MINISTRY OF HEALTH OF THE REPUBLIC OF UZBEKISTAN

NATIONAL ACTION PLAN ON HEALTH SECURITY IN THE REPUBLIC OF UZBEKISTAN 2024 - 2028

Ministry of Health of the Republic of Uzbekistan

National Action Plan for Health Security for the Republic of Uzbekistan 2024 – 2028

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Abbreviations

AEFI	Adverse Event Following Immunization
AMR	Antimicrobial Resistance
CAREC	Central Asia Regional Economic Cooperation
CAESAR	Central Asian and European Surveillance of Antimicrobial Resistance network
CBRN	Chemical, Biological, Radiological and Nuclear
COVID-19	Coronavirus Disease- 2019 (caused by SARS-CoV2 virus)
FAO	Food and Agriculture Organization
FETP	Field Epidemiology Training Program
FETP-V	Regional Field Epidemiology Training Program for Veterinarians
GDP	Gross Domestic Product
GLASS	Global Antimicrobial Resistance and Use Surveillance System
GPW13	WHO's thirteenth General Programme of Work 2019–2023
HR	Human Resources
ICT	Information and communication technology
IHR	International Health Regulations
IHRMEF	International Health Regulations Monitoring and Evaluation Framework
ILO	International Labour Organization
INFOSAN	FAO/WHO International Food Safety Authorities Network
IT	Information Technology
JEE	Joint External Evaluation
MDR	Multidrug-resistant
M&E	Monitoring and Evaluation
MoA	Ministry of Agriculture
MoEF	Ministry of Economy and Finance
MoES	Ministry of Emergency Situations
MoH	Ministry of Health
NAPHS	National Action Plan for Health Security
NCD	Non-Communicable Diseases

NGO	Non-Governmental Organizations
OOP	Out of Pocket Expenditure
PHEOC	Public Health Emergency Operations Center
SDGs	Sustainable Development Goals
SOP	Standard Operating Procedure
SPAR	State Party Self-Assessment Annual Reporting
TB	Tuberculosis
UHC	Universal Health Coverage
US	United States (of America)
USD	US Dollar
UZS	Uzbek Soum
WHO	World Health Organization
AWaRE	WHO AWaRe system provides normative guidance, technical documents and tools to support Member States in the implementation of antimicrobial stewardship policies and interventions, including planning, informing, monitoring and evaluating impact
WHO EURO	WHO European Region
WOAH	World Organization of Animal Health

PREFACE

As it is well known, the COVID-19 pandemic and the economic crisis provoked by it have caused significant damage to health system, production, international trade, investment, and other socio-economic sectors in countries around the globe. The pandemic has shown that effective government cooperation at all levels is crucial to prevent, prepare for and respond to emergencies.

This requires continuously strengthening of the national capacity to enforce the International Health Regulation (IHR-2005) as well as the ability to coordinate and ensure health security under the provisions of the public health regulations.

Therefore, in line with Uzbekistan's new approach to emergencies, the National Action Plan for Public Health Security in the Republic of Uzbekistan for 2024-2028 (NAPHS) has been developed.

The NAPHS, corresponding to the national and international requirements, was developed based on the Joint External Evaluation (JEE) of the core capacities of IHR-2005 conducted in 2022, the State Party Self-Assessment Annual Reporting Tool (SPAR) made in 2023 and in accordance with the Development Strategy of the New Uzbekistan 2022-2026.

A working group was formed, coordinated by the Committee of Sanitary Epidemiology Welfare and Public Health under the Ministry of Health, organizing a series of meetings and technical seminars during the 2 years of preparation for drafting the NAPHS.

The Ministry of Health of the Republic of Uzbekistan has been the National Coordinator for developing the NAPHS based on an all-inclusive, whole-of-government and whole-of society approach, also centred around one-health.

The National Plan is the result of joint efforts by all stakeholders to strengthen Uzbekistan's healthcare system and respond efficiently to health emergencies. Ministry of Health would like to expresses the deepest gratitude to the members of the technical working group including representatives from Ministry of Health; Ministry of Emergency Situations; Ministry of Agriculture; Ministry of Economy and Finance; Ministry of Investments, Industry and Trade; Ministry of Water Management; Ministry of Ecology, Environmental Protection and Climate Change; Sanitary-Epidemiological Peace and Public Health Committee; Veterinary and Animal Husbandry Development Committee; Plant Quarantine and Protection Agency and Innovation Ecosystem Development Department at Industrial Enterprises. We believe their invaluable continuous contribution will play an important role also for the successful implementation of the NAPHS.

We recognize the invaluable technical and practical assistance provided by the World Health Organization for many years and extend our special thanks for its close cooperation.

In addition, we express our gratitude to our international partners such as the United States Agency for International Development (USAID) in Uzbekistan, the Asian Development Bank, and the World Bank, for their commitment to financing the implementation of the NAPHS.

We believe that the effective implementation of the National Plan will make a significant contribution to supporting the ongoing reforms aimed at enhancing the healthcare system, improving preparedness for more efficient emergency responses, and preserving public health and productivity.

Bakhodir Yusupaliev
Chief Sanitary Doctor of the Republic of Uzbekistan

Acknowledgments

Owing to the joint efforts, our country has now adopted the National Action Plan for Health Security in the Republic of Uzbekistan (NAPHS), which is aimed at enhancing readiness for a more efficient response to health emergencies. This five-year plan (2024-2028) has been developed by a multisectoral working group (WG) consisting of national and international experts, within the leading role of the Committee of Sanitary Epidemiology Welfare under the MoH and coordinated by *Dr. Rustamjon Ikramov*, the Director of the Department for Epidemiology and Infectious Diseases Prevention.

More than 40 representatives from the ministries and agencies, responsible for the International Health Regulations in Uzbekistan, together with specialists from the World Health Organization (WHO) in Uzbekistan and the WHO Regional Office for Europe, have been convened in the work to emphasize that effective cooperation across all levels is crucial to prevent, prepare for, and respond to emergencies. to finalize the NAPHS

This NAPHS narrative document has been developed and prepared by *Mr. Poul Thim*, a Consultant to the WHO Regional Office for Europe, and *Dr. Dildora Sekler*, the Public Health Officer of the WHO Health Emergencies Program in Uzbekistan with organizational support provided by *Mr. Nurakhmat Barayev,* the Program Assistant at the WHO Country Office in Uzbekistan. Internal review of the current document was provided by Jussi Sane, Technical Officer at the Health Emergency Programme WHO Regional Office for Europe. Proofreading of the Russian version of the NAPHS was provided by *Ms Galina Fomaidi*, National consultant, WHO Country Office in Uzbekistan.

Further, the United Nations Population Fund (UNFPA), United Nations Office for Project Services (UNOPS) and the United Nations International Children's Emergency Fund (UNICEF) provided valuable feedback and comments during the review of the NAPHS.

Given the above, and on behalf of the Committee for Sanitary and Epidemiological Welfare and Public Health, we would like to thank the members of the working group, representatives of international organizations, and international financial institutions who contributed to the development of the NAPHS.

We are confident that this plan will enhance preparedness for emergencies in Uzbekistan, prevent the spread of diseases, and protect people’s health.

Executive Summary

The National Action Plan for Health Security (NAPHS) for the Republic of Uzbekistan covering 5 years from 2024 to 2028, is elaborated based on the Development Strategy of the New Uzbekistan 2022-2026, the Joint External Evaluation 2023 (JEE) and the State Party Self-Assessment Annual Reporting 2022 (SPAR).

With the financial support from the USAID and technical assistance from WHO, the NAPHS was drafted by the Working Group for NAPHS Development assigned by the government and consisting of representatives from all relevant ministries and agencies responsible for the IHR. The first draft was ready in 2023 and the finalization of the document took place during the multisectoral expert workshop in March 2024 with more than 40 key stakeholders from the whole of government and whole of society.

The strategic object for the 5-years NAPHS is to: Strengthen Uzbekistan's preparedness to better respond to health emergencies through the implementation of the core capacities of the International Health Regulations. This goal is to be sustained by the following strategic actions:

- Strengthen preparedness and planning for health emergences to improve the capacities under the IHR and improvement of intersectoral relationships and coordination;
- Improve early warning and detection of potential public health threats, including for emergency infectious diseases;
- Implement One Health and all-hazards approaches throughout the government, across sectors and between ministries.

The 2 years operational plan has the aims to:

- Develop a multisectoral all hazards emergency response plan based on a national strategic risk assessment;
- Establish the knowledgebase and the plan for building robust cadres of public health specialists and for making their careers attractive and rewarding;
- Assess existing training programme and develop curriculum to further strengthen the capacity under the IHR (2005) and to strengthen interministerial and intersectoral collaboration;
- Establish administrative mechanisms for the One Health and all-hazards approaches through a whole of government and whole of society approach.

The operational plan defines for each of the 19 technical areas, no less than 72 focus areas including more than 300 activities. The NAPHS is shaped to contribute to prevent, protect against, control, and provide public health response to limit international spread of disease in ways that are commensurate with the public health risks.

The risks and mitigation actions for the successful implementation of the operational plan are mostly related to budget barriers and financial constraints and multisectoral engagement. However, detailed measures are being identified to mitigate these risks.

The NAPHS has been costed following a net-approach by which only the activities for which funding have not yet been identified have been costed and thus, equals the additional resource required to fully implement the NAPHS. This resources gap is estimated to UZS 10,505 million or USD 8.4 million (1 USD = 12571,2 UZS) and accentuate the need for the Government and the partners to team-up to identify ways to make it possible to implement the entire NAPHS. Talks are already ongoing with key partners such as WHO, UNICEF, FAO, UNFPA, USAID, the World Bank and a number of other bilateral donors about mobilization of resources.

Although, the NAPHS is signed by all the involved ministries, that individually will implement their part of the plan, the overall responsibly will rests with the Cabinet of Ministers. MoH will ensure cross-sector cooperation and guiding the implementation, organising Monitoring and Evaluation (M&E), and report back to the Cabinet of Ministers.

Chapter 1:

Introduction

The 58th World Health Assembly adopted in May 2005 the revision of the 1969 edition of the International Health Regulation (IHR)[1]. IHR (2005) seeks "to prevent, protect against, control, and provide a public health response to the international spread of disease in ways that are commensurate with and restricted to public health risks, and which avoid unnecessary interference with international traffic and trade."

The IHR requests countries to establish and maintain national capacities needed rapidly to identify threats to human health and undertake quick action to prevent a public health event from becoming a public health emergency of international concern.

Article 54 requests countries to conduct self-assessment and report the results to the World Health Organization (WHO). To support this, WHO adopted in 2015 the Joint External Evaluation (JEE) tool[2] to evaluate IHR implementation through a multisectoral approach. Other health security organizations such as the World Organization for Animal Health (WOAH) and the Food and Agriculture Organization of the United Nations (FAO) also support this tool.

Lessons learned from COVID-19, Ebola, Zika and other health emergencies accentuated the necessity for countries to continuously develop, strengthen and maintain their capacities under IHR. These are capacities that improve national and international health security as it safeguards travel, trade, as well as economic and social developments. Developing capacities for national health security rests on the proactive involvement of the whole of the society, the whole of government including the engagement of public and private entities from a range of sectors including health, agriculture, environment, finance, security, emergency management, education and transportation.

Based on the IHR and decision made by the World Health Assembly, WHO is mandated to provide technical guidance and support for its Member States to strengthen their health systems including the IHR capacities.

[1] International health regulations (2005), WHO 2016
[2] Most recent tool: Joint external evaluation tool: International Health Regulations (2005), third edition, WHO 2022

WHO's thirteenth General Programme of Work 2019–2023 (GPW13) identifies preparedness for health emergencies as one of the three strategic priorities with the aim to "protect one billion more people from health emergencies".

The WHO Secretariat in consultation with Member States developed the IHR Monitoring and Evaluation Framework (IHRMEF)[3]. The IHRMEF informs the national action plans in strengthening capacities for public health emergency preparedness and health security and is structured with four components:

1. Mandatory annual reporting;
2. Voluntary after-action reviews;
3. Simulation exercises; and
4. Voluntary external evaluations, including JEE.

The National Action Planning for Health Security (NAPHS) process, transforms recommendations from the different evaluations within IHRMEF into actions, consolidated with national plans and priorities and aligned with public health risks in a country. In this way the "NAPHS is a country owned, multi-year, planning process that can accelerate the implementation of IHR core capacities based on the One Health and whole of government approach for all hazards.

Using feedback from countries, regions and partners, WHO developed a NAPHS framework to consolidate technical guidance to countries for development and implementation of the NAPHS. The framework provides guidance to identify:

1. Evidence-based priority actions that can be implemented quickly to have immediate impact (2 years in the NAPHS for Uzbekistan);
2. Long-term actions for sustainable capacity development to improve IHR capacities for health security and health systems (5 years in the NAPHS for Uzbekistan).

The NAPHS also requires costing of the immediate priority actions, mapping of existing national and donor resources and thus identifies gap in resources for reaching the capacity required by the IHR. To this end, the NAPHS is a tool facilitating relevant ministries in increasing evidence-based resource allocation during the annual budget process and midterm expenditure framework, a leaver for attracting addition external financing and documenting the strategic and operational impact of further donor engagement.

[3] IHR Monitoring and Evaluation Framework. WHO 2019

Chapter 2:

Situational Analysis

Overall country information

The Republic of Uzbekistan is a double landlocked country at the center of Central Asia with a population of approximately 37.1 million (July 2024)[4], similar to Poland and Ukraine and covering an area[5] of 447,400 km^2 comparable to Sweden and the neighbouring Turkmenistan.

Figure 1: Map of Uzbekistan and geographic position

Uzbekistan is a middle-income country with an economy based on natural gas, cotton, petroleum, and gold. In 2023 its GDP per capita was USD 2,510[6] (close to that of India) up 6% during 2023 with inflation dropping to 8.8%, average real wages increasing by 7.8% and the unemployment rate dropping to 8.1%. The poverty rate declined from 5.0% in 2022 to 4.5% in 2023[7] (USD 3.65/day).

Uzbekistan is an independent (since 1991) presidential republic divided into 12 provinces (viloyats), one autonomous Republic of Karakalpakstan and one independent city (Tashkent).

[4] https://stat.uz/en/
[5] https://worldpopulationreview.com/countries/uzbekistan-population
[6] https://www.worldbank.org/en/country/uzbekistan/overview#economy
[7] https://www.worldbank.org/en/country/uzbekistan/overview#economy

The Development Strategy for Uzbekistan

The Development Strategy of the New Uzbekistan 2022-2026 is structured around 7 priority areas and 100 goals. E.g. it is a goal to increase the country's GDP 1.6 times to qualify it to become an upper-middle income country by 2030.

Fact Box - Priority areas in the Development Strategy of the New Uzbekistan 2022-2026

1.) Build a people's state by elevating human dignity and the furtherance of a civil society;
2.) Establish the principles of justice and the rule of law as the most fundamental and critical conditions for development in our country;
3.) Develop a robust national economy that ensures rapid growth;
4.) Pursue just and fair public policies & human capital development;
5.) Ensure the elevation of spiritual values through developing those institutions tasked with their stewardship;
6.) Approach global challenges through the lens of our national interests;
7.) Strengthen the security and defence potential of our country, pursuing an open, pragmatic and active foreign policy.

Health plays a vital role in the Development Strategy and mainly priority 4 details the goals for developing the health sector as summarised in Table 1. For further details please see

Annex 1:

Goals and indicators in the Development Strategy for Uzbekistan related to the health.

