

## UZBEKISTAN



<http://www.who.int/countries>

Total population (2010) <sup>1</sup>	27.794.300
% Under 15 (2008) <sup>2</sup>	30
Population distribution % rural (2008) <sup>2</sup>	63
Life expectancy at birth (2006) <sup>1</sup>	68.2
Under-5 mortality rate per 1000 (2008) <sup>1</sup>	38
Maternal mortality rate per 100 000 live births (2008) <sup>3</sup>	30
Total expenditure on health as % of GDP (2007) <sup>4</sup>	2.3
General government expenditure on health as % of general government expenditure (2007) <sup>2</sup>	46.1
Human Development Index Rank, out of 177 countries (2010) <sup>5</sup>	102
Gross National Income (GNI) per capita USD (2008) <sup>2</sup>	2660
Adult (15+) literacy rate (2000-2010) <sup>6</sup>	96.9
Adult male (15+) literacy rate (2000-2006) <sup>8</sup>	99.6
Adult female (15+) literacy rate (2000-2006) <sup>8</sup>	99.6
% Population with access to improved drinking water source (2008) <sup>2</sup>	87
% population with improved access to sanitation (2008) <sup>2</sup>	100

Source

1 UNDESA 2009

2 World Health Statistics 2010

3 Joint estimates by WHO, UNICEF, UNFPA and WB 2010

4 World Bank 2010

5 <http://hdrstats.undp.org/en/countries/profiles/>

6 UNESCO 2010

7 European health for all database

<http://data.euro.who.int/hfad/>

8 The national EFA mid-decade assessment report. UNESCO 2010

9 HIT 2007

Uzbekistan is an arid, landlocked central Asian country; 11% of the land is intensely cultivated, in irrigated river valleys. More than 60% of the population lives in densely populated rural communities. Export of hydrocarbons, including natural gas and petroleum, provided about 40% of foreign exchange earnings in 2009. Other major export earners include gold and cotton. Uzbekistan is now the world's second-largest cotton exporter and fifth largest producer of cotton. Agriculture formerly focused mainly on growing cotton but now there is more emphasis on industrial development and self-sufficiency in grain production, re-vitalizing of gardening. Potential investment by Russia and China in Uzbekistan's gas and oil industry, as well as increased cooperation with South Korea in the realm of civil aviation, may boost growth prospects. Although growth slowed in 2009-10, Uzbekistan has seen few other effects from the global economic downturn, primarily due to its relative isolation from the global financial markets.

The current 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. A referendum in January 2002 extended the President's term to seven years. Karimov won a further seven-year term of office in the last Presidential elections in December 2007, in which he gained 88.1% of the vote. The last parliamentary elections in Uzbekistan were held on 27 December 2009.

In 2006, Uzbekistan took steps to rejoin the Collective Security Treaty Organization (CSTO) and the Eurasian Economic Community (EurASEC), which it subsequently left in 2008.

On 11 June 2010, due to unrest and violence in southern Kyrgyzstan, a wave of ethnically Uzbek refugees fled into Uzbekistan. Uzbekistan government accommodated and supplied refugees with all necessary needs. UN country team in Uzbekistan highly evaluated the effective response of Uzbekistan to the humanitarian crisis, as well as diplomatic efforts resulting in soonest return of refugees.

### HEALTH & DEVELOPMENT

**A centralized economy with limitation of currency exchange** has influenced the development of a market economy and national and foreign investments. According to the WB 2010 ranking, Uzbekistan is now considered as a lower middle income country.

**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 programme 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 754.15 per 100 000 in 2005) and malignant neoplasms (SDR for all ages of 77.38 per 100 000 in 2005)<sup>7</sup>. Tuberculosis and HIV/AIDS are priority communicable diseases with increasing prevalence and mortality.

**Environmental health is an area of growing concern.** Uzbekistan experiences difficulties in meeting its water demands, including shortages in water supply for drinking purposes. Deficiency and pollution of water resources has become a critical problem, especially in rural areas. There is a lack of good quality drinking water in more than 30% of households nationwide and about 30% of the rural population does not have access to safe drinking water.

Air borne diseases account for the second largest part of mortality and morbidity in Uzbekistan. Concerns related to air include increasing emissions from the transport sector, especially in large urban centres, industrial pollution in the Fergana Valley and Navoi region, indoor pollution and yet-to-be-clarified effects of exposure to some pollutants, such as wind-blown dust, possibly contaminated by pesticides in the Aral Sea basin and effects of climate change.

