

Investing for a safe and healthy Uzbekistan

WHO Health Emergencies Programme
at the country level



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WHO Health Emergencies Programme at the country level

Disasters and emergencies disrupt communities and destroy livelihoods – most of all they threaten people’s health. In a typical year, Europe suffers economic losses of € 10 billion from disasters and emergencies,¹ which result in hundreds of people dying or becoming severely ill.

Europe’s 21st century emergencies include a wide range of hazards:

- Many countries have measles epidemics.
- Countries in southern, central and eastern parts of the Region have outbreaks of vector-borne diseases, such as West Nile Virus and Crimean-Congo haemorrhagic fever.
- All national health systems in the European Region have to respond to outbreaks of foodborne diseases, and antimicrobial resistance is growing at an unprecedented pace.
- Many countries are prone to floods, heatwaves, forest fires and other extreme events. Climate change means Europe is likely to see many more such emergencies in the coming years.
- The threat of earthquakes and other natural disasters in Europe – possibly combined with chemical or nuclear contamination – never goes away.
- Conflicts and terrorist attacks affect European countries directly and as spill-over effects from neighbouring countries and regions.

¹ Estimate quoted in EFDRR. High-Level Dialogue Communiqué from 2017. European Forum for Disaster Risk Reduction, Istanbul, 26–28 March 2017. Geneva: European Forum for Disaster Risk Reduction; 2017. (https://www.preventionweb.net/files/52533_2017efdrhlcommuniquefinal.pdf, accessed 23 August 2019).

The European Region is part of a highly interconnected world. Diseases can spread at the speed of an aeroplane, and people fleeing emergencies often cross international frontiers. Recent striking examples of international emergencies with repercussions in Europe are the outbreaks of the Ebola and Zika viruses, and the Syrian humanitarian crisis.

Uzbekistan: The case for action

Uzbekistan faces a high level of natural hazards – in particular, earthquakes and landslides. The country’s health emergency capacity is good in some areas, but there are a number of key areas where it needs to be strengthened. This is why Uzbekistan is one of the WHO Health Emergencies (WHE) Programme’s priority countries in the European Region.

The WHE Programme will continue to scale up support to priority countries and territories to help them to strengthen their International Health Regulations (IHR) core capacities. Each of the priority countries faces significant hazards, and each has vulnerabilities in their health emergency response capacities. This means health emergencies can have a high impact in these countries and territories. It also means they are the places in the Region where investment in IHR core capacities can produce the greatest return.