Table 1: Goals of the Development Strategy related to health

No	Goals related to health
Goal 55:	Establish medical clusters in the regions of the country to bring medical services closer to the population and increase their convenience
Goal 56:	Improve the quality of medical services provided to the population, efficient use of budget funds, centralise medical services, and introduce health insurance practices
Goal 57:	Improve the system of maintenance of medical equipment
Goal 58:	Regulate the circulation of medicines and medical devices while improving the delivery system of cheap and quality products to the population
Goal 59:	Improve the quality of services to the population in primary health care, and increasing funding for the sector
Goal 60:	Improve the system of high-tech medical care for women of reproductive age, pregnant women and children
Goal 61:	Increase the share of the private sector in health
Goal 62:	Increase the share of medicines and medical devices produced in the country
Goal 63:	Establish sanitary epidemiological welfare and public health laboratories along international guidelines
Goal 64:	Establish primary health care services on the “one step” principle in the regions
Goal 65:	Increase, through incremental fiscal measures, the monthly salaries of qualified doctors
Goal 66:	Form an effective system of support for people with disabilities to improve their quality and standard of living
Goal 67:	Increase citizen engagement in health and wellness activities
Goal 79:	Eliminate and mitigate existing environmental problems that harm the population’s health

From the abovementioned it is clear that the Development Strategy addresses almost all elements needed to strengthening the heath system and its essential public health operations which is a precondition for continuity of care and scaling-up capacities for emergencies. Related to health security in Uzbekistan the Strategy also addresses a number of risks and vulnerabilities.

Assessments of main risks and vulnerabilities

Central Asia Regional Economic Cooperation (CAREC)[8] conducted in April 2022 the **Country Risk Profile Uzbekistan**[9]. This assessment takes stock of the risk and vulnerabilities and concludes that Uzbekistan is prone to earthquakes, drought, flooding, mudslides, and landslides. Among the worst historic events can be mentioned the earthquakes in 1823 in Fergana and the 1889 and 1902 quakes

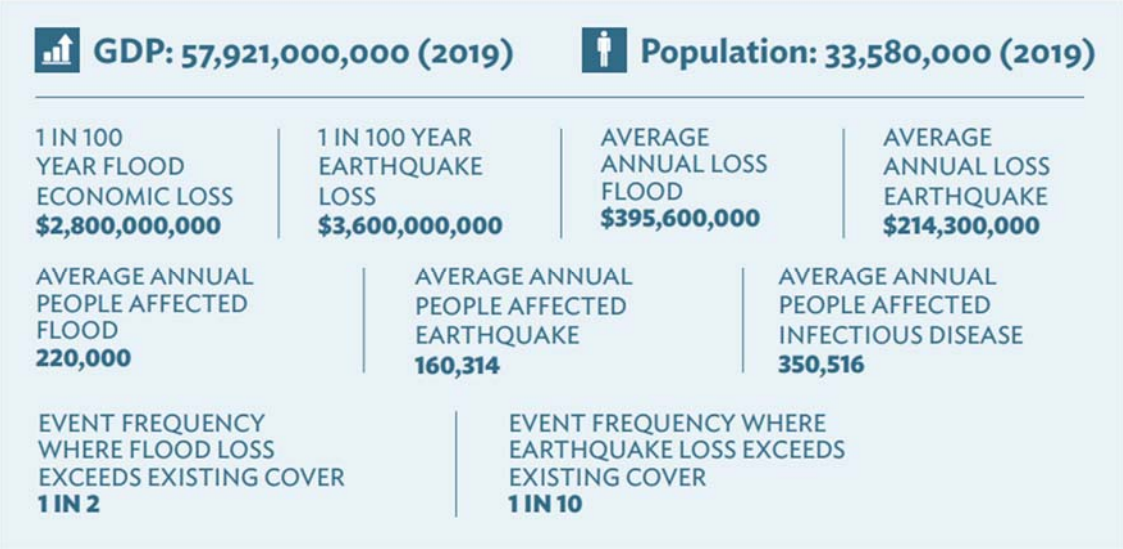
[8] https://www.carecprogram.org/

[9] https://www.carecprogram.org/uploads/CAREC-Risk-Profiles_Uzbekistan.pdf

in Andijan. In 1966, a devastating earthquake hit Tashkent leaving more than 300,000 people homeless. The key findings are illustrated in

Figure 2.

Figure 2: Key findings of the Country Risk Profile for Uzbekistan



The assessment concludes that it is important to improve disaster risk financing as the existing risk retention mechanisms are assessed to be only enough to cover 1 in 2-year floods or 1 in 10-year earthquake.

The health system, the health of the population and the draft Concept for Development of the Healthcare System

A **Health System Review** was conducted in 2022[10] describing the Uzbekistan health system as overwhelmingly public[11] with the Ministry of Health (MoH) as lead in organizing, planning and managing the health system.

The health system consists of three levels: national, regional, and district/city level which gradually are moving towards a more decentralised structure providing regions and districts with more saying, especially on administrative issues. State health services are funded through national taxation, and health workers are public employees.

According to the Law on Health Protection the basic benefits package, provided by the state for free to all citizens, encompasses primary care, emergency care and specialized services for the vulnerable segment of the population. The package also covers services related to “socially significant and hazardous

[10] Uzbekistan, The Health System in Action 2022. European Observatory on Health Systems and Policies

[11] The role of the private sector is limited but growing from 3 500 providers in 2017 to over 6 000 in 2020 and the number of services they are allowed to provided have expanded from 50 to 177 in during the same periode. However, in 2018 the private sector included 23,4% of all hospital beds.

conditions", e.g., poliomyelitis, tuberculosis (TB), leprosy, HIV/AIDS, syphilis and cancer. However, the majority of secondary, tertiary services and outpatient medicines are not covered for most of the population.

In terms of capacity the Uzbek public hospitals had 457 beds per 100,000 population which is significantly lower than the WHO EURO average but higher than the average for Central Asia.

The number of physicians has been decreasing since independence. In 2019 there were 276 physicians per 100,000 population, slightly under the European regional average. In contrast, there were 1,100 nurses per 100,000 population which is well above the averages for the WHO European Region and that of Central Asia.

The health system performs well with regard to childhood immunizations where 99% of infants received their first dose (2020) of measles vaccine, and 99% of those received the second dose. Coverage against diphtheria, tetanus and polio for all infants is also high - at 95% in 2020.

The Universal Health Coverage (UHC) index, measuring progress towards achieving Sustainable Development Goal (SDG) 3 target 3.8.1 on coverage of essential health services, has increasing from 56 (out of 100) in 2000 to 71 in 2019 slightly higher than the average for Central Asia. However, challenges exist in ensuring equal geographical access to health care services. Unreliable electricity and water supply also is a problem for some rural health facilities. The Review refers to a national self-assessment showing that in 2020 only 57% of primary health care facilities had basic water supply, and only 26% had basic sanitation which increases the risk of water-borne diseases.

In the context of the COVID-19 pandemic, the provision of essential health services, particularly for vulnerable groups, has been highlighted as a key challenge. The pandemic has caused a temporary increase in unemployment which affects financial resilience and increases the risk of catastrophic health spending.

The Review demonstrates that the **health status** of the population has improved during recent years. Life expectancy has increased from 67.2 years in 2000 to 73.9 years in 2016, with female life expectancy improving from 71,6 to 76.3 during the same period and with a gender gap of 4.7 years (the gender gap for WHO European Region is 6.3 years). Life expectancy is now higher than for most other Central Asian peers.

The rate of antibiotics consumption in Uzbekistan is in the middle range compared with other countries in the WHO European Region. However, there is a high share of antibiotics that should only be used for specific, limited number of indications, classified as the "Watch" group under the WHO AWaRe traffic light system for antimicrobials and there is a need for stronger antimicrobial stewardship and surveillance and to further ensure routine monitoring for antimicrobial resistance (AMR).

A **Concept for Development of the Healthcare System of the Republic of Uzbekistan** has been drafted. Although, the Concept still is in the process of

approval, it is important to ensure that the NAPHS will be aligned to it, if it will be adopted.

The draft Concept summarises the achievements and improving of the health system and the health status of the population, as presented above, and continues by highlighting the challenge it is set to address as follows:

- Lack of a comprehensive legal package as regulations today is dominated by by-laws and departmental acts, not ensuring legal stability of the healthcare system;
- Lack of regulation in areas as transplantology, assisted reproductive technologies, and telemedicine that leads the national healthcare system lagging behind modern achievements of medical science and practices;
- A compulsory health insurance system needs to be developed;
- Primary health care needs to be improved also to redirect the existing focus on expensive inpatient services as well as to ensure full scale care for mothers and children;
- Barriers for private/public partnership that do not allow for the effective use of additional financial resources for healthcare;
- The capacity of high medical educational institutions is underutilized, medical practices and the educational/science process is not aligned, low innovative potential of specialized centers indicates an unsatisfactory level of implementation of advanced medical diagnostic and treatment;
- Lag in the implementation of modern training and retraining of medical personnel, which negatively affect the quality of the medical services;
- Outflow of qualified personnel and corruption;
- Weak implementation of information and communication technologies in the healthcare system;
- Low quality of healthcare and ability quickly to responded to the need of the population.

To address these shortcomings the Concept sets the overall objective as to:

1.) Increase life expectancy by improving the results of prevention and treatment of diseases and conditions that cause the majority of cases of premature mortality and disability;
2.) Reform the system of financing and organization of healthcare to ensure equal access to medical care, financial security of the population and fair distribution of resources; and
3.) Strengthen the capacity of healthcare management bodies, increasing the role and responsibility of their leaders to implement the objectives of the Concept and improve the quality of medical care for the population of the republic.

Under these main objectives the Concept details the directions and actions for further development of the healthcare system in Uzbekistan to 2025 under the following headings:

1.) Improving legislation in the field of healthcare;
2.) Improving the system of organization and management of healthcare;
3.) Improving the healthcare financing system;

4.) Improving the quality and accessibility of medical care, supporting a healthy lifestyle, preventing and combating infectious and non-infectious diseases;
5.) Improving the system of providing medical care to mothers and children;
6.) Development of private healthcare, public-private partnerships and medical tourism;
7.) Further development of the pharmaceutical industry;
8.) Formation of an effective system of training, retraining and advanced training of medical personnel, as well as the development of medical science;
9.) Widespread introduction of information and communication technologies and e-health.

The attentive reader will find that the draft Concep is fully aligned with the health part of the Development Strategy for Uzbekistan.

Of special relevance for the NAPHS the Concept included in addition to strengthening the capacity, quality, efficiency and access of the health system in general, the following actions:

- Improving the system of state sanitary and epidemiological surveillance, increasing their role and responsibility in supervising compliance with sanitary rules, norms and hygienic standards, ensuring the health safety of citizens, introducing new technologies for laboratory and express diagnostics of pathogenic factors;
- Creation of an emergency response system in medical organizations to respond to changes in the health indicators of outpatients at risk;
- Further development of the emergency and ambulance service, strengthening its material and technical base (equipping with off-road vehicles, ambulances and aviation equipment), establishing close interaction with other emergency and emergency response services;
- Strengthening the human capacity in a variety of ways including ensuring that educational programs are recognized by international organizations including ASPHER - The Association of Schools of Public Health in the European Region.

Joint External Evaluation and State Party Self-Assessment Annual Reporting

The **Joint External Evaluation of IHR Core Capacities (JEE)** for Uzbekistan was first conducted in May 2022 and published in 2023[12]. It concludes that Uzbekistan is working hard to develop and improve its public health capabilities and capacities. Progress in some areas have taken place so rapidly that a need exists to take stock and ensure balance across all sectors and stakeholders. Further development also needs to be responsive to current strengths, gaps and capacities, as well as engaging the right people and institutions at the right times and in the right ways. In light of this the JEE identifies five overarching recommendations as outlined below.

[12] https://iris.who.int/bitstream/handle/10665/367173/9789240070165-eng.pdf?

1. Write a summary plan that describes and facilitates all national processes for responding to IHR related events. While the JEE process revealed that Uzbekistan has strong and functional legal and operational frameworks for IHR-related activity, these are not explained or organised in a way that most international partners would easily recognise (for example, in a single centralized "pandemic plan," or a multisectoral all hazards emergency response plan based on a national strategic risk assessment). The lack of such a plan means that international partners and donors fail to recognise the nature and quality of the robust mechanisms in place in Uzbekistan, and potential opportunities for funding, operational partnerships and international recognition are easily missed.

2. Adopt a five-year National Action Plan for Health Security (NAPHS), based on the JEE report and contextualized for Uzbekistan, that prioritizes funding needs and creates time frames for each action. A NAPHS that emphasizes sustainable funding and intersectoral coordination, and which explicitly addresses staff incentives and retention, will strengthen the foundations for the health sector's existing efforts to build and maintain core capacities under the IHR (2005).

3. Strengthen the public health workforce across the human and animal health sectors by establishing a National Public Health Institute and a system of national accreditation. Strengthening intersectoral relationships during training will provide opportunities for future mentoring, subspeciality groupings, and personal and professional development. While the Uzbek workforce is dedicated, the country suffers from an ongoing brain drain of public health specialists. There is also a need to make the public health sector a more attractive career path for graduates. These innovations will allow Uzbekistan to build a robust cadre of public health specialists and make careers in public health attractive and rewarding. Enhance existing programmes for regular training and exercising of all sectors, from local to national level, emphasizing joint work, cooperation and standard procedures, and establishing a mechanism for implementing the lessons thereby identified. Enhanced programmes should link existing training and exercise programmes in different sectors and ministries, and fill any gap, under an overarching vision designed to build capacity under the IHR (2005) and strengthen interministerial and intersectoral collaboration. This programme should be carried out as far as possible in collaboration with partner countries and donors.

5. Adopt and implement the One Health and all-hazards approaches throughout government, across sectors and between ministries. Pathogens of animal origin are a growing global risk, as are antimicrobial resistance and food safety threats. The One Health approach is an urgent necessity for combatting present and future health threats, emerging diseases and COVID-19. The Implementation of the One Health approach should be accompanied by approval of all necessary administrative mechanisms that formalize communication and coordination across sectors. The overall scores of the JEE are illustrated in Table 2 and details can be seen in Annex 2: JEE score.

Table 2: Overall score of JEE 2022

Technical Area	JEE Score *) 1 to max 5
P.1 National legislation, policy and financing	3
P.2 IHR coordination, national IHR focal point function and advocacy	4
P.3 Antimicrobial resistance (AMR)	2
P.4 Zoonotic disease	4
P.5 Food safety	3
P.6 Biosafety and biosecurity	3
P.7 Immunization	4
D.1 National laboratory system	3
D.2 Surveillance	3
D.3 Reporting	3
D.4 Human resources	3
R.1 Emergency Preparedness	3
R.2 Emergency response operations	4
R.3 Linking public health and security authorities	4
R.4 Medical countermeasures and personnel deployment	4
R.5 Risk communication and community engagement	3
PoE. Points of entry and border health	3
CE. Chemical events	3
RE. Radiation emergencies	4

*) Average rounded to the nearest whole number

In 2018, the Health Assembly agreed that "States Parties and the Director-General shall continue to report annually to the World Health Assembly (WHA) on the implementation of the IHR (2005), using the self-assessment annual reporting tool." (Decision WHA, 2018). The **State Party Self-Assessment Annual Reporting Tool (SPAR)** has since been utilized by States Parties, including Uzbekistan to report on the status of implementation of IHR core capacities annually.

