

Data Sheet

USAID Mission:	Uzbekistan
Program Title:	Health and Population
Pillar:	Global Health
Strategic Objective:	122-0320
Status:	Continuing
Planned FY 2006 Obligation:	\$4,350,000 FSA
Prior Year Unobligated:	\$573,000 FSA
Proposed FY 2007 Obligation:	\$3,386,000 FSA
Year of Initial Obligation:	2001
Estimated Year of Final Obligation:	2007

Summary: USAID's quality primary health care (PHC) objective is helping Uzbekistan to institutionalize health system reforms, in order to ensure utilization of quality, client-oriented, cost-effective primary health care services. Uzbekistan has demonstrated a commitment and enthusiasm for certain aspects of health reform, and is working with donors to implement these limited components on a national scale. USAID provides essential technical assistance and support to the country's efforts to control infectious diseases like HIV/AIDS and tuberculosis (TB), and the related scourge of increasing drug use.

Inputs, Outputs, Activities:

FY 2006 Program:

Address Other Health Vulnerabilities (\$2,087,000 FSA, \$473,009 FSA carryover). ZdravPlus II, USAID's health reform program, will provide technical assistance for the nationwide roll-out of pilot activities related to high-quality PHC, evidence-based medicine, and capitated financing. Facilities in pilot sites will hold town meetings to explain health reforms and available services to citizens, and support groups will be formed for people with specific illnesses. ZdravPlus II will begin demonstration pilots of a hospital case-based payment system, as well as new pilots in urban PHC. ZdravPlus II will assist the Tashkent Medical Academy with lesson plan development, and train teachers on curriculum design. The USAID-supported Evidence-based Medicine Center will continue to provide technical assistance, promote evidence-based medicine, and develop Uzbekistan's National Quality Improvement Strategy.

USAID's maternal and child health program, Healthy Family, will conduct training related to facility supervision, clinical protocols, antenatal care, delivery management, and integrated management of childhood illnesses. Volunteer health educators and visiting nurses will communicate key health promotion messages, and religious leaders and madrassa students will receive training in community health education. Management of pregnancy and childbirth complications will be introduced as subject material for Uzbekistan's medical institutes. USAID will continue to support implementation of the World Health Organization-recommended live birth definition on a pilot basis. In response to a request from the Uzbek Minister of Health, USAID will be partially funding a measles vaccination campaign conducted by UNICEF throughout Uzbekistan. This campaign is intended to correct problems caused by interruptions in routine vaccination, which occurred immediately after independence. Principal contractors/grantees: Abt Associates (prime), Morehouse University School of Medicine (sub), John Snow Inc. (sub), Boston University (sub), Institute for Sustainable Communities (sub), U.S. Centers for Disease Control and Prevention (CDC) (prime), UNICEF (prime), and Project HOPE (prime).

Prevent and Control Infectious Diseases of Major Importance (\$1,058,000 FSA, \$42,015 FSA carryover). Through its TB Control Program, USAID will continue to support implementation of the Directly Observed Treatment Short-course (DOTS) beyond pilot areas, through the use of "mentoring sites." The program will assist to collect and disseminate critical data for effective DOTS programming, and support the nation's high level working group on TB. USAID's program will work to improve the drug management system to reflect current National TB Program budgetary limitations. CDC will continue to train Uzbek professionals to be skilled epidemiologists through the Applied Epidemiology Training Program (AETP). CDC will expand its electronic surveillance activities on TB and improve TB laboratory capacities through quality assurance training. Quality assurance training will also be provided for laboratory staff at the

Primary Health Care level. Principal contractors/grantees: CDC (prime), Project HOPE (prime), Johns Hopkins University Bloomberg School of Public Health (sub), John Snow Inc. (sub), New Jersey Medical School National TB Center (sub), Chemonics International (sub), and CAMRIS International (sub).

