

Uzbekistan



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Total population (2005) ¹	26 593 000
% under 15 (2005) ¹	33
Population distribution % rural (2005) ¹	64
Life expectancy at birth (2004) ²	66
Under-5 mortality rate per 1000 (2004) ²	69
Maternal mortality ratio per 100 000 live births (2004) ³	30.16
Total expenditure on health % GDP (2004) ⁴	5.4
General government expenditure on health as % of general government expenditure (2004) ⁴	7.5
Human Development Index Rank, out of 177 countries (2003) ⁵	111
Gross National Income (GNI) per capita US\$ (2004) ⁶	460
Adult (15+) literacy rate (2003) ⁵	99.3
% population with sustainable access to an improved water source (2002) ⁷	89.6 (urban) 66.6 (rural)
% population with improved access to improved sanitation (2002) ⁷	57

Sources:

- ¹ United Nations Population Division
- ² World Health Report 2006
- ³ European health for all database
- ⁴ WHO data on National Health Accounts
- ⁵ Human Development Report 2005
- ⁶ World Development Indicators 2005 (World Bank)
- ⁷ Ministry of Health of Uzbekistan

Uzbekistan is a landlocked central Asian country with an area of 447 400 km². The first President of the newly independent state, Islam Karimov, was elected in 1991. The Constitution was adopted in 1992 and parliamentary elections were first held in 2004 (but did not meet Organization for Security and Cooperation in Europe (OSCE) standards). Uzbekistan is among the poorest countries in the WHO European Region. Economic stagnation has led to increasing unemployment, declining living standards, social discontent and large scale emigration, particularly of young qualified people. Agriculture formerly focused mainly on growing cotton but now there is more emphasis on industrial development and self-sufficiency in grain production. Terrorist bomb attacks occurred in 2004 and the deteriorating socioeconomic conditions provoke popular frustration and foster support for radical Islamic groups in some regions. Unrest in Andijan in May 2005 led to significant criticism from the European Union (EU) and the United States of America (USA). This led to reduction of funding of EU and USA-funded development programmes. A number of nongovernmental organizations (NGOs) has been closed due to toughening regulations and control on this sector. Uzbekistan is prone to natural disasters, particularly earthquakes and floods.

HEALTH & DEVELOPMENT

A highly centralized economy with rigid restriction of currency exchange has prevented the development of a market economy, inhibited investment and led to growing poverty and increasing inequities.

The health system remains highly centralized and its reform is not foreseen in the short term. Services are organized vertically, with duplication at national, regional and district levels. There is no national health policy document, so no conceptual model of an appropriate health system for the country. Health system reform has been initiated and implemented mainly through reduction in the number of hospitals and hospital beds and the establishment of outpatient facilities and rural medical centres (primary care reform). However, resources were cut and staffing of the primary care facilities is inadequate, with no incentives for doctors to move from hospitals to primary care facilities and from cities to rural settings. Despite significant investments in the primary care level in some regions, patients still overuse hospital care and have more trust in specialists than in general practitioners.

Only emergency care is free of charge; chargeable services and informal payments have increased the financial burden for patients in recent years, without protection for the most vulnerable groups. There is no national health insurance system. In-patient services and meals for pregnant and post-partum women with anaemia, communicable diseases such as HIV/AIDS, tuberculosis and syphilis, leprosy, mental health, oncology, endocrinology, and child care, are declared free of charge. However, in reality informal payments are required and the majority of patients cannot afford most of the drugs, especially those for chronic diseases.

The general health of the population has not deteriorated despite economic difficulties and life expectancy is increasing again after the decline following the collapse of the former Soviet Union. A long tradition of effective childhood immunization programmes has been maintained and vaccine-preventable diseases are well controlled. Most deaths are due to chronic conditions, mainly diseases of circulatory system (Standardized Death Rate (SDR) for all ages of 772.7 per 100 000 in 2002) and malignant neoplasms (SDR for all ages of 79.4 per 100 000 in 2002)³. There is a high death rate due to accidents. Tuberculosis and HIV/AIDS are priority communicable diseases with increasing prevalence and mortality.

Environmental health is an area of growing concern. Water supply sources are severely polluted; piped water is not available everywhere, especially in rural areas. Despite significant investments made through the World Bank Project, the existing rural water distribution networks often do not meet international standards and provide only interrupted water supply. Purification and disinfection of water also do not meet international standards. There is a high incidence of waterborne diseases, notably intestinal infections and viral hepatitis. Waste management, air pollution, industrial waste, vehicle emissions and food safety are major environmental health issues.