The last SPAR was conducted in Uzbekistan in 2023 showing an overall score of 62% (0% lowest and 100% highest) which is under the EURO average of 71% and the global average of 64[13]. Ten of the indicators for Uzbekistan scored 80% that is equal to or higher than the EURO average and only one technical area (C.9.2 related to health care-associated infections surveillance) scored as little as 20%. The accumulated scores of the SPAR are illustrated in Table 3 and further details can be seen in Annex 3:

SPAR score

[13] https://extranet.who.int/e-spar

Table 3: Overall score of SPAR 2023

Technical Area	SPAR Score *) 1% to max 100%
C.1 Policy, Legal and normative instruments to implement IHR	60%
C.2 IHR coordination, national IHR focal point function and advocacy	60%
C.3 Financing	70%
C.4 Laboratory	56%
C.5 Surveillance	80%
C.6 Human resources	50%
C.7 Health emergency management	67%
C.8 Health services provision	67%
C.9 Infection prevention and control	33%
C.10 Risk communication and community engagement	73%
C.11 Points of entry (PoE) and border health	73%
C.12 Zoonotic disease	60%
C.13 Food safety	40%
C.14 Chemical events	60%
C.15 Radiation emergencies	80%

*) average rounded to the nearest whole number

The need for the NAPHS for Uzbekistan

The chapter “Assessments of main risks and vulnerabilities” shows that Uzbekistan is exposed to a number of risks and vulnerabilities that are likely to occurred and with high impact (e.g.: earthquakes, drought, flooding, mudslides, and landslides).

Uzbekistan has a well-developed health system with an appropriate capacity able to keep the childhood immunizations very high. However, OOP is too high to protect against catastrophic health expenditure, especially for the poor segment of the population.

The Development Strategy of the New Uzbekistan 2022-2026 is fully reflecting the shortcomings and provide actionable directions to further improve the health system, the health status of the population and address the health risk factors.

The latest JEE and SPAR identify a number of issues were the IHR-capacities need to be strengthened and the JEE mentioned explicitly that health security in Uzbekistan remains a challenge and recommends developing a 5 years NAPHS.

On this background the Government decided to develop and implement the NAPHS to boost preparedness, prevention, readiness and resilience, as detailed in the next chapters.

Chapter 3:

The National Action Plan for Health Security

The organization for and the process of developing the NAPHS

The WHO's NAPHS strategy emphasizes a two-level approach: The 5 years (or more) strategic plan and operational plans. The strategic plan outlines key goals or outcomes, supporting advocacy for financing both domestically and via partners by establishing long-term funding needs and helps to maintain multisectoral alignment. Importantly, the strategic multiyear plan is then prioritized into 12-24 months operational plans which identify activities allowing trackable concrete implementation and ensure accountability (who does what, when and where).

The NAPHS development process requires inclusive and efficient multisectoral coordination at all phases. NAPHS also plays a key role in ensuring alignment with various technical teams within the WHO and supporting capacity building efforts in countries. This strategic framework serves as a unifying framework for capacity building initiatives. It can bring together various WHO technical teams in applicable settings, which encompass a wide range of expertise and responsibilities, including e.g. pandemic preparedness and response planning. This alignment prevents duplication of efforts and maximizes the impact of health security strengthening initiatives. Both technical and project management capabilities are required for stakeholders to drive the process effectively, as summarized below.

NAPHS is often primarily informed by the JEE which evaluates a country's capacity to detect, prevent, and respond to public health emergencies. When JEE is not available, data from the most recent IHR SPAR can be used alongside any other internal or external capacity assessments.

In Uzbekistan, with the financial support from USAID and technical assistance from WHO, the NAPHS development process started in 2023, by establishing the Working Group for NAPHS development, assigned by the Government, consisting of representatives from the ministries and agencies responsible for the IHR implementation according to Resolution of the Cabinet of Ministers of the Republic of Uzbekistan No. 220, dated July 31, 2015[14] .

The first draft was developed in 2023 and followed by a series of working group meetings. The finalization of the document took place during the multisectoral

[14] (https://lex.uz/acts/2716476)

expert workshop meeting held in March 2024 in Tashkent, involving more than 40 key stakeholders from the following Ministries and agencies of the Republic of Uzbekistan:

- Ministry of Health (NFP - National Focal Point on IHR);
- Committee for Sanitary and Epidemiological Wellbeing and Public Health (IHR NFP assigned by MoH);
- State Committee of Veterinary Medicine and Livestock Development of the Republic of Uzbekistan;
- Ministry of Justice;
- Ministry of Foreign Affairs;
- Ministry of Economy and Finance;
- Ministry of Emergency Situations;
- Ministry of Defense;
- Ministry of Internal Affairs;
- Border troops of the State Security Service;
- Center for professional training of medical personnel;
- Ministry of Ecology, Environmental Health and Climate Change;
- Ministry of Transport;
- State Customs Committee;
- NGO “Center for the Study of Legal Problems” (Independent legal advisors).

The main stages of the development of NAPHS are shown in

Figure 3 and the milestones are illustrated in Figure 4

Figure 3: The main stages of the development of the NAPHS

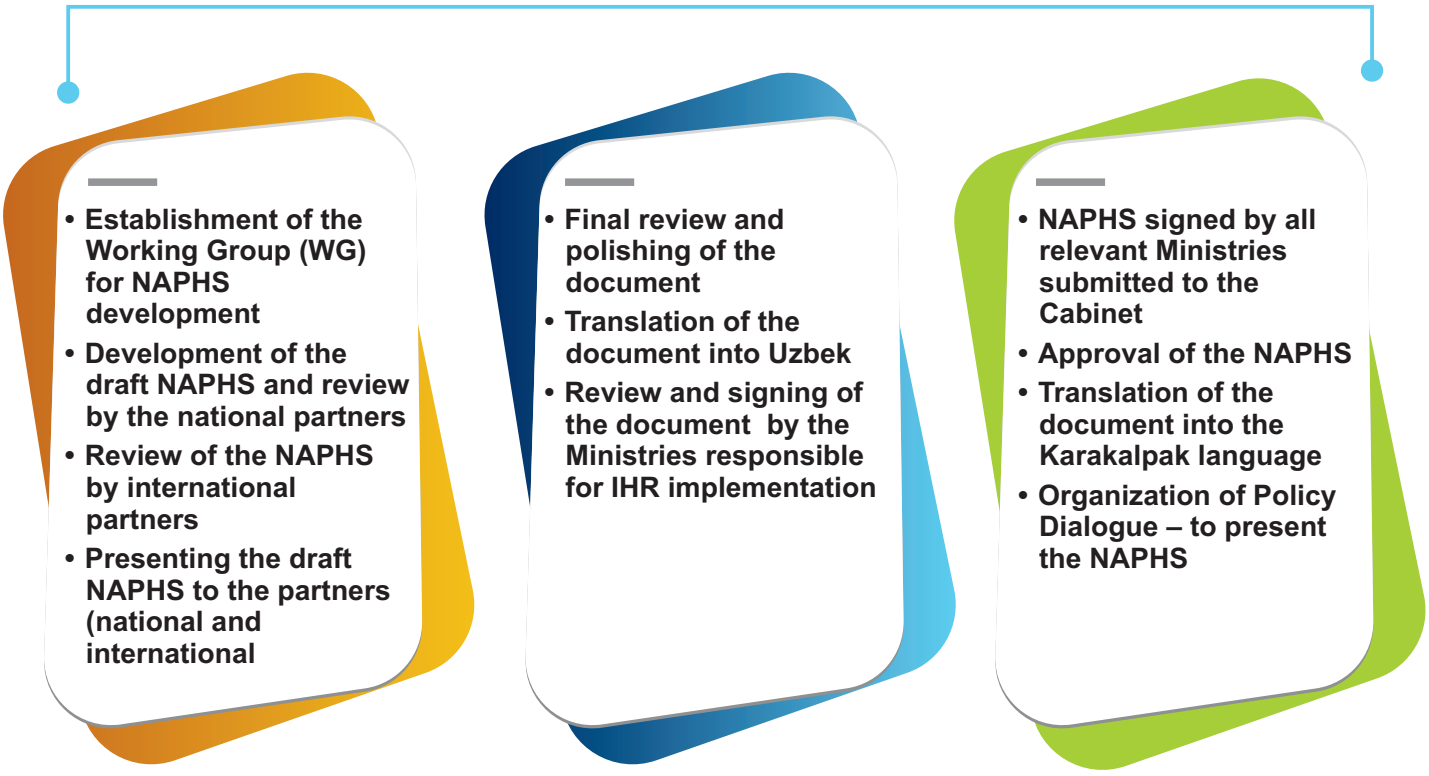
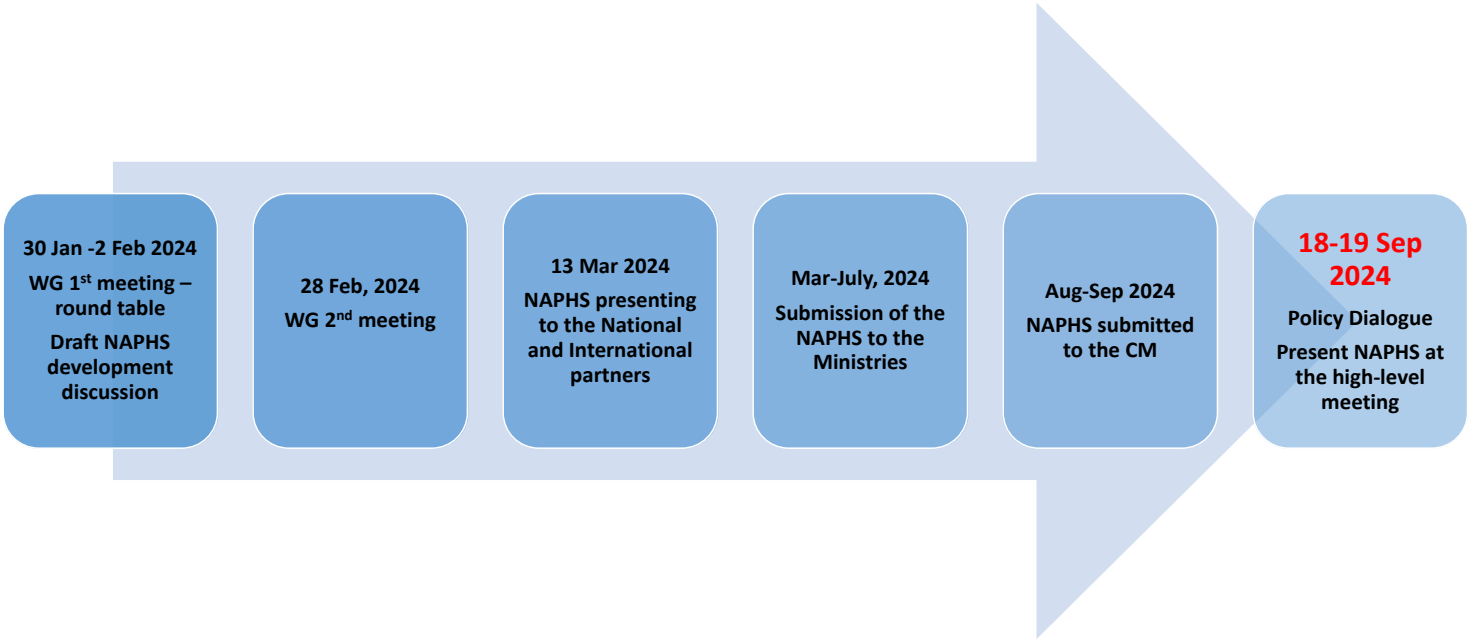


Figure 4: NAPHS development and approval milestones



The NAPHS is structured according to the technical areas of the JEE and SPAR as well as reflecting the relevant priorities in the Development Strategy for the New Uzbekistan 2022-2026 as illustrated in Figure 5.

Figure 5: Technical areas included in the NAPHS

I Regulatory framework, policy and funding areas
II Coordination, implementation and clarification (IHR)
III Biosafety and biosecurity
IV Scope of services for national laboratories
V Resistance to microbiological pathogens
VI Zoonotic disease
VII Food safety
VIII Immunization
IX Human resources
X Epidemiological surveillance
XI Risk communication
XII Emergency Preparedness
XIII Emergency response
XIV Communication between public health authorities and security authorities in emergency situation
XV Sending and receiving medical response equipment and personnel
XVI Risk Awareness
XVII Preparation of checkpoints when crossing the boarder
XVIII Chemical safety
XIX Radiation safety

Overall long-term national strategic priorities

The overall 5-years strategic objective for the NAPHS for Uzbekistan is to:

Strategic objective (5 years) for the NAPHS:
Strengthen Uzbekistan's preparedness to better respond to health emergencies through the implementation of the core capacities of the International Health Regulations

The 5-years strategic actions agreed by all stakeholders at the national and subnational level, also reflecting the JEE are as follows:

Strategic actions (5 years) for the NAPHS:

- Strengthen preparedness and planning for health emergences to improve the capacities under the IHR and improvement of intersectoral relationships and coordination;
- Improve early warning and detection of potential public health threats, including for emergency infectious diseases;
- Implement One Health and all-hazards approaches throughout the government, across sectors and between ministries.

The goals of the 2 years operational plan

The goal of the 2 years operational plan that contributes to fulfill the 5 years strategic objective are as follows:

Goal of the 2 years operational plan

- Develop a multisectoral all hazards emergency response plan based on a national strategic risk assessment;
- Establish the knowledgebase and the plan for building robust cadres of public health specialists and for making their careers attractive and rewarding;
- Assess existing training programme and develop curriculum to further strengthen the capacity under the IHR (2005) and to strengthen interministerial and intersectoral collaboration;
- Establish administrative mechanisms for the One Health and all-hazards approaches through a whole of government and whole of society approach.

Focus areas for the operational plan

The operational focus areas of the NAPHS reflecting the objective are illustrated in Table 4 and further details is provided in Annex 4: NAPHS.

