysis and recommendations for further improvement. To augment the existing toolkit available to practitioners and policy-makers, a new WHO tool was launched to safeguard children from unhealthy food marketing. The SUNRISE study4 on surveillance of physical activity and sedentary and sleeping behaviours of children aged under 5 years (59) was launched in Kazakhstan and Kyrgyzstan in 2023.

A collaboration between the WHO Regional Office for Europe’s Special Initiative on NCDs and Innovation and BeHive Consulting (a behavioural science consultancy in Hungary) was established to develop behaviourally informed campaigns on salt awareness in CACs. Customized campaigns were launched in Kazakhstan in May 2023, with ongoing efforts in Kyrgyzstan. National working groups that include community representatives were formed to promote salt reduction, and awareness-raising materials were disseminated through various channels to educate the public about healthy salt consumption. The partnership aims to leverage behavioural science to effectively communicate salt awareness messages and promote positive behavioural change in CACs.

**Case example: Uzbekistan takes steps to enhance childhood cancer medicine access and care**

Uzbekistan took the lead among CACs by initiating a substantial endeavour to enhance access to childhood cancer medicines by applying for membership of the Global Platform for Access to Childhood Cancer Medicines (60). The Platform is a pioneering initiative that ensures a steady supply of quality-assured cancer medicines to low- and middle-income countries. With continuous support from the WHO Regional Office for Europe, Uzbekistan aimed to bolster its efforts by implementing the pillars and enablers of the CureAll framework (61) and contributing to the Platform’s global launch in December 2023. In September 2023 Uzbekistan initiated Phase II of its cervical cancer screening pilot as further demonstration of its commitment to enhance cancer care. The country also prioritizes childhood cancer medicine management and the WHO Regional Office for Europe has commenced a collaboration with the Ministry of Health to strengthen its palliative care capacities. Furthermore, Uzbekistan marked the commencement of Phase II of the major WHO project, “Support to Development of Oncology Services in the Republic of Uzbekistan”, on 12 February 2024 (62). The 4-year project is backed by funding of $4 million from the Islamic Development Bank and supported by partners (including the International Agency for Research on Cancer, International Atomic Energy Agency, UNICEF and the United Nations Office for Project Services) with the aim to enhance various aspects of cancer care such as screening, rapid diagnosis, treatment, palliative and emergency care, and cancer registration. Notably, the project targets breast, cervical, digestive system and childhood cancers, underscoring Uzbekistan’s comprehensive approach to tackling cancer types that affect different age groups.

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CARM action area 7: strengthen health security

The WHO Europe Health Emergencies Programme (63) is actively engaged in bolstering emergency preparedness capabilities within CACs across various domains, including risk communication and community engagement and infodemic management (RCCE-IM), infection prevention and control, laboratory strengthening, epidemiological surveillance, clinical management, and medical countermeasures.

From 2022 to mid-2024, the primary focus has been on addressing the response and recovery phases of the COVID-19 pandemic. The WHO Regional Office for Europe has coordinated with the Global Outbreak Alert and Response Network (64) to mobilize resources and expertise. Notably, emergency medical teams (EMTs) have been deployed to provide support during this critical period. Phase II of the Central Asia COVID-19 Crisis Response Programme aims to reduce the pandemic’s impact and strengthen health resilience in the region (38) by targeting swift vaccine distribution, reinforcing routine immunization systems and attaining UHC via digitalization. With a PHC focus, the Programme prioritizes organizing and strengthening health systems to guarantee access to vital services such as immunization and infection prevention. Additionally, individual countries have received emergency support, for example, in launching a multimedia pandemic vaccination campaign in Kazakhstan and training communications specialists in risk communication in Uzbekistan. Kyrgyzstan also established a paramedical council to protect older people from COVID-19.
Community protection is central to the health emergency preparedness, response and resilience in the WHO European Region (65). The Preparedness 2.0 strategy emphasizes community resilience as the foundation of emergency preparedness and response (66). Preparedness 2.0 envisions communities collaborating with health authorities to leverage their knowledge and strengths to enhance resilience against future health crises. At the second RCCE-IM School, held in Kazakhstan in April 2023, representatives from the five CACs met to exchange knowledge, test innovative tools and promote multihazard planning. As part of a project on strengthening emergency preparedness, WHO is currently supporting a landscape analysis of RCCE-IM capacity in Tajikistan. The recently launched RCCE-IM Capability Map tool will facilitate this effort and provide valuable insights to enhance RCCE-IM in Tajikistan (67).