OPPORTUNITIES	CHALLENGES
<ul style="list-style-type: none"> • Government cooperation with UNDP to develop an interim document on <i>Increasing Incomes of the Population</i> • Well functioning immunization programmes provide important surveillance information to disease control programmes • A National Plan on Safe Injection to address the need for safe vaccination practices and to prevent HIV/AIDS • The national Institute of Health may take responsibility for health promotion activities • New financing mechanisms to address access and equity issues are being considered • A close relationship exists between WHO and the Ministry of Health (MOH). 	<ul style="list-style-type: none"> • Increasing poverty and inequity, not officially recognized; insufficient investment in health services; poor access and increasing financial burden for patients • Highly centralized governance and lack of policy to guide health system development; weak institutional capacity and information systems • Obsolete command and control management style, sustaining the former soviet tradition of punishment for non-compliance with orders, leads to denial of problems, non-transparent and consensual decision-making and demotivation of staff • Shortage of staff for primary care and uneven distribution; low professional skills of doctors and, even more, nurses, and inadequate medical, nursing and public health education; poor quality of health services; outdated medical practices raising many safety issues; overuse of hospital services and over-prescription of drugs; brain drain to more attractive countries • Inadequate equipment, drug procurement and distribution systems; lack of quality assurance for pharmaceuticals to meet international standards.

PARTNERS

The United States Agency for International Development (USAID) and the World Bank lead the work on health system reform, while the Asian Development Bank and UNICEF focus more on traditional health programmes for mothers and children. The World Bank provided a loan of US\$ 40 million for the "Health II" project aimed at strengthening primary health care, education of health staff, supplies, and financial management. WHO is expecting to play a bigger role in the reform with the 2006-07 Biennial Collaborative Agreement (BCA). USAID, despite reducing significantly its funding after the Andijan events, remains one of the main bilateral partners, supporting tuberculosis control and the directly observed treatment, short-course (DOTS), mother and child health, nursing education, prevention of drug abuse, health promotion, patients' rights, and health statistics. The German Technical Cooperation (GTZ) through the KfW Bank and the Japan International Cooperation Agency (JICA) support provision of drugs, medical supplies and equipment, immunization, logistics, human resource development, safe motherhood, reproductive health, and HIV/AIDS sentinel surveillance. Agreements for Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM) grants totaling US\$ 40 million were signed in 2003 (HIV/AIDS project) and 2004 (tuberculosis and malaria projects). The Asian Development Bank has signed a US\$ 40 million loan agreement for mother and child health, including US\$ 10 million to strengthen blood safety. A number of NGOs work in the country.

OPPORTUNITIES	CHALLENGES
<ul style="list-style-type: none"> • United Nations (UN) country team, through the Common Country Assessment (CCA) and UN Development Assistance Framework (UNDAF) processes, has outlined priorities for collaboration 2005-2009 • Uzbekistan now receives substantial funding for health system development and health programmes with contributions from many key partners • The Government, with WHO, has planned to set up a database for main donors and projects • Coordination of donor activities is the responsibility of the Government Department on Foreign Investments. 	<ul style="list-style-type: none"> • Coordination of donor activities and development of consensus among international partners to synergize impact at national high political level • Benchmarks set by the European Bank for Reconstruction and Development were not met, which restricts the Bank's support • Tight central control of all NGOs including all funds for NGO humanitarian activities.

WHO STRATEGIC AGENDA (2004-2010)

WHO's mission in Uzbekistan is to assist the Government to develop a modern health system addressing the main health needs of the country through the strategy "Matching Services to New Needs", supporting the adoption of a wider approach to health, focusing on the links between health and poverty reduction, social inequalities and inequitable access to health care.

The WHO Country Cooperation Strategy in Uzbekistan is a medium-term country-specific strategic framework for cooperation between the Government and WHO. The CCS outlines the process of change within WHO to better meet the changing health needs of Uzbekistan. WHO has identified six strategic areas of intervention which are consistent with the needs of the country and will support the Government to reform and strengthen the health system.

- **Strengthening the performance of the healthcare system in addressing priority health issues of the population** through strengthened capacity of the Ministry of Health in measuring system performance and develop policies, improving the quality of care at primary level, and enhanced capacity for human resources development.
- **Improving mother and child health including injuries** through improved policies for neonatal, child and adolescent health, as well as improved services for pregnant women.
- **Improving the control and management of communicable diseases** through better surveillance systems, sustained immunization systems, better case-management of tuberculosis patients, and enhanced capacity for treatment and prevention of HIV/AIDS.
- **Preventing and managing noncommunicable diseases** through improved mental health and substance abuse policies, and promotion of healthy diets.
- **Fostering environmental safety** through the development of national food and water safety strategies.
- **Improving preparedness and response to natural disasters**, through coordination mechanisms and contingency plans for a wide range of crises.



ADDITIONAL INFORMATION

WHO country page <http://www.who.int/countries/uzb/en/>

EURO country page <http://euro.who.int/countryinformation/CtryInfoRes?COUNTRY=UZB&CTRYInputSubmit>

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