Table 4: Focus areas for the operational plan

No	Technical area	Focus area for 2 years	Focus area for 5 years
I	**Regulatory framework, policy and funding area**	1) Assess national IHR legislation	2) Adopt and enforce the regulation
		3) Establish legal instruments to provide financing for the national IHR action plan	
II	**Coordination, Implementation and Clarification (IHR)**	1) Establish functional mechanism for coordination and integration of relevant sectors in the IHR implementation process	
		2) Integrate IHR issues into the regulation of Uzbekistan	3) Integrate IHR issues into the regulation of Uzbekistan
		4) Implement digital information exchange system to strengthen cross-sector collaboration	5) Implement digital information exchange system to strengthen cross-sector collaboration
II	**Biosafety and biosecurity**	1) Ensure biological safety	2) Further strengthen intersectoral cooperation in the field of biosafety and biosecurity
		2) Revise the National List of "Dangerous Pathogens and Toxins"	
		3) Strengthen the national biosafety and biosecurity information management system	
		4) Biorisk assessments covering medical (including forensic), veterinary and agricultural facilities.	5) Plan for professional training of specialists in the field of biosafety and biosecurity
IV	**Scope of service of National Laboratories**	1) Expand and strengthen diagnostic capacity	
		2) Strengthen the health information system to develop a national multi-sectoral laboratory information management system	3) Implement the national multi-sectoral laboratory information management system 4) Create an intradepartmental and interdepartmental information field
		5) Implement the national laboratory quality management program led by a national reference laboratory	
		6) Develop and phased implement the national sample transportation system	
		7) Strengthen the national procurement and supply system for laboratory logistics	8) Create the Center for the technical maintenance and certification of laboratory equipment
V	**Resistance to microbiological pathogens**	1) Prepare for establishing AMR surveillance in the livestock sector and in the public health sector	2) Create a Reference Center for Antimicrobial Resistance in the veterinary sector 3) implement the surveillance system for antimicrobial resistance in the veterinary sector 4) Implement a system for archiving data on antimicrobial resistance and sharing this data

			between organizations within the framework of the “One Health”
		5) Approve and begin implement the Multi-sectoral National Action Program to combat AMR within the framework of “One Health”	6) Implement the national action program to combat AMR within the framework of the One 7) Establish a coordination mechanism for relevant stakeholders (health, animal health, agriculture and environment) within One Health
		8) Analysis existing international projects to combat AMR	
		9) Providing AMR surveillance data to relevant GLASS databases	10) Providing AMR surveillance data to relevant GLASS databases
		11) Strengthening requirements for the dispensing of antimicrobial agents in pharmacies	
VI	**Zoonotic diseases**	1) Create the “One Health” coordinating committee	
		2) Strengthen surveillance of zoonotic diseases (including in wildlife)	
		3) Update of the list of zoonotic diseases of public health concern	
			4) Establish the real-time interoperable electronic reporting systems in.
		5) Establish funding mechanisms for compensation in cases of zoonotic animal diseases	
VII	**Food safety**	1) Strengthen information sharing and response to foodborne disease outbreaks in relevant sectors	1. Establish a joint coordination center for food safety in relevant sectors 2. Develop and implement SOPs to coordinate and optimize information sharing
		2) Strengthen employee training in food safety	3) Strengthen employee training in food safety
		3) Participate in the work of INFOSAN	
		4) Update Food Safety Codes and Regulations	
		5) Implement the electronic reporting system in the field of food safety.	
VIII	**Immunization**	1) Improve the use of the emlash.ssv.uz electronic system at all levels of the health system.	
		2) Develop and implement the monitoring and reporting system for AEFI in all health care facilities	
		3) Improve the outreach campaign on immunization and vaccination	
		4) Digitalize vaccine warehouse management at all levels of healthcare.	
IX	**Human resources**	1) Improve the system of continuous education of specialists	

		2) Expand FETP coverage at intermediate and local levels	3) Expand FETP coverage at intermediate and local levels
		4) Implement the FETP-V program, in accordance with the One Health principle	5) Implement the FETP-V program, in accordance with the One Health principle
X	**Epidemiological surveillance**	1) Strengthen the event-based surveillance system	
		2) Improve pandemic preparedness for respiratory pathogens with pandemic potential	
		3) Strengthen ICT resources at all levels of the national surveillance system	
		4) Strengthen local surveillance capacity	5) Strengthen local surveillance capacity
			6) Implement the electronic surveillance system at all levels
XI	**Risk communication**	1) Enable and improve the efficiency of emergency reporting	
		2) Strengthen the country network and reporting protocols	3) Strengthen the country network and reporting protocols
XII	**Emergency preparedness**	1) Update the national multi-sectoral action plan to combat CBRN threats	
		2) Implement the action plan to prevent and eliminate the consequences of emergency situations	
		3) Strategic emergency risk assessment to identify priority threats	
		4) Assess all emergency response resources and capabilities	
		5) Subnational emergency preparedness and response training	6) Subnational emergency preparedness and response training
XIII	**Emergency response**	1) Integrate veterinary, wildlife and environmental services into the coordination commission	
		2) Implement fully the existing Public Health Emergency Response Operations Center (PHERC) development plan	3) Implement fully the existing Public Health Emergency Response Operations Center (PHERC) development plan
XIV	**Communication between public health authorities and security authorities in emergency situations**	1) Improve the effectiveness of interaction between public health and security authorities	
		2) Overview of forecasts at national, regional and district levels	
XV	**Sending and receiving medical response equipment and personnel**	1) Strengthen the system for activating and coordinating the dispatch and receipt of medical response equipment and personnel during an emergency situation	
			2) Improve case management procedures related to exposure to IHR threats

XVI	**Risk Awareness**	1) Improvement of the national all-hazard risk communication plan in line with international best practices	
		2) Increase knowledge and skills in matters of interaction with communities of specialists working with the public of the Sanepid Committee and the Ministry of Health	
		3) Improve the process of monitoring and analysing rumours and signals online and offline.	
		4) Strengthen the material and technical base of the Committee for Sanitary and Epidemiological Welfare and Public Health Press Service team to improve work with communities and timely respond to rumours and disinformation	
XVII	**Preparation of checkpoints when crossing the border**	1) Improve the regulatory framework for sanitary and anti-epidemic measures for sanitary protection of the territory of the Republic of Uzbekistan, sanitary and quarantine control at checkpoints across the state borders	
		2) Strengthen human resources capacity at points of entry (on biological (including phytosanitary), chemical, radiological and nuclear threats)	3) Strengthen human resources capacity at points of entry (on biological (including phytosanitary), chemical, radiological and nuclear threats)
		4) Organize and provide first aid to individuals crossing state borders at designated entry points with heavy traffic	
		5) Mutual agreement with neighbouring countries to develop joint capabilities for early detection, notification and response to public health events at ground crossings	
XVIII	**Chemical safety**	1) Improve the legal and regulatory framework governing the management of hazardous chemicals and emergency response to hazardous chemicals and waste	2) Improve the legal and regulatory framework governing the management of hazardous chemicals and emergency response to hazardous chemicals and waste
		3) Prepare proposals to improve legislation in the field of chemical safety	
		4) Develop legal justification for the feasibility of the Republic's accession to interstate standards	
		5) Streamline the submission of information in accordance with the Regulations of the Chemical Weapons Convention	6) Streamline the submission of information in accordance with the Regulations of the Chemical Weapons Convention
		7) Creation of a national toxicological center and toxicological teams	
		8) Create register of hazardous chemicals and waste	
			8) Strengthen capacity to implement the Globally Harmonized System of

			Classification and Labelling of Chemicals and Wastes
XIX	**Radiation safety**	1) Prepare proposals to improve legislation in the field of radiation safety	
			2) Strengthen legal instruments on radiation and nuclear safety in accordance with international basic safety standards
		3) Strengthen intersectoral coordination in radiation emergency preparedness and response	
		4) Develop and implement clinical protocols for the diagnosis and treatment of patients with ARS (acute radiation sickness) and CRS (chronic radiation sickness)	
		5) Increase the experience and skills of management personnel, workers, employees, civil protection units of enterprises and organizations, as well as emergency units for joint actions in case of accidents related to emergencies at categorized facilities	6) Increase the experience and skills of management personnel, workers, employees, civil protection units of enterprises and organizations, as well as emergency units for joint actions in case of accidents related to emergencies at categorized facilities

Risks and mitigation strategy

The operational plan will be revisited on an annual basis as part of the broader M&E efforts. Lessons learned and changes in the evolving contextual and resourcing landscape will be used to adjust the implementation of the NAPHS, also providing an opportunity to mitigate risks.

Table 5: Risks and mitigation actions

Risks	Likelihood of occurrence	Level of severity	Mitigation
Budget barriers for establishing and improving cross sector institutional capacities	High	High	-Advocating for partners and doners to support cost of changes and Government to cover running cost in a sustainable way
General financial constraints	Medium	High	-Establishing of a Health Insurance Fund -Advocate for additional funding from partners and doners
Lack of multisectoral engagement	Medium	High	-Frequent reporting on progress and problems related to all the stakeholders -Frequent whole of Government round tables, both about policy issues and on the technical level
Delay in implementation	Medium	Medium	-Support the NAPHS -Frequent M&E

Bottlenecks in in approving drafted legislation	High	Medium	-Provision of decision-support

The goal and objective of the NAPHS with the strategic and priority actions will be achieved if the following assumptions are fulfilled:

• **International/external:** The international economy and security situation will not deteriorate and impact Uzbekistan negatively;

• **Political:** The implementation of the Development Strategy for the New Uzbekistan continues successfully and provides a secure political environment where health remains a priority.

• **Governance:** The health sector reform will continue including improvement primary health care, applying IT automatization and smart-health as well as the health system's ability constantly to adjust to changing need of the population;

• **Financing:** Ensuring sustainability of health financing and increase in the budgetary allocation for health to meet the Abuja declaration and lower OOP as well as to ensure that the Government and partners can finance its share of the NAPHS;

• **Accountability and Transparency:** All finances for health will be managed efficiently and effectively and value for money will be maintained

• **Legal Frameworks:** The statutory framework governing the health sector will continue to be develop and the Ministries, the Government and the Parliament will have sufficient capacity to process the regulatory improvements also part of the NAPHS.

Anticipating that these assumptions will be realised, the remaining risks and mitigation actions are shown in Table 5.

Chapter 4:

Resourcing

Costing of activities

The resulting total cost of the 5 years NAPHS for the Uzbekistan amounts to SOUM 10,505 million or USD 8.4 million as detailed in Table 6. More details about the costing can be seen in Annex 5:

Cost of NAPHS. It should be noted that the plan is costed excluding existing available resources and thus, more express the funding gap than the explicit cost of the NAPHS which also explains why e.g. emergency response amounts to 0.

Table 6: Cost of the 5 years NAPHS distributed on technical areas

Technical areas	Cost in USD	Cost in million Soum
I Regulatory framework, policy and funding areas	15 000	189
II Coordination, implementation and clarification (IHR)	200 000	2 514
III Biosafety and biosecurity	1 005 000	12 634
IV Scope of services for national laboratories	740 000	9 303
V Resistance to microbiological pathogens	860 000	10 811
VI Zoonotic disease	210 000	2 640
VII Food safety	560 000	7 040
VIII Immunization	630 000	7 920
IX Human resources	1 525 000	19 171
X Epidemiological surveillance	830 000	10 434
XI Risk communication	25 000	314
XII Emergency Preparedness	384 120	4 829
XIII Emergency response	0	0
XIV Communication between public health authorities and security authorities in emergency situation	125 000	1 571
XV Sending and receiving medical response equipment and personnel	80 000	1 006

XVI Risk Awareness	387 000	4 865
XVII Preparation of checkpoints when crossing the boarder	215 000	2 703
XVIII Chemical safety	515 000	6 474
XIX Radiation safety	50 000	629
Total	**8 356 120**	**105 046**
1 USD = 12.571,2 SOUM on 15 August 2024		

Sustainable financing - mobilized domestic resources, gap, and external support

As mentioned above the NAPHS has been costed taking into account already earmarked resources within the budget and contribution from donors already allocated e.g., from USAID. In this way the SOUM 10,505 million or USD 8.4 million expresses the funding gap required to be identified before the NAPHS can be fully implemented.

Talks are ongoing with key partners such as WHO, UNICEF, FAO, UNFPA, USAID, the World Bank and a number of other bilateral donors about mobilization of resources. This cooperation will also include a series of donor events partly to inform the partners about achievement on the implementation of the NAPHS but also to consult each other on changes in requirements of resource and new opportunities for financing.

Regular updates on costing, gaps and mobilizing of resources will be provided to all stakeholders.

As mentioned throughout this NAPHS, regular M&E is vital for its successful implementation as described in the chapter below.

Chapter 5:

Monitoring, Evaluation, Accountability, and Learning

The NAPHS is anchored to the JEE. The JEE is in itself a joint external evaluation methodology where regular M&E will feed improvements of the implementation of the NAPHS. MoH will ensure utilization of the JEE tool for internal progress assessments, alongside with the mandatory SPAR when adjusting the operational plan of the NAPHS. The next JEE is recommended to be conducted in 2028, given the previous mission took place in 2022.

The MoH will also be responsible for guiding the tailored annual joint M&E of the NAPHS.

The overall purpose of M&E of the NAPHS is to provide decision-makers and partners with timely, complete, and reliable information on the status of major deliverables, the results, and contribution to achieve the objectives, providing also indicators about efficiency and effectiveness of the implementation.

In general there are two dimensions in the M&E of NAPHS.

First is to monitor implementation progress, through the NAPHS secretariat, that is to regularly check what activities have been implemented and what not, if not why.

Next is the impact. Whether the capacity has increased, and whether that has led to concrete system improvements. This can be measured with SPAR, JEE (every 5 years or so) and with After Action Reports (AARs), Simulation and Tabletop exercises (Simex, TTx) among others.

Beside of organizing the M&E, the MoH will also play a key role in supporting the decision-making, in dissemination of information as well as in adjusting and fine-tuning the implementation of the NAPHS.

The technical M&E methodology will be developed by the MoH in cooperation will all stakeholders and partners.

Annexes

Annex 1:

Goals and indicators in the Development Strategy for Uzbekistan related to the health

Goals related to health	Indicators
Goal 55: Establish medical clusters in the regions of the country to bring medical services closer to the population and increase their convenience	-Establish medical clusters in Namangan, Fergana, Syrdarya, Kashkadarya, Navoi regions and Tashkent
Goal 56: Improve the quality of medical services provided to the population, efficient use of budget funds, centralise medical services, and introduce health insurance practices	-Implement the Strategy for digitalisation of health care; - Gradually introduce health insurance practices of the population; -Improve widespread introduction of the electronic prescription system; -Creation of an information system for online monitoring of compliance with prices
Goal 57: Improve the system of maintenance of medical equipment	- Establish a separate enterprise to maintain medical equipment and its 13 regional branches
Goal 58: Regulate the circulation of medicines and medical devices while improving the delivery system of cheap and quality products to the population	- Ensure a 3-Fold increase in funding from the state budget for medicines and medical supplies
Goal 59: Improve the quality of services to the population in primary health care, and increasing funding for the sector	-Strengthen the material and technical base of primary health care
Goal 60: Improve the system of high-tech medical care for women of reproductive age, pregnant women and children	-Establish 46 inter-district prenatal centres
Goal 61: Increase the share of the private sector in health	- Increase the share of the private sector in health service to 25%
Goal 62: Increase the share of medicines and medical devices produced in the country	- Introduce a system of making pharmaceutical products; - Increase the share of medicines and medical devices produced in the country to 80%
Goal 63: Establish sanitary epidemiological welfare and public health laboratories along international guidelines	- Establish a centralised laboratory, sterilisation and high-tech examination system; - Build capacity of the sanitary-epidemiological safety and public health service; - Equip 263 facilities of the sanitary-epidemiological safety and public health service with the necessary equipment
Goal 64: Establish primary health care services on the “one step” principle in the regions	- Establish primary health care services on the “one step” principle in the regions
Goal 65: Increase, through incremental fiscal measures, the monthly salaries of qualified doctors	- Increase the monthly salaries of qualified doctors to the equivalent of $ 1,000
Goal 66: Form an effective system of support for people with disabilities to improve their quality and standard of living	
Goal 67: Increase citizen engagement in health and wellness activities	- Create “Green Zones”, “Health Corridors” for jogging, cycling, as well as the

	organisation of badminton, streetball and workout areas; - Protect the life and health of young people through improving access to adequate health care, increasing medical literacy, and strengthening healthy lifestyles
Goal 79: Eliminate and mitigate existing environmental problems that harm the population's health	