Furthermore, in 2022 a subregional consultation was held in Tashkent, Uzbekistan to foster collaboration for pandemic prevention efforts. In addition, at a regional workshop in September 2022 CACs had the opportunity to exchange insights and experiences regarding the development and management of emergency operation centres. The workshop was jointly organized by the WHO Regional Office for Europe and US CDC to enhance the region’s preparedness and response capabilities. In October 2022 in Dushanbe, Tajikistan the Regional Forum – Meeting of the heads of emergency authorities of CACs within the frame of the EU funded action on “Strengthening financial resilience and accelerating risk reduction in Central Asia” underscored the importance of strengthening regional cooperation in the field of disaster risk reduction.

A collaborative effort involving the Association of Public Health Laboratories, European Centre for Disease Prevention and Control (ECDC), Food and Agriculture Organization of the United Nations (FAO), WHO, World Organization for Animal Health (WOAH) and US CDC led to the development of the Global Laboratory Leadership Programme (68). The Programme aims to reinforce a country’s capacity to respond effectively to future outbreaks and health emergencies by strengthening surveillance and laboratory diagnosis of high-threat pathogens.

Approval by the Pandemic Fund (69) of a multicountry grant proposal (requesting $27 million in funding) was a significant step in the development and enhancement of pandemic prevention, preparedness and response efforts in Central Asia. The successful proposal demonstrates a shared commitment among participating countries to strengthen their collective ability to address health emergencies and protect public health in the region.
One Health activities in Central Asia

The regional Quadripartite One Health Coordination Mechanism for the WHO European Region was established in April 2021. The mechanism lays the ground for enhanced coordination and collaboration among the FAO, United Nations Environment Programme, WOAH and WHO, and in August 2022 a joint statement of intent was signed by the regional directors of the four organizations. As part of a collaboration between the WHO Regional Office for Europe and the World Bank on health and the environment, a subregional consultation was organized by the World Bank in Tashkent, Uzbekistan in July 2022. At the event, the WHO Regional Director for Europe met high-level officials from the World Bank to explore future collaboration on pandemic prevention and establish a joint interregional approach involving various sectors to address One Health concerns. In July 2022 Turkmenistan hosted a subregional conference for Member States of the Central Asian Republic and partners, which underscored a renewed commitment to One Health. At the conference, common priorities for the innovative operationalization of One Health were delineated at the highest governmental level. In May 2023 a joint Quadripartite mission to Turkmenistan took place. The mission provided technical assistance and strategic advice to operationalize the One Health approach in Turkmenistan. In 2023 the Quadripartite, together with the World Bank, successfully applied to the Pandemic Fund for a multicountry project to strengthen pandemic prevention, preparedness and response in Central Asia. The project focuses on strengthening surveillance, laboratory capacity and workforce competencies within and across countries using the One Health approach.
CARM action area 8: mitigate, detect and respond to health emergencies

Beyond the immediate response to the COVID-19 pandemic, the WHO Regional Office for Europe continues to support CACs by addressing their specific needs and priorities. This includes providing assistance to construct, evaluate and reinforce preparedness and response capabilities at points of entry through activities such as conducting risk assessments, creating and executing contingency and emergency plans, delivering multisectoral training to border personnel, and collaborating with designated health-care facilities. International collaboration among all CACs was evident in their participation at meetings of the Central Asia Regional Economic Cooperation Working Group on Health in 2022. At the meetings, CAC representatives actively shared insights on health information systems and lessons learned from their experiences during the COVID-19 pandemic. Furthermore, the WHO European Office for Investment for Health and Development in Venice, Italy provided support to Kazakhstan and Kyrgyzstan under the gender, equity and human rights action plan for the ACT-Accelerator Health Systems Connector Implementation Project (70) to identify individuals who had been overlooked during the COVID-19 response and enhance preparedness for future emergencies. Alongside an analysis of these data, a policy dialogue led by the Ministry of Health of Kyrgyzstan and involving several civil society organizations was conducted in March 2022. With WHO backing, a research initiative was undertaken in Tajikistan to evaluate the indirect effects of COVID-19 on the elderly population. The study aimed to comprehensively understand and rank the relative importance of the indirect impacts of the pandemic on older adults. The primary objective was to foster the development of age-friendly environments throughout Tajikistan in order to provide better support and care for older people.

