

Uzbekistan Health Security and Health System Brief

Overview of the needs identified¹

Uzbekistan's HS requires substantial support to improve surveillance and One Health teams. Additionally, it needs some support for improving its labs, health services delivery, HRH, cross border collaboration, procurement & supply chain management and health financing and governance. E-SPAR 2021 IHR Country Average of all Capacities /Global Average of all Capacity scores: 65%/65%.² The 2021 GHS Index Country Profile: 39.0 Index Score; 82/195 Rank.³

Laboratory systems

Around 160 labs conduct PCR analysis (90 public labs and 70 private labs) in the country. The government, ADB, and AIIB signed an agreement about the allocation of USD 200 million for the development of infrastructure for 475 labs and the training of 17,554 lab specialists. There is a functional specimen referral and transportation system from PHC to labs located at local branches of the Sanitary-Epidemiological Welfare and Public Health Service (SEWPHS) as well as private labs. The ISO 35001:2019 bio risk management assessment has been conducted in all labs which perform COVID-19 testing, with only the Research Institute of Virology lab been fully certified at the time of the KSTA National Assessment (2021). All hospitals and public health laboratories are following the biosafety level 1 standard. There is no information if the country has viral genomic sequencing technology. The other major gaps include insufficient HR capacity to conduct COVID-19 testing (PCR, rapid tests, and use of equipment, etc.), as well as shortcomings in specimen collection, preparation, and transportation within the referral and transportation system.

Real time surveillance and reporting

The healthcare facilities and labs at the primary level report the cases to the regional branches of the

SEWPHS. The responsible specialist from each region collates and analyzes data and submits daily reports to the national level. The SEWPHS at the republican level collates, analyzes, and submits information to the MoH for planning and decision-making. There are electronic data collection tools at the regional and republican levels. The main challenge is the manual recording and reporting of data at health facilities at the local level. The labs have computers, but there is no electronic information system for the synthesis of lab information.

Data integration/One Health

The Decree of the Cabinet of Ministers on the Establishment of the Unified System for Monitoring, Information Exchange, and Forecasting Natural, Technological, and Environmental Emergencies accounts for the surveillance and control of five zoonotic diseases: plague, yellow fever, Crimean-Congo hemorrhagic fever, and anthrax. The decree specifies the organizational-functional structure of the unified system for monitoring, information exchange, and forecasting emergencies. Its main objectives are composition, functioning procedure, technical bases, and financing. The MoH is designated as the state authority responsible for the surveillance and control of these diseases. A total of 409 local branches of the SEWPHS at the "rayon" level conduct the surveillance of animal diseases that may spread to humans. There is no established institutional mechanism for sharing surveillance information with other countries. There is a need to improve capacity of the key institutions involved in the management, integration, and coordination of surveillance in the human and animal health sectors in the country.

Rapid response teams/ systems

A special republican commission has been established as the main controlling body responsible

¹ The majority of information in this brief is based on national assessments conducted between Jan and Oct 2021 under TA6535 and has not been updated unless otherwise specified.

² <https://extranet.who.int/e-spar>

³ <https://www.ghsindex.org/country/uzbekistan/>

for the adoption of all restrictive, preventive, and epidemiological measures to combat the spread of COVID-19. The SEWPHS is the main responsible structure for implementing response measures through its branches in regions, cities, and districts. There is no information available on the existence and number of rapid response teams, as well as on the quality of epidemic response. Major gaps include lack of strategic emergency risk assessments to assess and document potential hazards, as well as relevant challenges and vulnerabilities which may influence the pandemic response. There is a need to improve multi-sectoral communication, coordination and collaboration for effective response.

Health service delivery

Public health facilities are organized into three layers: national, regional, and city. Private healthcare is minimal due to unsafe practices and poor quality of care. The government is the principal employer of health workers, as well as the primary provider of health-related goods and services. According to a report of the German Robert-Koch-Institute modular infectious diseases hospitals with the total number of 23,168 beds and triage and treatment centers with the total number of 8,994 beds have been established in all regions of the country in 2021. According to the national guidelines, COVID-19 cases with mild symptoms are managed at home under the supervision of general practitioners. For cases with severe symptoms, the patients are sent to emergency hospitals. There is an internal Quality Management Commission in each hospital facility to ensure quality. The governmental commission is in place to accredit the private sector. There is a need to effectively treat COVID-19 cases, especially in patients with high-risk factors.