Annex 2:
JEE score

Technical Area	Indicator No	Indicator	JEE Score
P.1 National legislation, policy and financing	P.1.1	Legal instruments exist	3
	P.1.2	Financing available for IHR Capacities	3
	P.1.3	Financing is available for response	3
P.2 IHR coordination, national IHR focal point function and advocacy	P.2.1	National IHR Focal Point functions	4
P.3 Antimicrobial resistance (AMR)	P.3.1	Effective multisectoral coordination on AMR	2
	P.3.2	AMR surveillance	2
	P.3.3	Infection prevention and control	2
	P.3.4	Optimize use of antimicrobial medicines in human health, animal health and agriculture	2
P.4 Zoonotic disease	P.4.1	Surveillance systems in place in the animal health and public health sectors for zoonotic diseases/pathogens identified as joint priorities	4
	P.4.2	Mechanisms for responding to infectious and potential zoonotic diseases established and functional	4
P.5 Food safety	P.5.1	Surveillance of foodborne diseases and contamination	3
	P.5.2	Response and management of food safety emergencies	2
P.6 Biosafety and biosecurity	P.6.1	Whole-of-government biosafety and biosecurity system in place for all sectors (including human, animal and agriculture facilities)	2
	P.6.2	Biosafety and biosecurity training and practices in all relevant sectors (including human, animal and agriculture)	3
P.7 Immunization	P.7.1	Vaccine coverage (measles) as part of national programme	4
	P.7.2	National vaccine access and delivery	4
D.1 National laboratory system	D.1.1	Laboratory testing for detection of priority diseases	3
	D.1.2	Specimen referral and transport system	3
	D.1.3	Effective national diagnostic network	3
	D.1.4	Laboratory quality system	3
D.2 Surveillance	D.2.1	Surveillance systems	3
	D.2.2	Use of electronic tools	3
	D.2.3	Analysis of surveillance data	4

Technical Area	Indicator No	Indicator	JEE Score
D.3 Reporting	D.3.1	System for efficient reporting to FAO, WOAH and WHO	3
	D.3.2	Reporting network and protocols in country	3
D.4 Human resources	D.4.1	Up-to-date multisectoral workforce strategy in place	3
	D.4.2	Human resources available to effectively implement IHR	3
	D.4.3	In-service trainings available	3
	D.4.4	FETP or other applied epidemiology training programme in place	4
R.1 Emergency Preparedness	R.1.1	Emergency risk assessments conducted and emergency resources identified and mapped	3
	R.1.2	National multi-sectoral multi-hazard emergency preparedness measures, including emergency response plans, are developed, implemented and tested	3
R.2 Emergency response operations	R.1.1	Emergency response coordination	3
	R.1.2	Emergency operations centre (EOC) capacities, procedures and plans	3
	R.1.3	Emergency Exercise Management Programme	4
R.3 Linking public health and security authorities	R.3.1	Public health and security authorities (e.g., law enforcement, border control, customs) linked during a suspect or confirmed biological, chemical or radiological event	4
R.4 Medical countermeasures and personnel deployment	R.4.1	System in place for activating and coordinating medical countermeasures during a public health emergency	3
	R.4.2	System in place for activating and coordinating health personnel during a public health emergency	3
	R.4.3	Case management procedures implemented for IHR relevant hazards	4
R.5 Risk communication and community engagement	R.5.1	Risk communication systems for unusual/unexpected events and emergencies	2
	R.5.2	Internal and partner coordination for emergency risk communication	4
	R.5.3	Public communication for emergencies	4
	R.5.4	Communication engagement with affected communities	2
	R.5.5	Addressing perceptions, risky behaviours and misinformation	3
PoE. Points of entry and border health	PoE.1	Routine capacities established at points of entry	3

Technical Area	Indicator No	Indicator	JEE Score
	PoE.2	Effective public health response at points of entry	3
CE. Chemical events	CE.1	Mechanisms established and functioning for detecting and responding to chemical events or emergencies	3
	CE.2	Enabling environment in place for management of chemical events	3
RE. Radiation emergencies	RE.1	Mechanisms established and functioning for detecting and responding to radiological and nuclear emergencies	4
	RE.2	Enabling environment in place for management of radiological and nuclear emergencies	4

Annex 3:
SPAR score

Technical Area	Indicator No	Indicator	SPAR Score
C.1 Policy, legal and normative instruments to implement IHR	C.1.1	Policy, legal and normative instruments	60%
	C.1.2	Gender equality in health emergencies	60%
C.2 IHR coordination, national IHR focal point function and advocacy	C.2.1	National IHR Focal Point functions	60%
	C.2.2	Multisectoral coordination mechanisms	60%
	C.2.3	Advocacy for IHR implementation	60%
C.3 Financing	C.3.1	Financing for IHR implementation	60%
	C.3.2	Financial resources for public health emergency response	80%
C.4 Laboratory	C.4.1	Specimen referral and transport system	40%
	C.4.2	Implementation of laboratory biosafety and biosecurity regime	60%
	C.4.3	Laboratory quality system	60%
	C.4.4	Laboratory testing capacity modalities	60%
	C.4.5	Effective national diagnostic network	60%
C.5 Surveillance	C.5.1	Early warning surveillance function	80%
	C.5.2	Event management	80%
C.6 Human resources	C.6.1	Human resources for implementation of IHR	40%
	C.6.2	Workforce surge during a public health event	60%
C.7 Health emergency management	C.7.1	Planning for health emergencies	60%
	C.7.2	Management of health emergency response	60%
	C.7.3	Emergency logistic and supply chain management	80%
C.8 Health services provision	C.8.1	Case management	80%
	C.8.1	Utilization of health services	60%
	C.8.1	Continuity of health services (EHS)	60%
C.9 Infection prevention and control (IPC)	C.9.1	IPC programmes	40%
	C.9.2	Health care-associated infections (HCA) surveillance	20%
	C.9.3	Safe environment in health facilities	40%
C.10 Risk communication and community engagement	C.10.1	RCCE systems for emergencies	60%
	C.10.1	Risk communication	80%
	C.10.1	Community engagement	80%
C.11 PoE. Points of entry and border health	C.11.1	Core capacity requirements at all times for PoEs	80%
	C.11.2	Public health response at PoEs	80%

Technical Area	Indicator No	Indicator	SPAR Score
	C.11.3	Risk-based approach to international travel-related measures	60%
C.12 Zoonotic disease	P.5.1	One health collaboration efforts across sectors on activities to address zoonoses	60%
C.13 Food safety	C.13.1	Multisector collaboration mechanisms for food safety	40%
C.14 Chemical events	C.14.1	Resources for detection and alert	60%
C.15 Radiation emergencies	C.15.1	Capacity and resources	80%

Annex 4: NAPHS

NATIONAL ACTION PLAN FOR HEALTH SECURITY

to ensure public health safety based on the results of a joint external assessment of the implementation of the International Health Regulations (IHR-2005) in the Republic of Uzbekistan

#	Name of events	Implementation mechanism	Timeline	Funds and sources thereof (in Soums or US dollars)	Responsible executors	Other organizations
I. Regulatory framework, policy and funding area						
1	Conducting an assessment of national IHR legislation	1. Conduct an inventory, analysis, assessment of regulations related to IHR. 2. Prepare a report on the results of the inventory with recommendations and suggestions. 3. Make changes and additions to regulations taking into account recommendations and suggestions	3rd quarter 2024 3rd quarter 2024 2025-2028.	$6,000 $5,000 not required does not require funds	Ministry of Health of the Republic of Uzbekistan (hereinafter MoH), Committee for Sanitary and Epidemiological Welfare and Public Health (hereinafter Sanepidcom), Ministry of Justice, Independent legal consultants, Nongovernmental Organizations (NGOs)	WHO Country Office in Uzbekistan (WHO)
2	Development of legal instruments to provide financing for the implementation of the national IHR action plan .	1. Develop legal instruments to provide funding for the implementation of the national IHR action plan, including for responding to public health emergencies at all levels. Implement MISP tool for rapid readiness assessment 2. Conduct an inventory of funding sources to respond to public health emergencies .	2nd quarter 2025 1st quarter 2025	does not require funds $4,000	Ministry of Justice, Sanepidcom Independent consultants on legal and financial issues, Ministry of Economics and Finance of the of the Republic of Uzbekistan, NGOs.	WHO UNFPA

		3. Determine and evaluate allocated funds taking into account risk assessment .	annually	does not require funds		
II. Coordination, Implementation and Clarification (IHR)						
3	Establishment of a functional mechanism for coordination and integration of relevant sectors in the IHR implementation process	1. Review of the existing coordination and integration mechanism to improve and expand cross-sectoral communication and cooperation. 2. Update annually the list of focal points in all government bodies responsible for the implementation of the IHR at the national level. 3. Develop a training program and procedures for conducting annual simulation exercises to test communication, coordination and interaction between national IHR focal points and relevant government agencies for IHR implementation; coordinate it with interested ministries and departments. 4. Conduct annual simulation exercises for relevant government agencies responsible for IHR implementatio. 5. Compile reports on exercises conducted and develop recommendations for improving communication, coordination and cooperation between the National IHR Focal Point and relevant government agencies responsible for IHR implementation. 6. Strengthen coordination of reproductive health issues during emergencies at the national and regional levels, as well as the assignment of a national coordinator and the introduction of a separate funding line for reproductive health in case of emergencies	January, annually January, annually 1st quarter 2025 1st quarter annually April, annually 1st quarter	does not require funds does not require funds does not require funds $20,000, annually does not require funds does not require funds	Ministry of Health of the Republic of Uzbekistan, Sanepidcom, Ministry of Emergency Situations, Ministries and departments (participating in the implementation of the IHR in Uzbekistan).	WHO, UNFPA, (reproductive health) donor organizations

4	Integrating updates and amendments to the IHR into the Regulatory and Legal Documents of the Republic of Uzbekistan	1. Review changes in IHR annually 2. Inform all ministries and departments responsible for the implementation of the IHR at the national level.	as required as required	does not require funds does not require funds	Ministry of Health of the Republic of Uzbekistan, Sanepidcom, ministries and departments (involved in the implementation of the IHR in Uzbekistan).	WHO
5	Implementation of a digital information exchange system to strengthen cross-sector collaboration.	1. Improve the digital information exchange system to improve the quality of timely communication with relevant authorities responsible for the implementation of the IHR. 2. Maintain the quality of timely communication with relevant government agencies responsible for the implementation of the IHR.	3rd quarter 2025 Continuously	$100,000 does not require funds	Sanepidcom, ministries and departments (involved in the implementation of the IHR in Uzbekistan).	UNOPS, WHO, FAO, WB
III. Biosafety and biosecurity						
6	Ensuring biological safety in the Republic of Uzbekistan	1. Prepare a draft document and adopt the Law of the Republic of Uzbekistan “On Biological Safety” 2. Review implementing regulations in the field of biosafety (norms, rules, instructions, etc.). 3. Ensure the material and technical base of laboratories in accordance with new requirements in the field of biosafety . 4. Develop and implement an electronic platform for the regulatory framework on biosafety and biosecurity issues, including aspects of permitting procedures . 5. Develop and approve documents for planned preventive maintenance and repair of engineering systems/structures (biological safety cabinets, etc.).	3-4 quarter 2024 and 1 quarter 2025 2-3 quarter 2025 as required 2025 2-3 quarter 2025 annually	does not require funds does not require funds $100,000 $100,000 does not require funds $100,000	Sanepidcom, ministries and departments (participating in the implementation of IHR in Uzbekistan).	WHO, FAO, WB, WOHA,

		6. Conduct certification of biological safety cabinets in accordance with the current technical regulations (also see Clause 14 of the National Lab) 7. Strengthen intersectoral cooperation in the field of biosafety and biosecurity in accordance with WHO, OIE and FAO standards (action plan, etc.).	3rd quarter 2025	$20,000		
7	Revision of the National List of "Dangerous Pathogens and Toxins".	1. Analyze the adequacy of existing international standards that approve the list of dangerous pathogens and toxins. 2. Taking into account international recommendations, develop and approve an updated list of “dangerous pathogens and toxins” through an appropriate intersectoral agreement.	1st quarter 2025 2nd quarter 2025	$20,000 does not require funds	Sanepidcom, ministries and departments responsible for the implementation of IHR	WHO, FAO, WB, WOHA,
8	Strengthening the national biosafety and biosecurity information management system.	1. Develop regulatory documents in the field of information management on biosafety and biosecurity for the implementation of cross-sectoral monitoring, inventory of priority pathogens and toxins, as well as optimization of reporting. 2. Develop and implement measures for the control of pathogenic microorganisms, prompt handling, as well as warning systems for containment violations.	2nd quarter 2025 1st quarter 2025	$10,000 $20,000	Sanepidcom, ministries and departments responsible for the implementation of IHR	WHO, FAO, WB, WOHA
9	Conducting biorisk assessments covering medical (including forensic), veterinary and agricultural facilities.	1. Develop and approve indicators for assessing biorisks in accordance with the established procedures. 2. Conduct a biorisk assessment . 3. Develop a plan for professional training of specialists in the field of biosafety and biosecurity. 4. Develop and approve a list of studies taking into account priority infections.	1st quarter 2025 1st quarter 2025 until August of each year 2025-2028 4th quarter 2024	does not require funds $5,000 does not require funds $5,000	Sanepidcom, ministries and departments responsible for the implementation of IHR	WHO, FAO, WB, WOHA

		5. Develop updated protocols for registration and accounting of pathogenic microorganisms in institutions where dangerous microorganisms and toxins are stored or processed. 6. Phased implementation of tools and resources to support the use of diagnostic tools that prevent the need to culture dangerous microorganisms. 7. Develop an action plan to ensure biological safety requirements when working with dangerous pathogens (control and organizational, medical and biological, engineering and technical). 8. Determine the full scope of requirements for biosafety, biosecurity and biocontainment of infectious agents and toxins and report on the results .	4th quarter 2025 4th quarter 2025 4th quarter 2025 4th quarter 2025	$5,000 $5,000 $10,000 $5,000		
IV. Scope of service of National Laboratories						
10	Expanding and strengthening diagnostic capacity.	1. Determine a list of priority pathogens for which diagnostic capacity needs to be strengthened. 2. Create an action plan to equip and strengthen regional laboratories with modern equipment . 3. Develop a training plan and conduct training of laboratory specialists on an ongoing basis with modern research methods 4. Create electronic registration, barcoding of biological samples, dangerous pathogens.	2nd quarter 2024 3rd quarter 2024 on an ongoing basis 4th quarter 2024 4th quarter	$30,000 does not require funds $30,000 $50,000	Sanepidcom, ministries and departments responsible for the implementation of IHR, Working group on national laboratories	WHO, FAO, WB, WOHA UNOPS

		5.Develop a strategy and action plan for genomic surveillance.	2024	does not require funds		
11	Strengthening the national health information system to develop and implement a national multi-sectoral laboratory information management system.	1. Develop computer programs for organizing a laboratory information network (LIS). 2. Prepare a feasibility study. 3. Implement the electronic LIS platform into practice. 4. Create an intradepartmental and interdepartmental information field within which it is possible to quickly, timely and rationally manage laboratory information.	2024-2025 2024-2025 2025-2026 2026-2027	200,000 Dollars $20,000 $50,000 $100,000	Sanepidcom, Working group on national laboratories, ministries and departments responsible for the implementation of the IHR	WHO, , FAO, WB, WOHA UNOPS
12	Implementation of a national laboratory quality management program led by a national reference laboratory.	1. Establish a multi-sectoral National Laboratory Working Group (NLWG) to review the national laboratory policy and strategic plan. 2. Together with the licensing department and representatives of the national accreditation body, develop licensing legislation to ensure quality management. 3. Develop a national program to strengthen institutional capacity to bring laboratory services to the requirements of international standards ISO 15189, ISO 17025, ISO 17043, ISO 9001 and for laboratory quality management under the leadership of a national reference laboratory. 4. Develop and implement a training program for laboratory managers of the national reference laboratory in the basics of laboratory management (GLLP) 5. Expand the national mentoring program.	4th quarter 2024 2025 2025 4th quarter 2024 On an ongoing basis 1st quarter	does not require funds $10,000 $10,000 $80,000 $20,000	Sanepidcom, Working group on national laboratories, ministries and departments responsible for the implementation of the IHR	WHO, , FAO, WB, WOHA, CDC