In 2023 a subregional training session on the WHO IHR (2005) points of entry assessment tool was conducted in Aktau, Kazakhstan for representatives of all CACs. In addition, in 2022 the WHO European Centre for Preparedness for Humanitarian and Health Emergencies in Istanbul, Türkiye organized 15 capacity-building events. Among these was a conference on sustainable development and preparedness, which convened 25 experts from CACs and five partner organizations.

The development of EMTs has been initiated across all CACs with the appointment of EMT national focal points. Donors and partners acknowledge the importance of strengthening national EMT capacities to safeguard population health during emergencies and the essential role of EMTs within national health systems and disaster response mechanisms in the region. A Regional EMT action plan is currently in progress (71), serving as a regional adaptation of the WHO global EMT 2030 Strategy (72). The action plan incorporates priorities specific to CACs, and representatives from the subregion are included in the action plan’s working group. This approach ensures a comprehensive Region-wide strategy and enhances the visibility and engagement of CACs.

During the global monkeypox (mpox) outbreak, the WHO Regional Office for Europe arranged a series of informal webinars to effectively engage communities in the mpox response in Kyrgyzstan and Kazakhstan. These sessions were a valuable platform for gathering community insights, particularly since behavioural insights studies are not widely available.

Several activities have been undertaken to support the rollout of an incident management system and public health emergency operations centres in CACs. To enhance capacity-building and foster collaboration and coordination among CACs, national focal points have been appointed in all CACs through the Public Health Emergency Operations Centre Network (73).

The Central Asia COVID-19 Crisis Response Programme is enhancing national capacity for vaccine safety (38). As part of this effort, the WHO Programme for International Drug Monitoring has been introduced in Turkmenistan (74). In recognition of the importance of continuous emergency training for health-care workers, WHO supports specialists from the Ministry of Health of Turkmenistan to participate in regional training sessions, which enables them to disseminate the knowledge in national training courses. In a successful example of knowledge-sharing, a HPV vaccine communication training course was provided to Turkmen health-care workers to support ongoing HPV vaccination and cervical cancer campaigns for both girls and boys.
The declaration of the mpox outbreak as a public health emergency of international concern in June 2022 prompted a proactive response from the WHO Country Office in Kazakhstan, even though no mpox cases had been recorded in the country. A preparedness campaign was initiated to provide science-based information on mpox to health workers and community groups. As part of this effort, numerous webinars on treatment, detection and community engagement strategies reached hundreds of health workers and over 500,000 information materials were disseminated. Even for countries with no reported cases, it is essential to enhance the readiness of the health workforce and alert communities about the signs and symptoms of the disease and preventive measures. It is crucial to act swiftly at the onset of an outbreak to raise public awareness and facilitate an effective response from front-line responders and affected communities. Delaying action could impede response efforts and community engagement.

**Case example: strengthening preparedness for a public health emergency of international concern in Kazakhstan**
CARM action area 9:
create healthy and green environments

The escalating climate crisis is particularly severe in Central Asia and is worsening the existing health challenges. All CACs are prone to various hazards, in particular floods, extreme temperatures and glacier melting, which can lead to loss of life and worsen health, well-being and economic outcomes (75), while severely impacting the operation of health systems and health facilities.