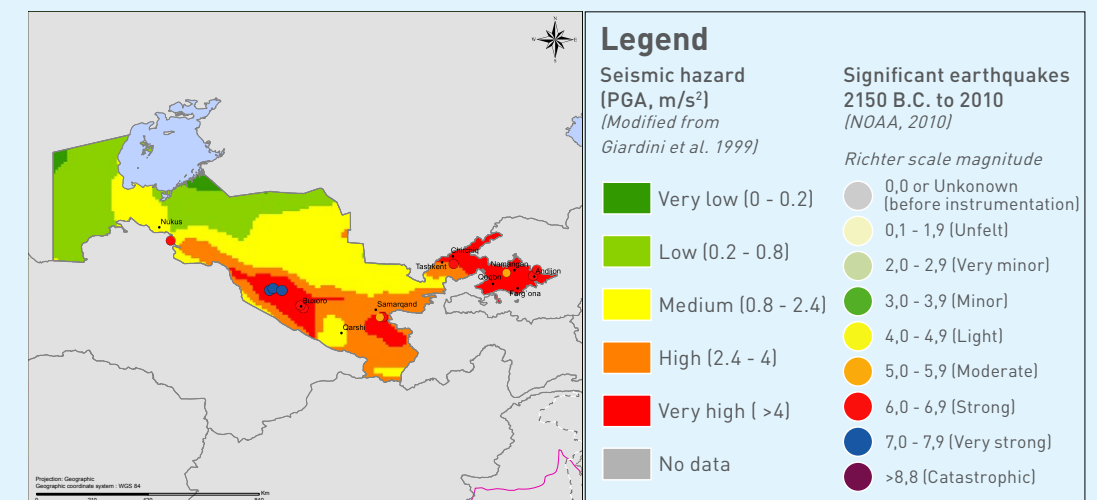
1 BOX

Box 1: Key emergency threats in Uzbekistan

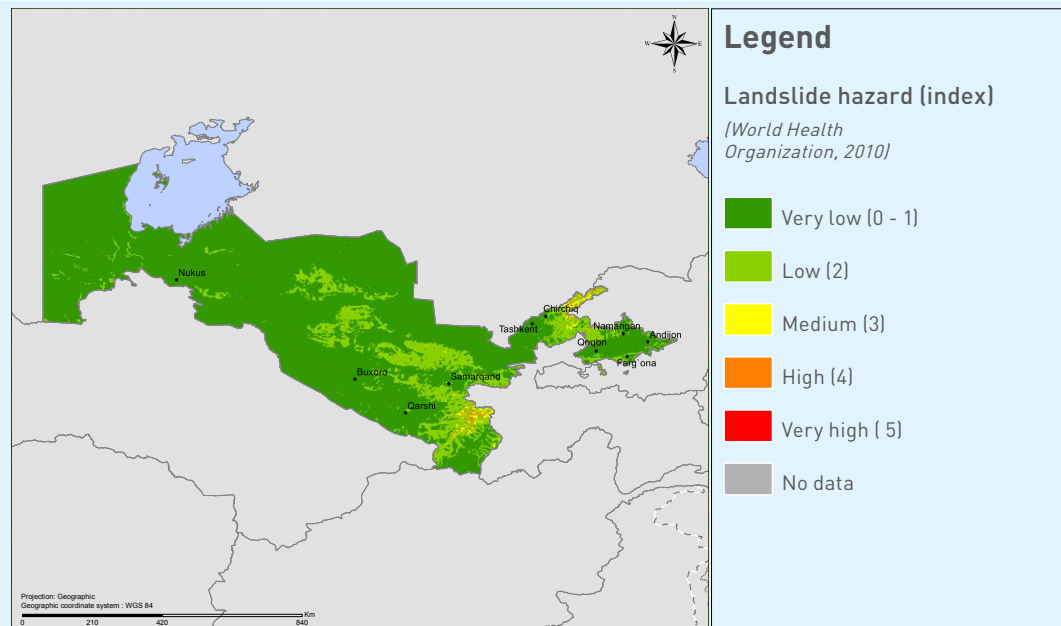
- Earthquake (Map 1)
- Landslides (Map 2)
- Drought

1 MAP

Uzbekistan: Seismic hazard map²



2 WHO. The WHO E-Atlas of Disaster Risk for the European Region. Volume 1. Exposure to Natural Hazards. Version 2.0. Copenhagen: WHO Regional Office for Europe; 2011. (<http://www.euro.who.int/en/health-topics/emergencies/disaster-preparedness-and-response/publications/2011/who-e-atlas-of-disaster-risk-for-the-european-region-the.-volume-1.-exposure-to-natural-hazards.-version-2.0>, accessed 23 August 2019).

Uzbekistan: Landslide hazard map³**Disclaimer**

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Uzbekistan is striving to achieve Universal health coverage (UHC), in line with the UN's Sustainable Development Goals (SDGs). Investing in health emergency capacities supports the country's progress towards these and other SDGs. The investment will safeguard social and economic progress, by reducing the impact of emergencies when they happen.

³ Ibid



Photo credit: WHO



“Universal health coverage and health emergencies are two sides of the same coin”



Dr Tedros Adhanom Ghebreyesus
Director-General of World Health Organization

Universal health coverage and health emergency capacity, or emergency preparedness, are two sides of the same coin in a people-centred health system. When countries strengthen their emergency preparedness and response capacities, they also strengthen their health system's ability to provide universal health coverage. In the same way, when countries strengthen their health systems, they strengthen their capacity to be prepared for and respond to emergencies. True universal health coverage means people can access quality, affordable, safe and culturally sensitive life-saving services when they need them most – including when they have been hit by an emergency.