		6. Review staffing standards and include a full-time quality manager 7. Develop a national EQA program and participate in international external quality assessment (EQA) programs.	2025 1st quarter 2025	does not require funds $80,000		
13	Development and phased implementation of a national sample transportation system.	1. Assess the current state of the national specimen transport system and study the experience of other countries with similar conditions. 2. Develop a national program for the referral and transportation of samples. 3. Develop a plan and curriculum for professional training of specialists in the field of sample transportation, biosafety and biosecurity. 4. Provide step-by-step training for specialists in the field of sample transportation, biosafety and biosecurity .	4th quarter 2024 4th quarter 2024 4th quarter 2024 4th quarter 2024 1st quarter 2025	$5,000 $10,000 $5,000 $20,000	Sanepidcom, Working group on national laboratories, ministries and departments responsible for the implementation of the IHR	WHO, FAO, WB, WOHA, CDC
14	Strengthening the national procurement and supply system for laboratory logistics.	1. Assess the current state of laboratory infrastructure and equipment, taking into account the scope of services. 2. Create an action plan to improve the material and technical support of regional laboratories. 3. Develop mechanisms for providing high-quality laboratory reagents and consumables. 4. Create a Center for the technical maintenance and certification of laboratory equipment, including laboratory equipment, training of specialists, purchase of equipment for certification and annual certification of equipment	2nd quarter 2024 3rd quarter 2024 4th quarter 2024 4th quarter 2024 1st quarter 2025	$20,000 does not require funds does not require funds $30,000	Sanepidcom, Working Group on National Laboratories	WHO, FAO, WB, WOHA, CDC

V. Resistance to microbiological pathogens						
15	Establishing AMR surveillance in the livestock sector and in the public health sector.	1. Develop and approve a unified National Protocol on the methodology for surveillance of antimicrobial resistance within the framework of the “One Health” platform 2. Approve the list of organizations participating in epidemiological surveillance of AMR in the public health sector. 3. Introduce the collection of data on antimicrobial resistance into bacteriological laboratories on the basis of infectious diseases hospitals at regional health departments or the Committee for Sanitary and Epidemiological Welfare and Public Health. 4. Create a Reference Center for Antimicrobial Resistance in the veterinary sector to monitor antimicrobial resistance and carry out quality control, collect and analyze data, and develop recommendations. 5. Create and gradually implement a surveillance system for antimicrobial resistance in the veterinary sector. 6. Create a unified system (or national system) for archiving data on antimicrobial resistance and sharing this data between organizations within the framework of the “One Health” platform for coordinating activities on antimicrobial resistance.	2nd quarter 2025 2nd quarter 2025 2nd quarter 2025 2025 2025 2025	нdoes not require funds does not require funds $90,000 70,000 dollars $20,000 does not require funds	Sanepidcom, Veterinary committee (Vetcom)	WHO, FAO, WB, WOHA, GIZ
16	Implementation of the national action program to combat AMR within the framework of the One Health platform.	1. Approve and begin implementation of the Multi-sectoral National Action Program to combat AMR within the framework of the “One Health” platform. 2. Within the framework of the “One Health” platform, determine the National Coordinator and approve the composition of the interdepartmental working group for the	2024-2026 1st quarter 2025	$90,000, annually does not require funds	Sanepidcom, Vetcom, Ministry of Ecology, environmental protection and Climate Change	WHO, FAO, WB

		implementation and coordination of activities on antimicrobial resistance. 3. Establish a coordination mechanism for relevant stakeholders (health, animal health, agriculture and environment) within the One Health platform	2025	$70,000		
17	Conduct an analysis of existing international projects to combat AMR.	1. Summarize and present results of AMR projects to raise awareness and improve cross-sectoral communication. 2. Identify challenges associated with national program implementation with a view to establishing a national routine AMR surveillance program and ensuring cross-sectoral linkages between the public health and animal health sectors. 3. Develop recommendations to eliminate problems associated with the implementation of the national program.	1st quarter 2025 1st quarter 2025 1st quarter 2025	does not require funds does not require funds $10,000	Sanepidcom, Vetcom, Ministry of Ecology	WHO, FAO, WB
18	Providing AMR surveillance data to relevant GLASS databases.	1. Submit existing AMR data to CAESAR and GLASS	annually	does not require funds	Sanepidcom, Vetcom, AMR Center	WHO, FAO
19	Strengthening requirements for the dispensing of antimicrobial agents in pharmacies (practice of rational use of antimicrobial agents).	1. Develop and implement mechanisms for monitoring the prescription of antimicrobial agents. 2. Introduce the WHO AWARE classification into the National SLS. 3. Create and pilot a system for collecting and analyzing data on the consumption of antimicrobial drugs in accordance with international recommendations. 4. Introduce a program for the rational use of antibiotics into the practice of health care facilities	1st quarter 2025 1st quarter 2025 3rd quarter 2025 3rd quarter 2025	$30,000 $10,000 $100,000 $50,000	Sanepidcom, Vetcom, Ministry of Health, AMR Center	WHO, FAO, WB,

VI. Zoonotic diseases						
20	Creation of the “One Health” coordinating committee.	1. Develop a draft protocol of the Cabinet of Ministers on the establishment of “One Health” coordinating committee 2. Develop a Regulation (annex to the resolution) on the One Health coordinating committee, which will provide a reliable platform for intersectoral interaction on issues of zoonotic diseases, AMR and food safety. 3. Approve the Regulation in accordance with the established procedures.	4th quarter 2024 1st quarter 2024 1st quarter 2025	As part of the allocated funds for the pandemic fund project	Sanepidcom, Ministry of Finance, Ministry of Agriculture, Ministry of Ecology, Vetcom	WHO, FAO, UNEP, WB and other international organizations
21	Strengthening surveillance of zoonotic diseases (including in wildlife).	1. Develop and approve the State Program for Forecasting and Prevention of Emergency Situations “Program for the prevention of epidemics, epizootics and epiphytoties on the territory of the Republic of Uzbekistan for 2025-2030”. 2. Develop SOPs: - on improving surveillance of zoonotic diseases, joint actions and response measures in case of detection thereof; - on laboratory diagnostics of zoonotic diseases, collection and transportation of samples; - exchange of information in case of detection of zoonotic diseases.	2nd quarter 2025 2nd quarter 2025	$40,000 $30,000	Sanepidcom, Ministry of Finance, Ministry of Agriculture, Ministry of Ecology, Vetcom	WHO, FAO, UNEP, WB and other international organizations
22	Update of the list of zoonotic diseases of public health concern .	1. Study and evaluate existing regulatory documents.	1st quarter 2025 2nd quarter 2025	does not require funds $20,000	Sanepidcom, Ministry of Finance, Ministry of Agriculture, Ministry of Ecology, Vetcom.	WHO, FAO, WOHA, UNEP

		2. Identify priority diseases that are common in the Republic of Uzbekistan and pose a threat to the population. 3. Approve an updated list of priority diseases in the Republic of Uzbekistan. (Revision of Cabinet Resolution No. 96 of 2007).	3rd quarter 2025	$20,000		and other international organizations
23	Creation of a real-time interoperable electronic reporting systems in.	1. Create an electronic system for recording zoonotic diseases in real time with integration with other ministries and departments. 2. Carry out joint actions between the health and animal health sectors. 3. Increase the effectiveness of intersectoral cooperation at all levels of the healthcare system, veterinary medicine, agriculture and ecology.	2025 Continuously Continuously	$60,000 does not require funds does not require funds	Sanepidcom, Ministry of Finance, Ministry of Agriculture, Ministry of Ecology, Vetcom, Uzinfocom	WHO, FAO, WOHA, UNEP and other international organizations
24	Establishing funding mechanisms for compensation in cases of zoonotic animal diseases.	1. Develop rules and procedures for the mechanism of compensation and offsetting for losses caused by cases of zoonotic animal diseases and approve it in the relevant authorities. 2. Develop instructions for compensation for damage when investigating outbreaks of zoonotic diseases and carrying out anti-epidemic and anti-epizootic measures in areas of zoonotic diseases.	2nd quarter 2025 2nd quarter 2025	$20,000 $20,000	Sanepidcom, Ministry of Finance, Ministry of Agriculture, Ministry of Ecology, Vetcom	WHO, FAO, WOHA, UNEP and other international organizations
VII. Food safety						
25	Strengthening information sharing and response to foodborne disease outbreaks in relevant sectors.	1. Establish a joint coordination center for food safety in relevant sectors. 2. Develop and implement SOPs to coordinate and optimize information	2025 4th quarter 2025	does not require funds $30,000	Sanepidcom, Ministry of Finance, Ministry of Agriculture, Ministry of Ecology, Vetcom	WHO, FAO, WOHA, UNEP and other international organizations

		sharing and response to foodborne disease outbreaks in relevant sectors.				
26	Strengthening employee training in food safety.	1. Develop and approve a vocational training curriculum and training plan. 2. Conduct training to improve capacity in the field of epidemiology, food safety risk assessment and risk communication. 3. Create and implement national guidelines for food safety during emergencies	3rd quarter 2025 Annually 2nd quarter 2025	does not require funds $50,000 $20,000	Sanepidcom, Ministry of Finance, Ministry of Agriculture, Ministry of Ecology, Vetcom	WHO, FAO, WOHA UNEP and other international organizations
27	Participation in the work of INFOSAN	1. Establish and ensure the effective functioning of an intersectoral national INFOSAN group with the participation of stakeholders to coordinate and exchange information on events related to food safety issues	2nd quarter 2025	$10,000	Sanepidcom, Ministry of Finance, Ministry of Agriculture, Ministry of Ecology, Vetcom	WHO, FAO
28	Update Food Safety Codes and Regulations.	1. Conduct an assessment of the national food safety system 2. Conduct an inventory of regulatory documents related to food safety, create an electronic database. 3. Develop and submit to the Cabinet of Ministers: Draft Law “On Food Safety”; Draft Resolution of the Cabinet of Ministers “On approval of technical regulations for food safety”.	1st quarter 2025 1st quarter 2025 4th quarter 2024	No funds required No funds required No funds required	Sanepidcom, Ministry of Finance, Ministry of Agriculture, Ministry of Ecology, Vetcom Ministry of Justice	WHO, FAO, WOHA, UNEP International financial corporation
29	Implementation of an electronic reporting system in the field of food safety.	1. Develop electronic reporting systems. 2. Implement electronic reporting systems (including, but not limited to, HACCP, GMP and ISO standards).	2025 1st quarter 2026	$200,000 $50,000	Sanepidcom, Ministry of Finance, Ministry of Agriculture, Ministry of Ecology, Vetcom	WHO, FAO

VIII. Immunization						
30	Improving the use of the emlash.ssv.uz electronic system. at all levels of the health system.	1. Develop a plan for improving the electronic immunization system program emlash.ssv.uz. 2. Ensure the purchase of additional office equipment. 3. Assessing the effectiveness of the program.	2nd quarter 2024 2025 2025	$30,000 $200,000 $20,000	Ministry of Health, Sanepidcom	WHO, UNICEF, GAVI
31	Development and implementation of a monitoring and reporting system for AEFI in all health care facilities	1. Prepare training material on surveillance of adverse events following immunization (AEFI) and timely monitoring of the immunization process. 2. Conduct training to improve staff skills on safe immunization practices and AEFIs with the involvement of WHO experts.	3rd quarter 2024 4th quarter 2024	$30,000 $50,000	Ministry of Health, Sanepidcom	WHO, UNICEF, GAVI
32	Improving the outreach campaign on immunization and vaccination.	1. Develop documents for an outreach campaign to encourage primary care physicians to proactively provide evidence-based immunization and vaccination recommendations to patients. 2. Develop and implement a national program strategy for communication materials and interpersonal relations	3rd quarter 2024 4th quarter 2024	$25,000 $25,000	Ministry of Health, Sanepidcom	WHO, UNICEF, GAVI
33	Digitalization of vaccine warehouse management at all levels of healthcare.	1. Introduce a computerized immunization database system for monitoring the effectiveness of vaccine warehouse management (VMS) at all levels of the health care system. 2. Ensure full coverage and interconnection with the national system, including new and existing equipment 3. Provide additional equipment (measuring instruments) to improve the efficiency of the cold chain. 4. Prepare a report and proposals on the inventory carried out	4th quarter 2024 1st quarter 2025 2025 4th quarter 2024	$50,000 Does not require funds $200,000 does not require funds	Ministry of Health, Sanepidcom	WHO, UNICEF, GAVI

IX. Human resources						
34	Improving the system of continuous education of specialists.	1. Develop a plan for continuous education on emergency response for primary care specialists. 2. Develop training programs for the introduction of modern rapid methods for diagnosing dangerous pathogens, training specialists working with dangerous microorganisms and toxins or storing them. 3. Organize regular training events at the national/regional level in order to develop professional skills and competencies among workers in accordance with existing standards.	3rd quarter 2024 3rd quarter 2024 1st quarter 2025	As part of the pandemic fund project As part of the pandemic fund project As part of the pandemic fund project	Sanepidcom, Customs Committee, Veterinary Committee, Ministry of Agriculture, Center for the Development of Professional Qualifications of medical worker of Ministry of Health, Vocational training centers	WHO, CDC, WB UNFPA
35	Expanding FETP coverage at intermediate and local levels.	1. Organize regular training on biosafety and biosecurity issues for personnel of selected institutions working with or storing hazardous microorganisms and toxins.	Annually	$125,000 annually	Sanepidcom Vocational training centers	WHO, CDC, WB
36	Implementation of the FETP-V program, in accordance with the One Health principle.	1. Develop and approve a plan for training specialists of a narrow profile (entomologists, biostatisticians, etc.).	Before the start of each academic year	$180,000 annually	Sanepidcom Veterinary Committee, Ministry of Agriculture, Vocational training centers	WHO, CDC, WB
X. Epidemiological surveillance						
37	Strengthening the event-based surveillance system (ESS).	1. Assess the actual epidemiological surveillance system based on internal and external (international) events with visits to individual territories of the Republic. 2. Develop an SOP for surveillance in the ESS based on the assessment results.	1st quarter 2025 1st quarter 2025	$5,000 $5,000	Sanepidcom, Veterinary Committee	WHO, FAO, WB