In CACs, the WHO Regional Office for Europe has played a pivotal role in fostering heightened political commitment and engagement within the health sector to the climate and health agenda. This was accomplished by facilitating policy dialogues and providing technical assistance to craft evidence-informed policies and initiatives and utilize WHO tools. As a consequence, CACs provided political input to the Seventh Ministerial Conference on Environment and Health, held in Budapest in 2023 (13). The Conference provided a significant opportunity for Member States of the WHO European Region, including those in Central Asia, to reaffirm their political commitment to addressing the environmental determinants of health. It focused on the interconnected challenges of climate change, environmental pollution and biodiversity loss, and emphasized the goal of leaving no one behind. The Ministerial Declaration and accompanying Roadmap for healthier people, a thriving planet and a sustainable future 2023–2030 (13) outline a series of actions to advance progress in these areas. Importantly, the Declaration identifies the Roadmap as a key subregional platform for cross-country collaboration to accelerate progress towards achieving the SDGs related to environment and health.
The WHO European Centre for Environment and Health has supported CACs to make significant achievements, mainly in the areas of managing chemical events under IHR (2005); implementing the One Health approach throughout the subregion; establishing a poison centre in Uzbekistan and national heat–health action plans in Turkmenistan and Tajikistan; implementing water, sanitation and hygiene (WASH) in the region; strengthening capacities in road safety data systems; and developing cause-of-death registry systems and integrated/intersectoral road safety data systems. In January 2022 the Centre provided introductory training on the United Nations-Water Global Analysis and Assessment of Sanitation and Drinking-Water initiative to over 40 participants in Kazakhstan. In December 2022 a science policy dialogue on air quality and health was organized in Bishkek, led by the WHO Country Office in Kyrgyzstan and the WHO European Centre for Environment and Health. The dialogue convened over 30 experts to address urgent health concerns related to air pollution, and WHO advisers presented the WHO Global Air Quality Guidelines (76) and tools such as AirQ+ (77), Climate Change Mitigation, Air Quality and Health (CLIMAQ-H) (78), Health Economic Assessment Tool for walking and cycling (HEAT) (79), Green Urban spaces and health (GreenUr) (80) and BAR-HAP (Benefits of action to reduce household air pollution) (81). In December 2023 the WHO Regional Office for Europe organized a training workshop on “air quality and health” in Bishkek for more than 50 participants to enhance capacities in assessing the health risks associated with air pollution.

A situational analysis of WASH in more than 350 health-care facilities in Tajikistan identified gaps (82); these were addressed by enhancing national capacity and coordination, which ensured that WASH became standard practice in all health-care services in the country. The key findings and recommendations served as the basis for integrating WASH into the National Health Strategy for 2030 (35) that aims to increase visibility and accountability and, ideally, secure funding for these services. Moreover, in December 2023, in Astana, Kazakhstan WHO hosted a subregional workshop on WASH in schools. The event was conducted under the auspices of the Protocol on Water and Health (83), and aimed to enhance capacities across CACs for implementing safe and inclusive WASH services in schools. The workshop included participants from the health ministries and education ministries of all CACs, experts from UNICEF and the Schools for Health in Europe Network Foundation (84), and specialists in child and adolescent health.

During 2022–2023, the WHO European Centre for Environment and Health supported the enhancement of capabilities in road safety data systems, establishment of cause-of-death registry systems, and development of integrated/intersectoral road safety data systems in all CACs. CACs were actively involved in the Road Policing survey and contributed to compiling case studies for the Technical Manual on Road Policing (85).

**Case example: Turkmenistan leads in heat–health preparedness**

In April 2023 the WHO European Centre for Environment and Health and the WHO Country Office in Turkmenistan organized an event in Ashgabat to assist the Ministry of Health of Turkmenistan to develop the first national heat–health action plan in Central Asia (86). The action plan aimed to reduce morbidity associated with heatwaves, and to enhance awareness of and agree on actions to mitigate the health risks of heat. Stakeholders established consolidated protocols for readiness and underwent training to implement the action plan effectively. A notable achievement was the establishment of a national framework for enhancing climate change resilience in public health by specifically targeting the impacts of climate change and heatwaves.
CARM action area 10: combat AMR

CACs have significantly contributed to the WHO Antimicrobial Medicines Consumption Network and the Central Asian and European Surveillance of Antimicrobial Resistance (CAESAR) network. The countries actively participated in the 2022 assessment of supply patterns of antiviral and antibacterial agents in community pharmacies during the early stages of the COVID-19 pandemic (87). Additionally, CACs engaged in a comparative review of the latest national medicine selection lists of 17 countries in Central Asia and eastern Europe (88), with antibiotics on the WHO Model Lists (89). These efforts signify a proactive approach by CACs to enhance AMR surveillance and promote the appropriate use of antibiotics in the subregion. Furthermore, in 2022 the CAESAR external quality assessment engaged over 300 laboratories from CAESAR network countries (90). The initiative enabled participating laboratories, including those in Kazakhstan, Kyrgyzstan and Uzbekistan, to assess their performance in identifying and testing the susceptibility of well-defined challenge pathogens.