2
BOX**Investing in emergency preparedness makes economic sense**

Many health emergencies are partly or fully preventable. Where they are not, harm can often be reduced through prevention, preparedness, early detection and rapid response.

Total global investment required over the coming five years to effectively prepare for, prevent, detect and respond to health emergencies is estimated at US\$ 28.9 billion. Success will be measured against the goal of better protecting at least 1 billion more people from health emergencies and providing life-saving health services to 100 million vulnerable people. It will save approximately 1.5 million lives and provide estimated economic gains of US\$ 240 billion.

Extract from A Healthier Humanity: The WHO Investment Case for 2019–2023⁴

The return on investment is US\$ 8.30 for every US\$ 1 provided – a more than eightfold return. The investment pays back in multiple ways:

- it saves people, society, economy from the next emergency
- it strengthens the health system
- it helps to meet several Sustainable Development Goals
- it contributes to global efforts to protect 1 billion more people worldwide.

⁴ WHO. A Healthier Humanity: The WHO Investment Case for 2019–2023, pp. 24–28. Geneva: World Health Organization; 2018. (<https://apps.who.int/iris/bitstream/handle/10665/274710/WHO-DGO-CRM-18.2-eng.pdf>, accessed 23 August 2019).

3
BOX**Investing in health emergency preparedness is key to achieving the SDGs**

Investing in health emergency preparedness and response is key to achieving SDG 3 “Ensuring healthy lives and promoting the well-being at all ages is essential to sustainable development”. It is particularly relevant to target 3.D, which deals with strengthening health emergency capacity, and targets 3.1 (maternal mortality); 3.2 (infant mortality); 3.8 (universal health coverage) and 3.9 (deaths from chemical contamination).

Investment in health emergency capacity also plays an important role in achieving other SDG goals such as: eliminating poverty and hunger (SDG 1, SDG 2); gender equality (SDG 5); decent work and economic growth (SDG 8); reduced inequalities (SDG 10); Climate Change (SDG 13); and Peace, justice and strong institutions (SDG 16).



Photo credit: WHO

The International Health Regulations: a framework to protect people from health emergencies

Since 2007, the IHR have made a difference to the way the world prepares for and responds to emergencies. The IHR (2005) is a central mechanism within the WHE Programme to guide countries towards achieving common approaches and capacities to detect, assess and respond to health threats. The IHR (2005) is a legally binding treaty signed by all WHO Member States. What it commits them to is:

1. Sharing information with WHO, and each other, about all hazards – disease outbreaks and other health threats (e.g. chemical or nuclear contamination) – that could spread across international borders.
2. Developing and maintaining the **core capacities** needed to prepare for, detect and respond to disease outbreaks, and other health threats.
3. Reporting annually on their implementation of the IHR.

The IHR have already strengthened international cooperation and country capacities to deal with health emergencies. Nonetheless, many Member States in the European Region, and indeed around the world, have scope to further strengthen their IHR core capacities.

For more information about the IHR see:

https://www.who.int/topics/international_health_regulations/en/

IHR core capacities for monitoring and evaluation

1. Legislation and financing
2. IHR coordination and national IHR focal point functions
3. Zoonotic events and the human–animal interface
4. Food safety
5. Laboratory
6. Surveillance
7. Human resources
8. National Health Emergency Framework
9. Health Service Provision
10. Risk communication
11. Points of entry
12. Chemical events
13. Radiation emergencies

Uzbekistan's emergency preparedness and response capacities

6 BOX Overview of IHR monitoring and evaluation in Uzbekistan

Four complementary components of monitoring and evaluation help to provide a comprehensive overview of the current status of IHR country capacities.⁵ The States Parties Annual Reporting is mandatory; the Joint External Evaluation (JEE), After Action Reviews (AARs) and Simulation exercises are voluntary.