Reduce Transmission and Impact of HIV/AIDS (\$1,205,000 FSA, \$58,339 FSA carryover). Through the Central Asian Program on AIDS Control and Intervention Targeting Youth and High-Risk Groups (CAPACITY), USAID will continue to assist the Government to implement its HIV grant from the Global Fund to Fight AIDS, TB, and Malaria, if notwithstanding authority is granted. The project will also increase the capacity of local non-governmental organizations to reach vulnerable groups and will work with other donors to leverage additional resources. Training will be provided to health professionals to improve their skills in counseling, testing, and antiretroviral treatment. The project will also address co-infection of HIV and TB. CDC will intensify efforts to train officials on the utilization of data from HIV surveillance for programmatic and policy decision-making. Uzbekistan's blood screening systems will continue to be advanced. USAID's innovative Drug Demand Reduction Program (DDRP) will focus on developing the Youth Power Center network aimed at preventing drug use by vulnerable young people. The national HIV/AIDS program will employ DDRP's Unique Identifier System for client tracking. Principal contractors/grantees: John Snow Inc. (prime), Population Services International (sub), Abt Associates (sub), International HIV/AIDS Alliance (sub), Howard University (sub), Alliance for Open Society International (prime), Eurasia Foundation (sub), AIDS Foundation East-West (sub), Accord (sub), Internews-Uzbekistan (sub), and CDC (prime).

FY 2007 Program:

Address Other Health Vulnerabilities (\$1,515,000 FSA). In its last year, Healthy Family will transition its activities to local governments, and will work to ensure sustainability of the project. As part of the strategy to encourage the Uzbek Ministry of Health to sustain training in maternal, child, and reproductive health, health policy specialists will conduct orientations on the new National Antenatal Care prikaz, the Reproductive Health Strategic Plan, and gender equity. Healthy Family will assist with the development of new standards on pediatric care and evidence-based medicine policy. Principal contractors/grantees: same as above; additional contractors/grantees TBD.

Prevent and Control Infectious Diseases of Major Importance (\$859,000 FSA). USAID will continue to expand DOTS implementation beyond pilot areas while supporting the high level working group on TB control in Uzbekistan. CDC will continue the AETP to support the Ministry of Health with identification, investigation, documentation, and dissemination of information about outbreaks of infectious diseases through a trained cadre of public health epidemiologists, and will expand its electronic surveillance activities on TB. Principal contractors/grantees: same as above; additional contractors/grantees TBD.

Reduce Transmission and Impact of HIV/AIDS (\$1,012,000 FSA). CAPACITY will continue to strengthen implementation of the national strategy to prevent and control HIV/AIDS, and CDC will continue to improve capacity for HIV surveillance and blood screening. In 2007, DDRP will transfer its best practice models for work with vulnerable youth and other target groups to local government and private counterparts. Principal contractors/grantees: same as above; additional contractors/grantees TBD.

Performance and Results: USAID assisted the GOU in expanding rural PHC reforms nationwide and made significant progress in supporting programs to combat infectious diseases, including HIV/AIDS and TB. Visits to Primary Health Care (PHC) clinics continued to increase, more people were served by clinics meeting quality standards, and a larger share of health expenditures went to PHC. In 2005, Uzbekistan began rolling out PHC reform on a national scale, including, for the first time, urban pilot sites. Essential health care services are now more accessible, affordable, and of better quality. USAID technical assistance led to demonstrable improvements in the provision of maternal health services, which affect maternal and infant mortality and morbidity. With USAID's support, Uzbekistan's DOTS program covered 100% of the country's population in 2005; TB mortality was decreased by 18.7%, and incidence by 4.4%. USAID's HIV prevention outreach broadcasted 18 mass media features, and personally reached 1,500 migrants and around 3,000 children with messages on HIV prevention and drug use. By program's end, these activities will help Uzbekistan to reform its health system in order to ensure utilization of quality, cost-effective PHC services, and to control existing HIV/AIDS and TB epidemics.

US Financing in Thousands of Dollars

Uzbekistan

122-0320 Health and Population	FSA
Through September 30, 2004	
Obligations	53,578
Expenditures	44,705
Unliquidated	8,873
Fiscal Year 2005	
Obligations	5,273
Expenditures	9,822
Through September 30, 2005	
Obligations	58,851
Expenditures	54,527
Unliquidated	4,324
Prior Year Unobligated Funds	
Obligations	573
Planned Fiscal Year 2006 NOA	
Obligations	4,350
Total Planned Fiscal Year 2006	
Obligations	4,923
Proposed Fiscal Year 2007 NOA	
Obligations	3,386
Future Obligations	6,060
Est. Total Cost	73,220