In November 2022 WHO supported Kazakhstan to conduct a pilot of the ECDC point prevalence survey on healthcare-associated infections and antimicrobial use (91). Additionally, comprehensive assessments of infection prevention and control programmes at the national and regional levels were conducted in Kyrgyzstan, Tajikistan and Turkmenistan. National infection prevention and control manuals were also revised in these countries.

Furthermore, data from Kazakhstan and Turkmenistan were included for the first time in the second joint report on AMR surveillance in Europe, published jointly by the WHO Regional Office for Europe and the ECDC in April 2023 (92). This highlights the commitment of CACs to integrate into the broader public health community at regional level. These advancements have not only enhanced capacities for CACs to formulate and execute their individual AMR action plans but also stimulated a subregional policy dialogue and consultation in March 2023 on the new Roadmap on antimicrobial resistance for the WHO European Region 2023–2030 (93).

The Regional Office has initiated the rollout of AMR-related curricula and training programmes in CACs. Specifically, in Kazakhstan around 40 clinical pharmacologists and hospital pharmacists received training on surveillance of hospital antimicrobial consumption. This effort aims to bolster capacity-building endeavours in other CACs by providing specialized training and expertise in AMR surveillance and management within hospital settings. National mentors have been trained to support AMR laboratories in implementing quality management systems in accordance with ISO 15189:2022 standards (94). In Kyrgyzstan, Tajikistan and Uzbekistan, two to eight national mentors from each country received such training and significantly improved their level of implementation of these systems. In addition, the first regional-level laboratory in the Osh Region of Kyrgyzstan is preparing for accreditation. This marks a significant milestone in the subregion’s efforts to enhance laboratory quality and standards in combatting AMR.
CARM action area 11: incorporate behavioural and cultural insights

The CARM aims to apply behavioural and cultural insights (BCI) to health policies, services and communication to improve access to health services and promote healthy lifestyle behaviours. WHO has provided extensive technical support to the central Asia region to help health authorities to incorporate evidence-informed BCI approaches into their broader efforts to address priority health challenges and inequities. Multiple research projects, training initiatives and intercountry exchanges are contributing to the initial implementation of the strategic commitments outlined in the European Regional Action Framework for Behavioural and Cultural Insights, 2022–2027 (95). These endeavours have significantly enhanced BCI capacity-building in CACs. In particular, Kyrgyzstan has emerged as a regional exemplar: its notable engagement in various BCI projects serves as an inspiration for other countries in the subregion. A comprehensive BCI research project focused on the barriers and facilitators of exclusive breastfeeding for 6 months was successfully conducted in Kyrgyzstan in June 2023.

From 2022 to 2024, several research studies conducted in the central Asia region encompassed diverse areas. These included investigations into communication strategies for COVID-19 in Kazakhstan and Kyrgyzstan during 2020–2022 targeted to both the general population and specific groups. Additionally, studies conducted to scrutinize the quality of hospital care for mothers, newborns and children aimed to explore the barriers and drivers of improved use of evidence-informed practices during maternal and child hospitalizations in Kyrgyzstan and Tajikistan. Furthermore, research initiatives to reduce children’s consumption of sugar-sweetened beverages have contributed to promoting healthier dietary practices in Kyrgyzstan and Tajikistan.

In 2023 the Central Asia COVID-19 Crisis Response Programme in Turkmenistan supported behavioural insights research to better understand the social aspect of vaccination demand and acceptance (38). As a result, the first qualitative study on HPV vaccination acceptance among the population was conducted in Turkmenistan.
Moreover, Kazakhstan became a member of the WHO Europe Action Network on Measuring Population and Organizational Health Literacy (96). Two case examples from Kyrgyzstan on the barriers and drivers of healthy practices have been included in the BCIHub knowledge-sharing platform for evidence and good practice (97).