		3. Conduct the necessary training and implement the necessary ESS mechanisms at all levels.	1st quarter 2025	$10,000		
38	Ensuring pandemic preparedness for respiratory pathogens with pandemic potential	1. Develop and approve a pandemic preparedness plan for influenza and other respiratory pathogens with pandemic potential, jointly with interested ministries and departments.	1-2 quarter 2025	$10,000	Sanepidcom, Veterinary Committee	WHO, WB
39	Strengthening ICT resources at all levels of the national surveillance system.	1. Request information from the regional departments of the Committee for Sanitary and Epidemiological Welfare and Public Health about the availability of computer equipment and the availability of high-speed Internet in the context of city districts 2. Based on the results of the analysis of the availability of ICT equipment, make additional purchases	1st quarter 2025 upon request, within the allocated funds 2025	Does not require funds $200,000	Sanepidcom	WHO, WB
40	Strengthening local surveillance capacity.	1. Jointly with international organizations, monitor the holding of international meetings, conferences, etc. on surveillance issues. 2. Invite technical experts on epidemiological surveillance to improve its implementation .	Annually Annually	$20,000 $80,000	Sanepidcom	WHO, WB
41	Implementation of an electronic surveillance system at all levels of the Sanitary and Epidemiological Committee, veterinary services, and environmental protection.	1. Develop and implement a mandatory electronic surveillance system at all levels of the Sanitary and Epidemiological Committee, veterinary services, environmental protection, ensuring interoperability with the systems used in these sectors.	2026-2028	$100,000	Sanepidcom, Veterinary Committee Min Ecology	WHO, UNICEF, WB
XI. Risk communication						
42	Enable and improve the efficiency of emergency reporting.	1. Develop SOPs to provide reporting capabilities for health emergencies involving any hazard, including chemical incidents, radiation and other man-made disasters, and natural disasters.	1st quarter 2025	$25,000	Sanepidcom, Ministry of Emergency Situations (MChS)	WHO, UNICEF, WB

		2. Implement SOPs	2nd quarter 2025	does not require funds		
43	Strengthening country network and reporting protocols	1. Review and expand the scope of information provided by the National IHR Focal Point. 2. Notify WHO promptly of all potential public health emergencies of international concern (PHEIC). 3.Conduct regular trainings on the use of Annex 2 to the IHR (data reporting, regular intersectoral desktop and simulation exercises (SimEx) to increase the ability to send emergency notifications within 24 hours	4nd quarter 2024 on an ongoing basis annually	does not require funds does not require funds does not require funds	Sanepidcom IHR Coordinator in the Republic of Uzbekistan, ministries and departments responsible for the implementation of the IHR	WHO
XII. Emergency preparedness						
44	Update of the national multi-sectoral action plan to combat CBRN threats.	1. Review your existing emergency preparedness and response plan. 2. Conduct consultations and coordination meetings with key stakeholders, including the Ministry of Health and the Ministry of Emergency Situations. 3. Review and adjust the national multi-sectoral plan to ensure clear guidelines and procedures for coordination between the Ministry of Health and the Ministry of Emergency Situations during emergencies. 4. Incorporate risk assessment and resource mapping into the plan. 5. Approve an updated national multi-sectoral action plan to combat chemical, biological, radiological threats, taking into account feedback and suggestions from relevant stakeholders 6. Review existing SOPs and develop new ones if necessary.	3rd quarter 2024 4th quarter 2024 4th quarter 2024 4th quarter 2024 4th quarter 2024 1st quarter 2025	$15,000 $10,000 $10,000 Does not require funds Does not require funds $30,000	Sanepidcom MChS ministries and departments responsible for the implementation of IHR	WHO, UNICEF, WB UNFPA
45	Implementation of an action plan to prevent and eliminate the	1. Assessment of potential risks and threats to the country	1st quarter 2025	$20,000	Sanepidcom MChS	UNICEF WHO, FAO, WB

	consequences of emergency situations.	2. Develop an emergency preparedness and response plan. 3. Agree on and approve an emergency preparedness and response plan .	2nd quarter 2025 August 2025	$10,000 does not require funds	Veterinary Committee, Ministry of Ecology	UNFPA
46	Strategic emergency risk assessment to identify priority threats.	1. Review existing data and reports on threats and vulnerabilities in Uzbekistan. 2. Collection of primary data through field assessments, surveys and interviews with relevant stakeholders. 3. Analyze collected data to identify potential threats, vulnerabilities and opportunities. 4. Prioritize identified threats based on their impact on public health and emergency response. 5. Develop recommendations for improving emergency preparedness and response based on the assessment results. 6. Conduct workshops on the preparation of the Plan at the subnational level.	2nd quarter 2024 2nd quarter 2024 2nd quarter 2024 3rd quarter 2024 3rd quarter 2024 1 st quarter 2025	$10,000 $10,000 $30,000 $19,120 $15,000 $45,000	MoH Sanepidcom MChS ministries and departments responsible for the implementation of IHR	WHO, UNICEF, WB UNFPA, Red Crescent Society of Uzbekistan, donor organizations
47	Assessing and inventorying (mapping) all emergency response resources and capabilities.	1. Develop mapping methodology and tools for resource assessment. (WHO resource mapping tool - https://iris.who.int/bitstream/handle/10665/329385/WHO-WHE-CPI-2019.17-eng.pdf) 2. Collect data on available resources and capacity at district, national and regional levels. 3. Document identified resources, including medical facilities, equipment, trained personnel, and logistical support.	2nd quarter 2024 3rd quarter 2024 3rd quarter 2024	$20,000 $20,000 $10,000	Sanepidcom MChS	WHO, UNICEF, WB

		4. Analyze the data obtained to identify gaps and areas for improvement in resource allocation. Prepare reports for each level (district, subnational (regions) and national) detailing the results and recommendations for resource mapping 5. Prepare a summary document on the resources needed to respond to emergencies. 6. Conduct a resource and logistics review and implement any recommendations made from the review .	3rd quarter 2024 4th quarter 2024 2nd quarter 2024	does not require funds does not require funds $25,000 (UNICEF funds)		
48	Subnational emergency preparedness and response training.	1. Develop training materials on emergency preparedness and response to any threat at the national and subnational (regional) level, with an emphasis on cross-sectoral collaboration and emergency management; 2. Organize and conduct trainings.	2nd quarter 2024 annually	$10,000 $15,000 every year (WHO and UNICEF funds)	Sanepidcom MChS	WHO, UNICEF, UNFPA WB
XIII. Emergency response						
49	Integration of veterinary, wildlife and environmental services into the coordination commission.	1. Develop a plan for the integration of veterinary medicine, wildlife conservation and environmental protection into the coordination commission; 2. Determine and approve the composition of the coordination committee (see paragraph of the “One Health” project).	1st quarter 2025 3rd quarter 2024	Within the framework of the Pandemic Fund “One Health” project	Sanepidcom MChS	WHO, UNICEF
50	Full implementation of the existing Public Health Emergency Response Operations Center (PHERC) development plan.	1. Implement the existing development plan for the Public Health Emergency Operations Center.	Annually On a regular basis	Within the framework of the Pandemic Fund “One Health” and	Sanepidcom MChS	WHO, UNICEF, CDC

		2. Ensure the effective functioning of the Public Health Emergency Operations Center		UNICEF projects		
XIV. Communication between public health authorities and security authorities in emergency situations						
51	Improving the effectiveness of interaction between public health and security authorities	1. Develop risk assessment tools to identify priority risks; 2. Develop and implement SOPs to support cross-sector collaboration in risk assessment.	1st quarter 2025 3rd quarter 2025	$15,000 $10,000	Sanepidcom MChS	WHO, UNICEF, UNFPA WB
52	Overview of forecasts at national, regional and district levels.	1. Review forecasts at all levels (district, regional and national) 2. Implement recommendations for measures to facilitate the dispatch/reception of medical response equipment, personnel and resources.	annually annually on a regular basis	$30,000 $20,000 (UNICEF funds)	Sanepidcom MChS	WHO, UNICEF, WB
XV. Sending and receiving medical response equipment and personnel						
53	Strengthening the system for activating and coordinating the dispatch and receipt of medical response equipment and personnel during an emergency situation	1. Develop a concise operational plan and SOPs clarifying the roles and responsibilities of the relevant parties for their implementation and monitoring. 2. Develop clearly defined SOPs to enable the timely arrival/dispatch of medical response assets and personnel in the event of emergencies resulting in multiple casualties (e.g. earthquakes, hurricanes, chemical emergencies, etc.).	2 quarter 2025 3 quarter 2025	Within the framework of UNICEF project	Sanepidcom MChS, ministries and departments responsible for the implementation of the IHR	WHO
54	Improving case management procedures related to exposure to IHR threats	1. Develop medium- and long-term plans for the establishment of an Uzbekistan emergency medical team with WHO mentorship and obtain WHO accreditation for this team as a facility that can be deployed internationally.	2025 2025-2026	$30,000 $50,000	Sanepidcom MChS TMA, Center for the Development of Professional	WHO and other international and donor organizations

		2. Review and expand case management protocols to include protocols for the management of patients injured as a result of chemical and radiation incidents. Integrate these protocols into training programs for a wide range of health care and allied health professionals		Within the framework of WHO project	Qualifications of Medical Workers	
XVI. Risk Awareness						
55	Improvement of the national all-hazard risk communication plan in line with international best practices.	1. Adapt to the local context and approve minimum quality standards for interaction with communities. 2. Update the national risk communication plan to include issues of interaction with communities, as well as monitoring and analysis of rumors and signals online and offline.	2nd quarter 2024 3rd quarter 2024	$80,000 (UNICEF funds) does not require funds	Sanepidcom MChS, ministries and departments responsible for the implementation of IHR	UNICEF WHO
56	Increasing knowledge and skills in matters of interaction with communities of specialists working with the public of the Sanepid Committee and the Ministry of Health	1. Develop, approve and ensure the implementation of an action plan to improve knowledge and skills in matters of interaction with communities of public relations specialists. 2. Conduct the first stage of training on minimum quality standards in working with communities and train 200 communication specialists of the Committee for Sanitary and Epidemiological Welfare and Public Health.	2nd quarter 2024 - 4th quarter 2025 2 -4 quarter 2024	$127,000 (total on all counts UNICEF funds)	Sanepidcom ministries and departments responsible for the implementation of IHR	UNICEF WHO
57	Improving the process of monitoring and analyzing rumors and signals online and offline.	1. Create a unified platform for monitoring signals online and offline for the Sanitary and Epidemiological Committee; 2. Train relevant employees of the Committee for Sanitary and Epidemiological Welfare and Public Health and relevant partners on the use of this platform.	1st quarter 2025 2-4 quarter 2025	$180,000 (total for all items UNICEF funds)	Sanepidcom ministries and departments responsible for the implementation of IHR	UNICEF WHO

58	Strengthening the material and technical base of the Committee for Sanitary and Epidemiological Welfare and Public Health Press Service team to improve work with communities and timely respond to rumors and disinformation.	1. Provide technical equipment for the media center of the Committee for Sanitary and Epidemiological Welfare and Public Health. 2. Create a permanent media center team to develop content and promote key messages in relevant communication platforms.	2024-2025 2024-2025	Depends on resource mobilization	Sanepidcom ministries and departments responsible for the implementation of IHR	UNICEF, WHO
XVII. Points of entry and border health						
59	Improving the regulatory framework regulating the requirements for sanitary and anti-epidemic measures for sanitary protection of the territory of the Republic of Uzbekistan, sanitary and quarantine control at checkpoints across the state border of the Republic of Uzbekistan.	1. Develop a draft comprehensive plan with ministries and departments to prevent the import and spread of biological (including phytosanitary), chemical, radiological and nuclear threats into the territory of the Republic of Uzbekistan at checkpoints. 2. Coordinate and approve the draft plan with ministries and departments. 3. Develop an SOP together with the Ministry of Emergency Situations and other interested ministries and departments for carrying out measures to identify patients with suspected especially dangerous and other infectious diseases, organizing the provision of first aid to identified patients, hospitalization and isolation of contacts. 4. Agree and approve SOP	1st quarter 2025 1st quarter 2025 3rd quarter 2025 4th quarter 2025	$25,000 Within the framework of the Pandemic Fund “One Health” project and IOM do not require funds $40,000 does not require funds	Sanepidcom, Customs Committee, Border Troops under the State Security Service, Agency for Quarantine and Plant Protection, Veterinary Committee, Agency for External Labor Migration	WHO, UNICEF, WB, IOM
60	Strengthening human resources capacity at points of entry (on biological (including phytosanitary), chemical,	1. Develop and approve training programs. 2. Organize and conduct training of specialists.	3rd quarter 2024 Annually	Does not require funds According to estimated need	Sanepidcom Customs Committee, Veterinary Committee, Agency for Quarantine and Plant Protection,	International and donor organizations

	radiological and nuclear threats).	3. Conduct scheduled and unscheduled tactical and special exercises	Annually and as needed	According to estimated need	Centers for the Vocational Development	
61	Organization and provision of first aid to individuals crossing state borders at designated entry points with heavy traffic.	1. Develop and approve an agreement between the Ministry of Health and the Customs Committee 2. Provide medical personnel 3. Provide medicines and medical equipment	2024-2025 Regularly Regularly	According to estimated need According to estimated need According to estimated need	Ministry of Health, Sanepidcom Customs Committee, Ministry of Finance	WHO
62	Enter into a mutual agreement with neighboring countries to develop joint capabilities for early detection, notification and response to public health events at ground crossings.	1. Prepare a draft agreement on cooperation with neighboring countries (Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and the Republic of Afghanistan. 2. Hold meetings to discuss the project with neighboring countries.	4th quarter 2025 1st quarter 2026	$100,000 $50,000 Within the framework of “One Health” project and IOM	Sanepidcom Customs Committee, Veterinary Committee, Agency for Quarantine and Plant Protection, ministries and departments responsible for the implementation of IHR	WHO, UNICEF, WB, IOM
XVIII. Chemical safety						
63	Improving the legal and regulatory framework governing the management of hazardous chemicals and emergency response to hazardous chemicals and waste	1. Conduct an inventory, analysis and assessment of the regulatory framework. 2. Create mechanisms for monitoring compliance with regulatory documents of the information collection and exchange system. 3. Develop principles and approaches for assessing the risks of exposure to hazardous chemicals and waste. 4. Conduct a risk assessment .	2nd quarter 2025 2nd quarter 2025 3rd quarter 2025 annually	$10,000 does not require funds does not require funds $15,000	MoH, Sanepidcom, Committee on Industry, Radiation and Nuclear Safety, Inspectorate of Mining, Geology and Industrial Safety Control and interested ministries and departments	WHO
64	Development of a legal justification for the feasibility of the Republic’s	1. Consultations with international experts and preparation of the review.	2nd quarter 2025	$20,000	MoH, Sanepidcom, Committee on Industry, Radiation	WHO

	accession to interstate standards .	Preparation of a legally sound document on the feasibility of joining interstate standards (GOST 32419-2013, GOST 32423-2013, GOST 32424-2013, GOST 32425-2013, GOST 32421-2013)			and Nuclear Safety, Inspectorate of Mining, Geology and Industrial Safety Control and interested ministries and departments	
65	Creation of a national toxicological center and toxicological teams	1. Involve international experts to assess the possibility of creating a toxicology center. 2. Prepare technical specifications for the equipment and composition of toxicology teams (primary care, emergency medical care centers and the Committee for Sanitary and Epidemiological Welfare and Public Health). 3. Create a curriculum for training and retraining specialists in this area. 4. Equip primary care (front line officers) with chemical measurement equipment. 5. Conduct a training course at the Center for the Development of Professional Qualifications of Medical Workers. 6. Provide a regulatory framework for the establishment and operation of a national toxicology center	2nd quarter 2025 3rd quarter 2025 4th quarter 2025 4th quarter 2025 2025 2 nd quarter 2025	$300,000 (total on all counts)	MoH, Sanepidcom, ministries and departments responsible for the implementation of the IHR	WHO
66	Creation of a register of hazardous chemicals and waste.	1. Create a Working Group to collect data containing information on hazardous chemicals and waste. 2. Collection of data on hazardous chemicals and waste. 3. Develop Terms of Reference for the creation of an electronic register platform.	1st quarter 2025 1st quarter 2025 1st quarter 2025	$50,000 $10,000 $20,000	Sanepidcom, CSAC (center for specialized analytical control) under the Ministry of Ecology, and interested ministries and departments	WHO
67	Strengthening capacity to implement the Globally Harmonized System of	1. Prepare educational materials (presentations, information materials, etc.) on the Globally Harmonized System of	2025-2026	$20,000	CSAC under the Ministry of Environment, Committee for	WHO

