

Data Sheet

USAID Mission:	Uzbekistan
Program Title:	Health and Population
Pillar:	Global Health
Strategic Objective:	122-0320
Status:	Continuing
Planned FY 2005 Obligation:	\$6,060,000 FSA
Prior Year Unobligated:	\$528,000 FSA
Proposed FY 2006 Obligation:	\$5,265,000 FSA
Year of Initial Obligation:	2001
Estimated Year of Final Obligation:	2007

Summary: USAID's quality primary health care (PHC) objective is helping Uzbekistan reform its health sector, thereby creating quality, client-oriented, cost-effective primary health care services. Maternal, child, and reproductive health receive particular attention in the restructured and improved services. USAID provides essential technical assistance and support to the country's efforts to control infectious diseases such as HIV/AIDS and tuberculosis (TB).

Inputs, Outputs, Activities:

FY 2005 Program: Enhance Health Systems Capacity (\$2,554,000 FSA, \$528,000 FSA carryover). The Quality Public Health and Primary Health Care Program (QPHPHC) will increase access to and utilization of quality primary health care in Uzbekistan. Seven out of 15 oblasts will benefit from the program, affecting approximately 43% of the population. In conjunction with the Healthy Family Project (HF), the activity will improve primary health care delivery of integrated services, increase the quality of clinical care and the use of evidence-based medicine, and extend health care financing and information systems. QPHPHC will conduct family planning and reproductive health training for primary care doctors in urban clinics and rural providers in Ferghana and Sirdaryo oblasts. QPHPHC will extend safe motherhood programs to hospital-level clinicians and midwives. Health education campaigns will continue to focus on anemia, a major risk factor for maternal mortality. The project will extend Integrated Management of Childhood Illnesses (IMCI) and work toward its institutionalization. Diarrhea and clean water operations research will be conducted. HF will expand to six additional districts in underserved southern Uzbekistan, doubling the number of beneficiaries and accelerating provider training, community mobilization activities, and policy advocacy, including the development and roll out of new policies on infection prevention and contraceptive security. Certification of baby-friendly hospitals will continue. An HF small grants activity will continue. USAID will press for national roll-out of the international live birth definition following the successful U.S. Centers for Disease Control and Prevention (CDC)-UNICEF pilot project in Ferghana, as well as accurate infant mortality reporting procedures. USAID will continue to support regional undergraduate medical education activities to better train graduates. Principal contractors/grantees: American International Health Alliance (prime), Project HOPE (prime), American College of Nurse-Midwives (sub), American Red Cross (sub), The Futures Group (sub), and Johns Hopkins University (sub), TBD.

Reduce Transmission and Impact of HIV/AIDS (\$2,090,000 FSA). CDC will continue to develop the country's HIV surveillance and blood screening systems, including work on an electronic surveillance system. A new group of Uzbek professionals will join others in CDC's Applied Epidemiology Training Program (AETP). The Drug Demand Reduction Program (DDRP) will continue its activities targeting vulnerable populations with information about the risks of drug use. Principal contractors/grantees: CDC (prime), Alliance for Open Society International (prime), Eurasia Foundation (sub), Population Services International (sub), and Internews (sub).

Prevent and Control Infectious Diseases of Major Importance (\$1,416,000 FSA). Under USAID's TB control program, DOTS will be strengthened and ultimately expanded to cover the entire

Ferghana and Samarkand oblasts, increasing coverage from 10% to 28% of the country's population. The program will establish a high level working group to solidify policy changes and improve coordination. CDC will continue its activities to launch TB surveillance systems and improve the quality of related laboratory services. Principal contractors/grantees: Project HOPE (prime), Johns Hopkins University Bloomberg School of Public Health (sub), John Snow, Inc. (sub), New Jersey Medical School National TB Center (sub), CDC (prime) and Academy for Educational Development (prime).

FY 2006 Program: Enhance Health Systems Capacity (\$1,800,000 FSA). QPHPHC will provide technical assistance to refine the clinical health and financial information systems. QPHPHC and HF will promote evidence-based medicine through seminars and other training activities. The two projects will improve infection prevention, diagnosis, and treatment of sexually-transmitted infections, and increase the use of modern contraceptives. Activities aimed at improving essential maternal and newborn care, infection prevention, IMCI, and birth spacing will be expanded. HF will assist the Ministry of Health with identifying appropriate interventions to reduce the true causes of neonatal deaths. A policy dialogue with the Sanitary and Epidemiological Service will seek to include the public health sector more directly in overall reforms. Same implementers as above.

Reduce Transmission and Impact of HIV/AIDS (\$2,171,000 FSA). USAID's Central Asian Program on AIDS Control and Intervention Targeting Youth and High-Risk Groups (CAPACITY) will assist with implementation of Uzbekistan's \$24.5 million HIV grant from the Global Fund to Fight AIDS, TB and Malaria (GFATM), strengthen non-governmental organizations, and conduct training on counseling, testing, and treatment. CDC will train officials on using data from HIV surveillance for programmatic and policy decision making. Its blood safety and AETP programs will continue. DDRP will begin to replicate its models, as well as continue ongoing grant-making, training, and mass media communication efforts. Principal contractors/grantees: John Snow, Inc. (prime), Population Services International (sub), Abt Associates (sub), International HIV/AIDS Alliance (sub), CDC (prime), Alliance for Open Society International (prime), Eurasia Foundation (sub), and Internews (sub).

Prevent and Control Infectious Diseases of Major Importance (\$1,294,000 FSA). The TB program will continue training on quality control of laboratories, monitoring, and the role of primary health care doctors. Small grants will promote operational research. Same implementers as above.

Performance and Results: In FY 2004, health financing and management reforms continued progress. They are now implemented in seven out of 13 oblasts, up from three in 2003. Under the World Bank "Health 2" Project, to begin in January 2005, systems will be rolled out nationwide. A third (34.5%) of health providers are paid under the new provider payment system, up from 20.7% in 2003. The percentage of people covered by primary health care facilities meeting minimum clinical standards increased from 22.1 last year to 24.1. The number of such facilities participating in quality improvement programs increased significantly, from only nine in 2003 to 63 in 2004. USAID's assistance led to three successful applications to the GFATM, for HIV/AIDS (\$24.5 million), TB (\$13.8 million), and malaria (\$2.4 million). USAID's health programs in Uzbekistan are designed to increase the use and quality of primary health care services for underserved populations. In so doing, USAID will meet the challenge posed by the double burden of infectious and non-infectious diseases that increasingly affects the people of Uzbekistan.

US Financing in Thousands of Dollars

Uzbekistan

122-0320 Health and Population	FSA
Through September 30, 2003	
Obligations	46,344
Expenditures	30,755
Unliquidated	15,589
Fiscal Year 2004	
Obligations	7,405
Expenditures	13,948
Through September 30, 2004	
Obligations	53,749
Expenditures	44,703
Unliquidated	9,046
Prior Year Unobligated Funds	
Obligations	528
Planned Fiscal Year 2005 NOA	
Obligations	6,060
Total Planned Fiscal Year 2005	
Obligations	6,588
Proposed Fiscal Year 2006 NOA	
Obligations	5,265
Future Obligations	6,060
Est. Total Cost	71,662