**Case example: increasing exclusive breastfeeding in Kyrgyzstan**

Despite a global emphasis on exclusive breastfeeding for the first 6 months, Kyrgyzstan fell short of achieving its national target of 70% by 2023, with only 46% of infants exclusively breastfed in 2018. The marketing of breast-milk substitutes added to this challenge. In a multifaceted approach, an evidence review and qualitative research study were conducted to identify the barriers and drivers of exclusive breastfeeding in Kyrgyzstan. The key findings were shared at a stakeholder workshop in June 2023, and guided discussions on actionable interventions. In addition, provisions for exclusive breastfeeding until 6 months of age were included in a new health law (98). The Breastfeeding and Child Nutrition Initiative BCI Unit, the Special Initiative on NCDs and Innovation, WHO Kyrgyzstan, and national stakeholders collaborated to address the issue. Through their joint efforts, exclusive breastfeeding rates are increasing in Kyrgyzstan.
Opportunities to move on and invest

Endorsement of the CARM on 11 September 2022 by the health ministers of Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan provided a notable push towards emphasizing health as a priority in the subregion. Furthermore, the CARM received the highest endorsement from the presidents of Kazakhstan, Kyrgyzstan, Tajikistan and Uzbekistan at the Fifth Consultative Meeting of Heads of State of Central Asia in September 2023 in Dushanbe, Tajikistan. The endorsement underscores the region’s appeal for investment, and signals to global partners that allocating resources to health in the central Asia region is crucial and promises significant benefits for the whole population in terms of health, economic growth and stability. From 1 January 2022 until 30 March 2024 (the latest date for which data are available), a total of $101.78 million had been mobilized by the WHO Regional Office for Europe for the subregion through assessed contributions, flexible funds and specified voluntary funding. Thanks to donor support, WHO is on track to meet or even surpass its historic high levels of funding for the central Asia region. However, this is just the beginning. Given the size of the challenge, it is imperative to maintain and increase these funds to sustain progress and effectively address the region’s ongoing health needs. CACs are also called upon to explore the option of increasing their domestic resources for health through actions such as implementing targeted health taxes on harmful products. These measures are win-win solutions that generate revenue while simultaneously reducing disease prevalence and related health costs.

Collaboration among CACs under the CARM is producing tangible outcomes, as exemplified by the effective distribution of a $27 million grant from the Pandemic Fund. This funding bolsters a One Health approach to pandemic prevention, preparedness and response, as endorsed by the Quadripartite Alliance for One Health and international partners such as the World Bank. This successful grant application underscores the benefits of ongoing health partnerships in Central Asia.

The CARM has established a governance mechanism to ensure national ownership and consensus in decision-making. High-level focal points, nominated by ministers, facilitate collaboration within the CARM High-level Standing Group. Endorsed by all central Asian ministers of health, the Standing Group meets regularly and is an institutionalized driving force for health collaboration within the subregion. It was designed to be country driven, is closely guided by health ministers and aims to formalize regular ministerial meetings, as demonstrated by the creation of the consultative platform of the Regional Forum — the Meeting of Ministers of Health of CACs. This was underscored by approval of the Roadmap for the development of regional cooperation 2022–2024 at the Fourth Consultative Meeting of Heads of State of Central Asia, held in July 2022 in Cholpon-Ata, Kyrgyzstan (99).

Uniting experts from across the WHO European Region fosters collaborative learning and knowledge exchange, raises awareness of cross-border health issues, and enhances regional and global resilience against global health crises. The ongoing engagement has been instrumental in positioning health as a driver of socioeconomic progress in the subregion. With support from the Regional Office, numerous high-level policy dialogues have been conducted to bolster collaboration among governments, development partners and ministries of health in many areas, including PHC; access to medicines; reducing maternal, newborn and child mortality; strengthening the health-care workforce; reducing the burden of communicable diseases; advancing health security; and combating AMR. These efforts have expedited progress towards achieving the SDG health targets and promoted collaboration between communities and PHC providers.

The launch of the WHO PHC Demonstration Platform in Issyk, in Kazakhstan 2022 (20) has yielded substantial benefits for neighbouring CACs. High-level delegations from Kyrgyzstan, Tajikistan and Uzbekistan have visited the Platform, indicating its positive impact on the subregion. Inspired by the WHO model, Tajikistan plans to build a robust PHC system that integrates mental health and social work elements in a multidisciplinary approach.

The five CACs have formed a strategic partnership to develop the nursing and midwifery workforce. Comprehensive HLMAs have been conducted or are under way throughout the subregion with the aim to inform strategic decisions to enhance the availability, distribution and quality of the health-care workforce across the region. Moreover, the Framework for Action on the Health and Care Workforce in the WHO
European Region 2023–2030 (26) underscores the importance of investing in the leadership and management capacities of the health workforce. The Action Plan to Strengthen Nursing and Midwifery in Central Asia has also been developed.