In particular the JEE fosters a peer-to-peer discussion between international and national experts to identify strengths and weaknesses in emergency preparedness and response within the national health system. Results and recommendations from these activities are the basis for the development of a National Action Plan for Health Emergency Preparedness.

Done or in process:

- States Parties Annual Reporting: 2019
- Joint External Evaluation (in preparation)

Recommended:

- After Action Reviews
- Simulation exercise
- National Action Plan for Emergency Preparedness

7 BOX Highlights from Uzbekistan's 2019 self-assessment report on its IHR core capacities

Analysis of Uzbekistan's annual reporting data for 2019 shows the top three IHR core capacity challenges in Uzbekistan are currently:

- Food Safety
- Points of entry
- IHR Coordination and IHR Focal Point Functions
- Chemical events

Uzbekistan's health emergency preparedness initiatives

One Health

Uzbekistan has expressed interest in undergoing the joint WHO, IHR and the World Organisation for Animal Health (OIE) Performance of Veterinary Services (PVS) assessment (the IHR-PVS bridging workshop), to strengthen coordination between the animal and human health sectors.

⁵ WHO. IHR Monitoring and Evaluation: A Key Element for Public Health Emergency Preparedness and Response. Copenhagen: WHO Regional Office for Europe; Europe; 2018 (http://www.euro.who.int/__data/assets/pdf_file/0006/375819/IHR-Brief_WEB.pdf?ua=1, accessed 23 August 2019).

Influenza

Uzbekistan routinely submits clinical and virological influenza data to the joint WHO Regional Office for Europe and the European Centre for Disease Control and Prevention (ECDC) regional influenza bulletin, Flu News Europe,⁶ and aspires to fully participate in the WHO Global Influenza Surveillance and Response System (GISRS).

Hospital safety

Floods and earthquakes are two of the highest hazards for Uzbekistan. They are therefore priority threats for the country from a disaster risk reduction perspective. Training on hospital safety for an intersectoral group of experts was held in 2019. The 20 trainees represented the ministries of emergencies, internal affairs and health. Three hospitals have been assessed using the Hospital Safety Index tool.

Infection prevention and control (IPC)

According to the 2018/2019 Global Monitoring of Country Progress on Antimicrobial Resistance, in Uzbekistan a national IPC programme and operational plan are available and national guidelines for health care IPC are disseminated. Selected health facilities are implementing the guidelines, with monitoring and feedback in place.

⁶ ECDC/WHO/Europe. Flu News Europe [website]. (<https://flunewseurope.org/>, accessed 3 September 2019).

Opportunities for further progress

The government of Uzbekistan has a strong command and control system for responding to emergencies such as natural disaster. Within the health sector, Uzbekistan has a successful national immunization programme. The health sector's capacity for emergency response is in development.

In early 2019 the Ministry of Health formally established a series of multisectoral working groups looking at different IHR core capacities. The working groups are examining Uzbekistan's current capacities to identify which of them needs to be strengthened.

The ongoing reform of the public health sector is an opportunity to mobilize domestic resources for Uzbekistan's IHR core capacities. Uzbekistan is covered by the UN Development Programme; thus, there may be further opportunities for partners to give input to, and support, the public health reforms.

Beyond this, conducting a Joint External Evaluation (JEE) of Uzbekistan's IHR core capacities would provide the Ministry of Health and its partners a clear and objective picture of the country's current level of health emergency capacity. The JEE report gives recommendations from international experts on where and how these capacities need to be strengthened, including three or four priority recommendations for action.

The JEE report and its recommendations would provide a basis enable Uzbekistan to develop a National Action Plan for Health Emergency Preparedness. This would set out a multi-year plan for strengthening IHR core capacities, and providing the resources needed to keep them sustainable and robust in the long term.

Once the National Action Plan is in place, it needs to be accompanied with a clear strategy supported by domestic resources. WHO and international partners are in a good position then to identify areas where they can offer support or additional resources for strengthening IHR core capacities in Uzbekistan.