**The Uzbek health system** has undergone significant changes since the country became independent in 1991. While Uzbekistan has made progression the restructuring of different layers of health services with an increased emphasis on primary care, the coordination of different levels of care remains a major challenge. The establishment of a state-guaranteed benefits package was an important element of health reforms. However, a number of essential services were left outside the state-guaranteed benefits package for the majority of the population, including secondary and tertiary services and outpatient pharmaceuticals. This has created many challenges, such as increasing the pressure on emergency services, which are comparatively well equipped and formally free of charge. Overall, access to secondary and tertiary care seems to have deteriorated in recent years and out-of-pocket payments (both formal and informal) present a major barrier to accessing health services and pharmaceuticals, in particular for low-income groups.

In addition, there are significant differences in terms of per capita health expenditure across regions and many rural physician points face staffing shortages. Quality improvement is another major challenge for the Uzbek health system and initial quality improvement initiatives are now being undertaken. (9)

**Healthcare** is divorced from reality and somehow unable to tackle the true extent of existing problems due to non transparency and not reliable data.

OPPORTUNITIES	CHALLENGES
<ul style="list-style-type: none"> <li>• GF grants to fight TB and HIV recently won</li> <li>• A close relationship exists between WHO and the Ministry of Health (MOH) and MoI.</li> <li>• UZ nominated as Member of EB</li> <li>• Good childhood immunization programmes</li> <li>• MOH placing emphasis on evidence based interventions</li> <li>• Activities with Ombudsman and MoH on human rights based approach for health</li> <li>• Ensuring necessary regulations for professional practice through licensing and accreditation</li> </ul>	<ul style="list-style-type: none"> <li>• Health system faces growing incidence of HIV-AIDS and TB MDR (as well as the rapid proliferation of NCD)</li> <li>• Leadership of MoH not always mirrored in other public administration</li> <li>• Need for implementing modern management techniques and management information system on all levels</li> <li>• Implementation of quality improvement mechanisms in every day health care</li> <li>• Difficulty to attach high qualified health care staff in remote rural areas</li> <li>• Overuse of hospital services and over-prescription of drugs; brain drain to more attractive countries</li> <li>• High out of pocket share in health spending, no national health insurance</li> <li>• lack of quality assurance for pharmaceuticals to meet international standards</li> </ul>

## PARTNERS

The World Bank provided a loan of US\$ 93 million for the “Health III” project aimed at strengthening secondary and tertiary level facilities, focusing on in patient’s services, education of health staff, supplies, and financial management. The role of the United States Agency for International Development (USAID) as a major donor in the health system reform has diminished shifting more to community health and TB/HIV area, while UNICEF, UNFPA focus more on traditional health programmes for mothers and children. The German Technical Cooperation (GIZ) 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\$ 46 million were signed in 2010 (HIV/AIDS project) and 2010 (tuberculosis and malaria projects). Few International NGOs work in the country. Embassies, such as German, French have bilateral programmes with the Government. EU is not yet represented in the country but talks are on going with the Government to open a delegation. As an initial phase of intervention by EU a contest for 1 million Euro for health projects announced in 2011.

OPPORTUNITIES	CHALLENGES
<ul style="list-style-type: none"> <li>• A new UNDAF signed in 2009 and developed jointly with the Government</li> <li>• Implementation of quality improvement mechanisms</li> <li>• Recognition of WHO’s role in supporting health reforms and development of health system assessment</li> <li>• Collaboration with UNICEF for implementation of European Commission funded project on “Improvement of mother and child health services in Uzbekistan”</li> <li>• WHO is implementing programmes on environment and health with German funding and UNDP GEF funds.</li> </ul>	<ul style="list-style-type: none"> <li>• Challenges of cooperation with government such as decreased transparency and artificial polishing of indicators</li> <li>• Lack of coordination of donors activities by the Government,</li> <li>• No opportunities for local fund raising</li> </ul>

## WHO STRATEGIC AGENDA (2008- 2013)

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 non communicable diseases** through improved mental health and substance abuse policies, and promotion of healthy diets. An NCD strategy and Action Plan has been developed to address the burden of NCD.
- **Fostering environmental safety** through the development of national food and water safety strategies.
- **Addressing impact of climate change on health** and developing a National Adaptation Strategy for Climate Change impact in the health sector.

## ADDITIONAL INFORMATION

WHO Country Page <http://www.who.int/countries/>  
 WHO Country Office Web Site  
 WHO/CCO/11.05/Uzbekistan

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