Efforts have also commenced to create a roadmap for enhancing health information systems and digital health in Kyrgyzstan, Kazakhstan, Tajikistan and Uzbekistan. Notably, Kyrgyzstan, Turkmenistan and Uzbekistan have met the Regional hepatitis B control targets established in the Action Plan for the Health Sector Response to Viral Hepatitis in the WHO European Region (52).

Although regional leaders have shown unwavering commitment to positioning health as a priority in the region, there is an urgent need to accelerate progress and ensure that the changes are sustainable. This requires substantial support from key development partners. Since the onset of the COVID-19 pandemic, Europe and Central Asia have entered a state of permacrisis through confronting emergencies stemming from epidemics, natural disasters and conflict that has heightened vulnerabilities in the region’s economic and health systems. Central Asia faces the world’s fastest-growing HIV epidemic and is a global epicentre for MDR-TB, which poses a significant cross-border public health threat. Challenges persist in case-finding, TB prevention and providing services to vulnerable populations, including labour migrants. Ongoing concerns include managing HIV/TB coinfection and drug-resistant TB strains and addressing funding shortfalls, highlighting the need for enhanced technical expertise. CACs are well positioned to achieve the elimination of mother-to-child transmission of HIV, syphilis and viral hepatitis B, collectively known “as triple elimination”. Supporting countries to prepare for and validate their elimination status will enable them to focus on enhancing last-mile service delivery by promoting equity and strengthening health systems. These investments will not only foster political commitment but also yield benefits that extend beyond eradication of the three diseases.

The imperative to safeguard the population from health emergencies is a central concern for governments and public discourse. Consequently, all CACs are under pressure to enhance their emergency capacities. This underscores the critical need to invest in health security and RCCE-IM and learn lessons from past emergencies to foster a safer environment in Central Asia.

As the window narrows to implement the SDG NCD targets in the subregion, several priorities are becoming increasingly urgent: implementing tobacco control measures, imposing alcohol taxation, reducing salt intake, eliminating trans fats, conducting cervical cancer screenings and managing high blood pressure. Harnessing evidence-informed policies and fostering collaborative efforts can catalyse action towards attaining global targets and forging a healthier future for all.

CACs face unique vulnerabilities, including challenges in accessing drinking-water and the emergence of diseases such as asthma, TB and rheumatism in rural towns along coastal shores. These vulnerabilities are primarily linked to the exceptionally difficult environmental conditions in the Aral and Caspian seas and are further exacerbated by climate change. International collaboration and national political dedication hold significant potential to expedite progress, as evidenced by the achievements already made across various domains. Therefore, it is imperative to mobilize substantial investments in this subregion to establish a unified, targeted and converging stream of resources to mitigate vulnerabilities to environmental stressors, including the impacts of climate change. CACs place significant emphasis on rural development, recognizing its pivotal role in fostering community development, social cohesion and equity. There is a pressing need to bolster health systems in CACs to more effectively address the needs of the >50% of the population who live in remote or mountainous areas.

Central Asia also faces the challenge of addressing the global silent pandemic of gender-based violence, including discriminatory practices, outdated societal norms, patriarchal attitudes and stereotypes. Overcoming these obstacles is essential for the region to achieve full gender equality.

Ongoing efforts to incorporate BCI in the subregion are contributing to the CARM visions, but currently rely on ad hoc opportunities and funding and lack sustainability and a broader strategic foundation. Achieving a significant impact requires a more targeted and tailored approach with increased investment. The potential of people-centred, evidence-informed methods to support and promote critical health behaviours – focusing on priority health topics and marginalized groups in the central Asia region – is considerable yet underexplored. Achieving behavioural change requires a collaborative approach at multiple levels with increased funding.
Allocating resources to the key areas highlighted in the CARM is essential to enhance health outcomes, achieve all SDGs health targets by 2030 and advance towards UHC. The current strong political commitment and readiness to act provides a historical opportunity to make significant strides in health. With just 6 years remaining until the SDG deadline, there is a critical window of opportunity to approach the health targets. In drawing inspiration from the results already achieved, it is crucial to ensure their sustainability while also learning from past lessons. Strengthening existing partnerships and forging new ones will be vital in this effort. Through the mobilization of innovative funding and promotion of ongoing cooperation, WHO is ready to support the CACs on their journey towards better health and well-being for all.
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WHO/EURO:2024-10121-49893-74975