Human resources for health

Physician-population ratio is low, at 2.37 per 1000 people, mostly due to the emigration of skilled professionals. The MoH has clear policies for forecasting healthcare staffing needs according to the increase in new cases and hospital surge

capacity. There are special training courses on COVID-19 for health workers, as well as programs to provide virtual/ online training or support through Telemedicine or Tele-mentoring for local health facilities. There is no information available about the number of infectious disease specialists in remote areas.

Cross-border coordination mechanisms

Cross-border collaboration to respond to COVID-19 functions according to the respective international regulations. It involves migrants, tourists, patients, and other groups of the population. The MoH, CDC, and WHO are involved in cross-border and international cooperation surveillance and reporting in the country. There are testing points for COVID-19 at all land border crossings, and they can conduct PCR tests. Different Ministries have responsibility at the borders and Points of Entry for various public health relevant aspects for humans, livestock as well as for inspection of goods, etc. There are official agreements and regulations between neighboring countries; however, there is still a need for better information sharing (e.g., sharing patient record information across borders).

Procurement and supply chain

There is a national procurement protocol which can be utilized by the MoH and MoA of Uzbekistan to acquire laboratory supplies (such as equipment, reagents and media) and medical supplies (equipment, PPE) for routine needs. The public procurement protocol for routine needs was adopted by a presidential decree in September 2018 (amended December 2020), in accordance with the Law on Public Procurement. The MoH undertakes the procurement of medicines, services, and supplies in a very centralized way. There is a shortage of cold chain equipment including fridges, temperature monitors, and alternative power sources within the system. The national storage and distribution network does not meet the demand of the health facility network. There is no strategic information on the quality of procurement and

supply chain management systems. There is no inventory system in place.

Health Financing

The main source of domestic funding of health services come from taxation (40%); 10% come through social health insurance; 2-3% from private health insurance; and the remaining comes from out-of-pocket expenditures. World Bank data indicate a high percentage of OOP expenditure – i.e., 57% of the CHE in 2019. Uzbekistan has allocated UZS 3,691,921 million (USD 353 million), or 3% of the 2021 state budget to healthcare, of which UZS 14,180 million is earmarked to improve diagnosis, prevention and treatment methods for infectious diseases. The current system lacks financing for vulnerable populations (including chronic, at-risk, health conditions for COVID-19 such as diabetes, and hypertension).

Governance

Uzbekistan's National Disaster Risk Reduction Strategy and its Action Plan were adopted by a Cabinet of Ministers' decree in April 2019 and epidemics and pandemics are integrated into this strategy. The MoH is playing a leading role in coordinating activities in the health sector through its executive board. There is no information on the quality of governance and decision-making in the health system.

Regional health cooperation

Priority areas⁴

- Conduct a feasibility study and dialogue on financial protection,
- Explore options for establishing public health emergency funds (funding modalities specific disbursement procedures, to enable fast-tracking allocation and disbursement).
- Conduct human resource supply and demand analysis for selected cadres.

Active regional initiative

- The Bio surveillance Network of the Silk Road (BNSR) - Eastern Europe/ South Caucasus and Central Asia countries,
- WB assistance to the CAR region in strengthening national surveillance
- USAID assistance through the LHSS Project - focus on improving laboratory services and surveillance system,
- Common GOST and SNIPs construction standards as well as mutual recognition of skills, under CIS,
- CAREC sanitary and phytosanitary standards modernization project.

Policy documents with regional cooperation mentions

- Healthcare system development concept of the Rep. of Uzbekistan for 2019 – 2025
- Uzbekistan - Public Health Strategy 2010-2020
- Welfare Improvement Strategy of Uzbekistan 2013 to 2015
- National Programme on Tobacco Control 2011-2020.

National institutes responsible for or involved in regional cooperation

- Parliament of the Republic of Uzbekistan,
- Government of the Republic of Uzbekistan (Ministries: Ministry of Health, Ministry of Foreign Affairs, Ministry of Finance)
- Provincial and City Governments
- Provincial and District Health departments.

⁴ Defined based on results of the national assessment as well as outcomes of the CAREC workshop conducted in Tbilisi in October 2022, which are in line with the Regional Investment Framework.