WHO in action in Uzbekistan

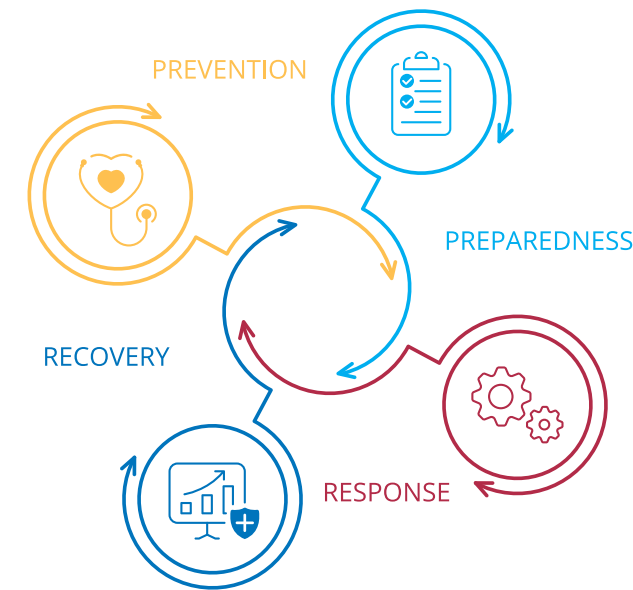
Rapid response teams

The WHE team in the Country and Regional offices have worked with the Ministry of Health to develop outbreak investigation and response guidance for the Rapid Response Teams. They have also developed protocols for critical care of patients with severe influenza, which can also be used by emergency medical teams. This process was conducted under the Pandemic Influenza Preparedness (PIP) Framework and was supported by the US Centers of Disease Control and Prevention (US CDC) and Germany's Robert Koch Institute.

Strategic risk assessment

In 2020, WHO is working with the Ministry of Health and the Ministry of Emergencies to produce a strategic risk assessment of emergency health threats facing Uzbekistan.

Protecting people from health emergencies together: The way W(H)E work



The WHE Programme is providing the Organization's response to increasingly demanding crises. Mainstreamed across all levels of the Organization, it is geared to better protect people from health emergencies by establishing people-centred health systems which can detect, assess, communicate and respond to crises in a matter of hours.

Since each country is unique, the Programme tailors its support to countries' specific hazards, vulnerabilities and systems. It recognizes that structures and people with the right skills need to be in place where disease outbreaks occur, where disasters and conflicts strike, and where people fall sick and die. Therefore the Programme places countries at its centre.

The health emergency management cycle defines the rhythm of the Programme. Its four phases – prevention, preparedness, response and recovery – are grounded in the requirements of the IHR and seamlessly complement each other to save lives. Here's how it works:

1. **Prevention** and control of infectious diseases – through vaccination, for example – help prevent outbreaks in the first place.
2. At the same time, countries need to develop, test and evaluate their national plans and strengthen their capacities to be **prepared** for the next emergency of any type. This includes, for example, assessing hospitals for safety and functionality, establishing a laboratory network of excellence, setting up systems for disease surveillance, and engaging communities to communicate risks.
3. During the **response**, life-saving health interventions and pre-positioned essential health packages are delivered in collaboration with health partners to ensure that affected populations have timely access to quality health services, leaving no one behind.
4. The **recovery** phase is the time to learn from experience and build back better; it is the opportunity to make health systems stronger for the future.

Bridging health emergencies and universal health coverage – two sides of the same coin – will pave the way for countries to achieve the related Sustainable Development Goals. To make this a reality, the WHE Programme has tailored the global strategy into a European Action Plan. The Plan bonds countries with comparable levels of capacity and capability to avert or respond to emergencies. This requires cooperation across sectors and across borders.

As a strong believer in partnership, WHO invites all governments, sectors, partners and people in the European Region to implement the Action Plan jointly. Together we have the expertise and know-how, and together we can support global efforts to prevent, prepare for, respond to and recover from all health emergencies, while contributing to protecting 1 billion more people worldwide.

The WHO Regional Office for Europe

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

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