

Data Sheet

USAID Mission:	Uzbekistan
Program Title:	Health and Population
Pillar:	Global Health
Strategic Objective:	122-0320
Proposed FY 2004 Obligation:	\$7,363,000 FSA
Prior Year Unobligated:	\$572,000 FSA
Proposed FY 2005 Obligation:	\$5,950,000 FSA
Year of Initial Obligation:	2001
Year of Final Obligation:	FY 2006

Summary: USAID's quality primary health care (PHC) objective is creating a higher quality, more cost-effective system nationwide through: improving health education; awarding small grants to health NGOs; retraining doctors and nurses; improving care of pregnant women and children; implementing incentive-based provider payment systems; developing pre-service and postgraduate education in family medicine; reducing conflict through sports and health education programs; controlling tuberculosis (TB); assisting malaria control efforts; and containing the HIV epidemic among injecting drug users.

Inputs, Outputs, Activities:

FY 2004 Program:

Increase Quality of Primary Health Care (\$4,387,803 FSA, \$32,015 FSA carryover). USAID will: continue national health education campaigns; train PHC staff on health promotion; expand small grants awards for local NGOs to implement health projects; train doctors in family medicine; continue quality improvement pilots; and provide community health nursing short courses in Israel. Health reform models will expand in urban PHC and central district hospitals. The per capita financing system will be extended to two new regions. New partnerships will improve pre-service medical education and nursing leadership. Principal contractors/grantees: Abt Associates (prime), Project HOPE (prime), American International Health Alliance (prime), Counterpart Consortium (prime), MASHAV (prime), and new partners to be determined.

Improve Maternal and Child Health Services (\$419,251 FSA, \$90,000 FSA carryover). USAID will continue provider training related to safe motherhood, infection prevention, breastfeeding, and integrated management of childhood illnesses. Community mobilization and small grant activities will expand. The project will promote policies of contraceptive security, and initiate an operations research activity related to diarrhea and clean water. The pilot-tested interactive school health curriculum will be extended, and the Sports and Health Education Program will be expanded. Principal contractors/grantees: Project HOPE (prime) and Abt Associates (prime).

Control TB and Other Infectious Diseases (\$1,020,980 FSA, \$300,341 FSA carryover). USAID will launch a new, five-year TB Control Program to strengthen surveillance, lab quality, and rational drug management, expanding to new sites and integrating TB control into a reforming health system. The program will emphasize control of rising rates of drug resistance and strategies to address the increasing rates of HIV/TB co-infection. Improved coordination will be sought between health and penal systems. The Applied Epidemiology Program will continue. Principal contractors/grantees: U.S. Centers for Disease Control and Prevention (CDC) (prime) and a new partner to be determined.

Prevent the Spread of HIV/AIDS (\$1,534,966 FSA, \$150,000 FSA carryover). CDC will continue establishment of four HIV sentinel surveillance sites. A new HIV/AIDS prevention activity will help NGOs expand service coverage for high-risk groups. USAID will assist with antiretroviral use, treatment for opportunistic infections, and counseling and testing services. Social marketing of condoms will continue. The government will receive technical support to implement its grant from the Global Fund for AIDS, TB,

and Malaria (GFATM). Full-scale implementation of USAID's drug reduction program will begin to reduce the demand for illegal drugs. Principal contractors/grantees: CDC (prime), Population Services International (prime), an Open Society Institute (OSI)/Kazakhstan-led consortium (prime), and new partners to be determined.

FY 2005 Program:

Increase the Quality of Primary Health Care (\$2,563,760 FSA). USAID will make a health reform award to expand urban PHC, quality improvement, hospital finance, and health information to more pilot sites. Small grant support, community health nursing, health management partnership, pre-service medical education, and nurse leadership activities will continue. Principal contractors/grantees: same as above.

Improve Maternal and Child Health Services (\$986,240 FSA). USAID will expand project activities to additional districts, doubling the number of beneficiaries. Based on lessons learned during phase one, phase two will accelerate provider training, community grants, and mobilization activities and policy advocacy. The diarrhea and clean water operations research will inform new pilot activities. USAID's cross-border Sports and Health Education Project will increase the number of school camps conducted. Principal contractors/grantees: same as above.

Control TB and Other Infectious Diseases (\$1,150,000 FSA). USAID's new program will continue to extend the Directly Observed Treatment, Short-course (DOTS) pilots while increasing integration with health sector reforms. The program will expand to cover almost half the population. National capacity will be developed to monitor and review program quality, including improved surveillance and diagnostics. A national reference lab will be strengthened. Small grants will be provided for information, education, and communication activities and operations research. USAID will continue funding applied epidemiology training. Principal contractors/grantees: CDC and a new partner to be determined.

Prevent the Spread of HIV/AIDS (\$1,250,000 FSA). USAID will expand HIV/AIDS surveillance while integrating it with other surveillance. Lab and other diagnostics will be improved. Prevention activities will expand coverage, while new techniques will more accurately identify those at greatest risk of infection. GFATM grant implementation will continue to be supported. The drug reduction program will implement models to reach vulnerable youth, families, and communities, and improve drug rehabilitation services. Principal contractors/grantees: CDC, OSI/Kazakhstan, and a new partner to be determined.

Performance and Results: The rural PHC model is rapidly expanding. At present, 20.2% of the population has access to these reformed PHC practices compared with 12.7% last year. From three districts, 26 more have implemented health finance and management reforms and work is underway in two additional oblasts. USAID significantly increased health programs in maternal child health, drug abuse prevention, and small grants to health NGOs. A \$5.1 million humanitarian assistance shipment of pharmaceutical and medical supplies was delivered this year to support Maternal Child and Health activities in six pilot districts in two oblasts or regions. USAID's key role in confronting the TB epidemic included assistance to draft the national policy framework, approved in 2003, to implement DOTS. Results from 10 USAID-supported pilot sites show that TB labs' and facilities' average scores on minimum standards checklists ----exceeded targets at 83.9% for labs (75% target) but failed to meet targets at 81.9% for facilities (85% target). The GFATM has awarded Uzbekistan \$24.5 million over five years for AIDS, pending responses to a series of questions. With successful completion of this strategic objective, Uzbekistan will have health finance and health information systems country-wide for rural PHC and for hospitals in two oblasts, quality improvement systems active in at least two oblasts, a coordinated comprehensive HIV/AIDS program, and a firmly-established TB control program.