	Classification and Labeling of Chemicals and Wastes.	Classification and Labeling of Chemicals and Wastes. 2. Develop a schedule for conducting training seminars on the GHS (for representatives of the industrial, agricultural sector, business and the public). (GHS is an internationally agreed system for standardizing the classification and communication of chemical hazards.) 3. Conduct training seminars (according to the schedule). 5. Develop proposals for the implementation of the GHS in the republic			Sanitary and Epidemiological Welfare and Public Health, ministries and departments responsible for the implementation of the IHR	
XIX. Radiation safety						
68	Preparation of proposals to improve legislation in the field of radiation safety.	1. Involving international and national experts to develop recommendations for improving the regulatory framework. Submitting proposals to improve legislation to the Cabinet of Ministers of the Republic of Uzbekistan.	3rd quarter 2025	$20,000	MoH, Committee on Industry, Radiation and Nuclear Safety, Ministry of Ecology and interested ministries and departments	WHO
69	Strengthening legal instruments on radiation and nuclear safety in accordance with international basic safety standards	1. Involvement of international and national experts to conduct a training course on the topic: “Preparedness and response in the event of a nuclear or radiological emergency”.	2025-2026	By agreement	MoH, Committee on Industry, Radiation and Nuclear Safety, MChS	IAEA
70	Strengthening intersectoral coordination in radiation emergency preparedness and response.	1. Revise the Resolution of the Cabinet of Ministers of the Republic of Uzbekistan, dated October 15, 2019 No. 869 of the Ministry of Health of the Republic of Uzbekistan (on participation in the activities of the Unified State System of Forecasting, Early Detection and Response to Radiation	4th quarter 2025	By agreement	MChS, MoH, Committee on Industry, Radiation and Nuclear Safety,	IAEA, WHO

		Accidents and Monitoring the Radiation Situation in the Republic of Uzbekistan) in accordance with the latest international requirements organizations.				
71	Development and implementation of clinical protocols for the diagnosis and treatment of patients with ARS (acute radiation sickness) and CRS (chronic radiation sickness).	1. Involve international and national experts to develop clinical protocols. 2. Create training programs for training and retraining of specialists in this area. 3. Develop technical specifications for equipping specialized clinics to provide highly qualified assistance to a special contingent. 4. Conduct training courses in this area.	2025	$30,000	Ministry of Health of the Republic of Uzbekistan	WHO, IAEA
72	Increasing the experience and skills of management personnel, workers, employees, civil protection units of enterprises and organizations, as well as emergency units for joint actions in case of accidents related to emergencies at categorized facilities.	1. Involving international and national experts to conduct a block-modular training system on radiation and nuclear safety	annually	By agreement	Ministry of Health Ministry of Emergency Situations	WHO, IAEA, Euroatom, NRS US

“КЕЛИШИЛДИ”

Ўзбекистон Республикаси
Ички ишлар вазири

Н. Бобожонов

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2024 йил “____” _____

“КЕЛИШИЛДИ”

Ўзбекистон Республикаси
Транспорт вазири

И. Махкамов

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2024 йил “____” _____

“КЕЛИШИЛДИ”

Ўзбекистон Республикаси
Мудофаа вазири

Б. Курбонов

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2024 йил “____” _____

“КЕЛИШИЛДИ”

Ўзбекистон Республикаси Иқтисодиёт
ва молия вазирининг ўринбосари

О. Фозилкаримов

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2024 йил “____” _____

“КЕЛИШИЛДИ”

Ўзбекистон Республикаси
Фавқулодда вазиятлар вазири

А. Қўлдошев

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2024 йил “____” _____

“КЕЛИШИЛДИ”

Ўзбекистон Республикаси
Божхона қўмитасининг раиси

А. Мавлонов

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2024 йил “____” _____

“КЕЛИШИЛДИ”

Ўзбекистон Республикаси
Соғликни сақлаш вазири в.б.

А. Худаяров

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2024 йил “____” _____

“КЕЛИШИЛДИ”

Ўзбекистон Республикаси
Қишлоқ хўжалиги вазири

И. Абдурахмонов

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2024 йил “____” _____

“КЕЛИШИЛДИ”

Санитария-эпидемиологик осойишталик
ва жамоат саломатлиги қўмитасининг раиси

Б. Юсупалиев

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2024 йил “____” _____

“КЕЛИШИЛДИ”

Ветеринария ва чорвачиликни
ривожлантириш давлат қўмитаси раиси

Б. Норкобилов

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2024 йил “____” _____

Annex 5:
Cost of NAPHS

#	Name of events/implementation mechanism	Cost in USD	Cost in million Soum
	I. Regulatory framework, policy and funding area	**15.000**	**189**
1	Conducting an assessment of national IHR legislation	11.000	138
2	Development of legal instruments to provide financing for the implementation of the national IHR action plan	4.000	50
	II. Coordination, Implementation and Clarification (IHR)	**200.000**	**2.514**
3	Establishment of a functional mechanism for coordination and integration of relevant sectors in the IHR implementation process	100.000	1.257
4	Integrating updates and amendments to the IHR into the Regulatory and Legal Documents of the Republic of Uzbekistan	0	0
5	Implementation of a digital information exchange system to strengthen cross-sector collaboration	100.000	1.257
	III. Biosafety and biosecurity	**1.005.000**	**12.634**
6	Ensuring biological safety in the Republic of Uzbekistan	920.000	11.566
7	Revision of the National List of "Dangerous Pathogens and Toxins"	20.000	251
8	Strengthening the national biosafety and biosecurity information management system	30.000	377
9	Conducting biorisk assessments covering medical (including forensic), veterinary and agricultural facilities	35.000	440
	IV. Scope of service of National Laboratories	**740.000**	**9.303**
10	Expanding and strengthening diagnostic capacity	110.000	1.383
11	Strengthening the national health information system to develop and implement a national multi-sectoral laboratory information management system	340.000	4.274
12	Implementation of a national laboratory quality management program led by a national reference laboratory	200.000	2.514
13	Development and phased implementation of a national sample transportation system	40.000	503
14	Strengthening the national procurement and supply system for laboratory logistics	50.000	629
	V. Resistance to microbiological pathogens	**860.000**	**10.811**
15	Establishing AMR surveillance in the livestock sector and in the public health sector	180.000	2.263
16	Implementation of the national action program to combat AMR within the framework of the One Health platform	520.000	6.537
17	Conduct an analysis of existing international projects to combat AMR	10.000	126
18	Providing AMR surveillance data to relevant GLASS databases	0	0
19	Strengthening requirements for the dispensing of antimicrobial agents in pharmacies (practice of rational use of antimicrobial agents).	150.000	1.886
	VI. Zoonotic diseases	**210.000**	**2.640**

20	Creation of the “One Health” coordinating committee	0	0
21	Strengthening surveillance of zoonotic diseases (including in wildlife)	70.000	880
22	Update of the list of zoonotic diseases of public health concern	40.000	503
23	Creation of a real-time interoperable electronic reporting systems in	60.000	754
24	Establishing funding mechanisms for compensation in cases of zoonotic animal diseases	40.000	503
	VII. Food safety	**560.000**	**7.040**
25	Strengthening information sharing and response to foodborne disease outbreaks in relevant sectors	30.000	377
26	Strengthening employee training in food safety	270.000	3.394
27	Participation in the work of INFOSAN	10.000	126
28	Update Food Safety Codes and Regulations	0	0
29	Implementation of an electronic reporting system in the field of food safety	250.000	3.143
	VIII. Immunization	**630.000**	**7.920**
30	Improving the use of the emlash.ssv.uz electronic system at all levels of the health system	250.000	3.143
31	Development and implementation of a monitoring and reporting system for AEFI in all health care facilities	80.000	1.006
32	Improving the outreach campaign on immunization and vaccination	50.000	629
33	Digitalization of vaccine warehouse management at all levels of healthcare	250.000	3.143
	IX. Human resources	**1.525.000**	**19.171**
34	Improving the system of continuous education of specialists	0	0
35	Expanding FETP coverage at intermediate and local levels	625.000	7.857
36	Implementation of the FETP-V program, in accordance with the One Health principle	900.000	11.314
	X. Epidemiological surveillance	**830.000**	**10.434**
37	Strengthening the event-based surveillance system (ESS)	20.000	251
38	Ensuring pandemic preparedness for respiratory pathogens with pandemic potential	10.000	126
39	Strengthening ICT resources at all levels of the national surveillance system	200.000	2.514
40	Strengthening local surveillance capacity	500.000	6.286
41	Implementation of an electronic surveillance system at all levels of the Sanitary and Epidemiological Committee, veterinary services, and environmental protection	100.000	1.257
	XI. Risk communication	**25.000**	**314**
42	Enable and improve the efficiency of emergency reporting	25.000	314
43	Strengthening country network and reporting protocols	0	0
	XII. Emergency preparedness	**384.120**	**4.829**
44	Update of the national multi-sectoral action plan to combat CBRN threats	65.000	817

45	Implementation of an action plan to prevent and eliminate the consequences of emergency situations	30.000	377
46	Strategic emergency risk assessment to identify priority threats	129.120	1.623
47	Assessing and inventorying (mapping) all emergency response resources and capabilities	75.000	943
48	Subnational emergency preparedness and response training	85.000	1.069
	XIII. Emergency response	**0**	**0**
49	Integration of veterinary, wildlife and environmental services into the coordination commission	0	0
50	Full implementation of the existing Public Health Emergency Response Operations Center (PHERC) development plan	0	0
	XIV. Communication between public health authorities and security authorities in emergency situations	**125.000**	**1.571**
51	Improving the effectiveness of interaction between public health and security authorities	25.000	314
52	Overview of forecasts at national, regional and district levels	100.000	1.257
	XV. Sending and receiving medical response equipment and personnel	**80.000**	**1.006**
53	Strengthening the system for activating and coordinating the dispatch and receipt of medical response equipment and personnel during an emergency situation	0	0
54	Improving case management procedures related to exposure to IHR threats	80.000	1.006
	XVI. Risk Awareness	**387.000**	**4.865**
55	Improvement of the national all-hazard risk communication plan in line with international best practices	80.000	1.006
56	Increasing knowledge and skills in matters of interaction with communities of specialists working with the public of the Sanepid Committee and the Ministry of Health	127.000	1.597
57	Improving the process of monitoring and analysing rumours and signals online and offline	180.000	2.263
58	Strengthening the material and technical base of the Committee for Sanitary and Epidemiological Welfare and Public Health Press Service team to improve work with communities and timely respond to rumours and disinformation	0	0
	XVII. Preparation of checkpoints when crossing the border	**215.000**	**2.703**
59	Improving the regulatory framework regulating the requirements for sanitary and anti-epidemic measures for sanitary protection of the territory of the Republic of Uzbekistan, sanitary and quarantine control at checkpoints across the state border of the Republic of Uzbekistan	65.000	817
60	Strengthening human resources capacity at points of entry (on biological (including phytosanitary), chemical, radiological and nuclear threats)	0	0
61	Organization and provision of first aid to individuals crossing state borders at designated entry points with heavy traffic	0	0
62	Enter into a mutual agreement with neighbouring countries to develop joint capabilities for early detection, notification and response to public health events at ground crossings	150.000	1.886

	XVIII. Chemical safety	**515.000**	**6.474**
63	Improving the legal and regulatory framework governing the management of hazardous chemicals and emergency response to hazardous chemicals and waste	85.000	1.069
64	Preparation of proposals to improve legislation in the field of chemical safety	10.000	126
65	Development of a legal justification for the feasibility of the Republic's accession to interstate standards.	20.000	251
66	Streamlining the submission of information (annual announcements, reports, information) to the Technical Secretariat of the Organization for the Prohibition of Chemical Weapons (hereinafter referred to as OPCW) in accordance with the Regulations of the Chemical Weapons Convention	0	0
67	Creation of a national toxicological center and toxicological teams	300.000	3.771
68	Creation of a register of hazardous chemicals and waste	80.000	1.006
69	Strengthening capacity to implement the Globally Harmonized System of Classification and Labelling of Chemicals and Wastes	20.000	251
	XIX. Radiation safety	**50.000**	**629**
70	Preparation of proposals to improve legislation in the field of radiation safety	20.000	251
71	Strengthening legal instruments on radiation and nuclear safety in accordance with international basic safety standards	0	0
72	Strengthening intersectoral coordination in radiation emergency preparedness and response	0	0
73	Development and implementation of clinical protocols for the diagnosis and treatment of patients with ARS (acute radiation sickness) and CRS (chronic radiation sickness)	30.000	377
74	Increasing the experience and skills of management personnel, workers, employees, civil protection units of enterprises and organizations, as well as emergency units for joint actions in case of accidents related to emergencies at categorized facilities	0	0
	Total	**8.356.120**	**105.046**
	1 Usd = 12.571,2 Soum on 15 August 2024		

Annex 6:
Composition of the NAPHS development Working Group

t/r	Place of Work	Name	Position
1	Technical area on Legislation, policy and financing	G. Makhmadkulova	Independent Legal Advisor
2	Technical area on IHR coordination, communication and advocacy	R. Ikramov	Sanitary and Epidemiological Committee
3	Technical area on Biosafety and biosecurity	D. Mirzaboev, M. Madaminov, N. Karshieva	Center for Prophylaxis of plague, Sanitary and Epidemiological Committee
4	Technical area on National laboratory system	M. Shamsutdinova, S. Dzhemilova	National Reference Laboratory
5	Technical area on Antimicrobial resistance	G. Abdukhalilova	Head of the AMR Center
6	Technical area on Zoonotic disease	F. Kurbanbekov, N. Karimova	Sanitary and Epidemiological Committee, Veterinary Committee
7	Technical area on Food Safety	A. Ismailov, M. Shamsutdinova	Veterinary Committee, Sanitary and Epidemiological Committee
8	Technical area on Immunization	D. Tursunova, H. Jamalova	Sanitary and Epidemiological Committee
9	Technical area on Professional development of employees	B. Khudanov, U. Yodgorov	Sanitary and Epidemiological Committee
10	Technical area on Surveillance	F. Kurbanbekov, L. Kudasheva	Sanitary and Epidemiological Committee
11	Technical area on Reporting	N. Valieva	Sanitary and Epidemiological Committee
12	Technical area on Emergency Preparedness	Z. Abdullaev	Ministry of Emergency Situations

13	**Technical area on Emergency response operations**	**Z. Abdullaev**	**Ministry of Emergency Situations**
14	**Technical area on Linking public health and security authorities**	**Z. Abdullaev**	**Ministry of Emergency Situations**
15	**Technical area on Medical countermeasures and personnel deployment**	**Z. Abdullaev**	**Ministry of Emergency Situations**
16	**Technical area on Risk communication**	**M. Saidova**	**Sanitary and Epidemiological Committee**
17	**Technical area on Points of entry**	**N. Karshieva**	**Sanitary and Epidemiological Committee**
18	**Technical area on Chemical events**	**D. Zaredinov, Marina Li**	**Center for the Development of Professional Qualifications of Medical Workers**
19	**Technical area on Radiation safety**	**D. Zaredinov, Marina Li**	