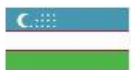


World Health Organization

Towards universal health coverage and security in Karakalpakstan (UHC+S)

Annual Programme Narrative Report, 2022

Funded by the UN Multi-Partner Human Security Trust Fund for the Aral Sea region in Uzbekistan



The Government
of the Republic
of Uzbekistan



The Government
of Norway



European
Union



The Government
of Finland



The Government
of the Republic
of Korea



Alwaleed
Philanthropies



Government of the
Federal Republic
of Germany

<p>Programme Title & Project Number</p> <ul style="list-style-type: none"> • Programme Title: <i>Towards universal health coverage and security in Karakalpakstan (UHC+S)</i> • MPTF Office Project Reference Number: <i>00125932</i> 	<p>Country, Locality(s), Priority Area(s) / Strategic Results</p> <p><i>Uzbekistan/Karakalpakstan</i></p> <p><i>UNSDCF Output 4.1 By 2025, capacities of health system and stakeholders are strengthened to implement efficient and transparent, innovative and inclusive Universal Health Coverage-focused policies and programmes.</i></p>
<p>Participating Organization(s)</p> <ul style="list-style-type: none"> • <i>WHO</i> 	<p>Implementing Partners</p> <ul style="list-style-type: none"> • <i>Ministries of Health of Uzbekistan and Karakalpakstan</i>
<p>Programme/Project Cost (US\$)</p> <p>Total approved budget as per project document:</p> <p>MPTF /JP Contribution:</p> <ul style="list-style-type: none"> • <i>US\$ 425,379</i> <p>Agency Contribution</p> <p>Government Contribution</p> <p><i>0</i></p> <p>Other Contributions (donors)</p> <p><i>0</i></p> <p>TOTAL:</p>	<p>Programme Duration</p> <p>Overall Duration (months) <i>32</i></p> <p>Start Date (dd.mm.yyyy) <i>12.02.2021</i></p> <p>Original End Date (dd.mm.yyyy) <i>30.09.2023</i></p> <p>Current End date (dd.mm.yyyy) <i>30.09.2023</i></p>
<p>Programme Assessment/Review/Mid-Term Eval.</p> <p>Assessment/Review - if applicable <i>please attach</i></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date: <i>dd.mm.yyyy</i></p> <p>Mid-Term Evaluation Report – if applicable <i>please attach</i></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date: <i>dd.mm.yyyy</i></p>	<p>Report Submitted By</p> <ul style="list-style-type: none"> ○ Name: <i>Dr Nazokat Kasymova (temporarily assigned as responsible officer for the project)</i> ○ Title: <i>National Professional Officer (NPO)</i> ○ Participating Organization (Lead): <i>WHO</i> ○ Email address: <i>kasymovan@who.int</i>

TABLE OF CONTENTS

TABLE OF CONTENTS.....	2
ACRONYMS.....	3
EXECUTIVE SUMMARY	4
I. Purpose.....	4
II. Results.....	5
i) Narrative reporting on results.....	5
ii) Indicator Based Performance Assessment	15
III. Programmatic Revisions	18

ACRONYMS

CVD	Cardio-vascular disease
HHFA	WHO's Harmonized Health Facility Assessment
KfW	German Development Bank
MOH	Ministry of Health
MPHSTF	Multi-Partner Human Security Trust Fund for the Aral Sea region in Uzbekistan
NCD	Non-communicable disease
PHC	Primary health care
PPP	Public-private partnership
Swiss TPH	Swiss Tropical and Public Health Institute
SHIF	State Health Insurance Fund
UHC	Universal Health Coverage

EXECUTIVE SUMMARY

The drying up of the Aral Sea is among the greatest human-made global environmental disasters. Soil and food pollution, air pollution, water pollution, poor sanitation, and climatic changes are known to have deleterious effects on population's health. In Uzbekistan's autonomous Republic of Karakalpakstan (Aral Sea region), WHO is supporting comprehensive health sector reform, considering the specific environmental and climatic challenges of the region.

"Towards universal health coverage and security in Karakalpakstan (UHC+S)" is WHO's first project with funding from the United Nations Multi-Partner Human Security Trust Fund (MPHSTF). Over 32 months, WHO and partners are supporting the assessment of the health care needs of the population, with a focus on Muynaq district, to inform future investment in health infrastructure and equipment at both primary and secondary levels, health workforce capacity and digitalization by 2023.

A national technical working group comprised of teams in Muynaq, Kungrad and Nukus has been supported in the development of a business plan for the proposed Muynaq-Kungrad medical network. The work on the plan was contributed by the data and materials collected during the joint WHO Expert and UNOPS mission to Karakalpakstan (KK) in December 2021. In 2022, the activity continued commenting and discussing the business plan.

In February-March 2022, the WHO team including international experts investigated the status of the existing facilities in Muynaq and Kungrad, and identified actions for 2 compound flagship initiatives on energy efficiency, renewable energy, landscape integration, sustainable healthcare, and found connections with implementation of the UNECE Environmental Performance Review of Uzbekistan recommendations.

The Business Plan for 2022-2024 was finalized including the sections on mission and vision, analysis of the current situation, and strategic goals and objectives. This Business Plan gave a clear indication of the service profiles to be provided at both hospitals, staff and equipment needed to deliver those services, and required foundations in Primary Health Care (PHC) and enablers, such as digitalization.

The network is proposed to be developed as a model of green, blue, resilient, and inclusive health infrastructure – resilient to environmental and climate-related emergencies, as well as to pandemics. The Business Plan was submitted to the MoH of Karakalpakstan, discussed and approved in December 2022.

WHO supported local stakeholders, including community leaders, in articulating their vision for the concept of a green, blue and resilient medical network with a comprehensive list of desired features and minimum requirements.

I. Purpose

The project *"Towards universal health coverage and security in Karakalpakstan (UHC+S)"* is aligned with the United Nations Sustainable Development Cooperation Framework Outcome 4: "By 2025, the most vulnerable benefit from enhanced access to gender-sensitive quality health, education and social services".

It contributes specially to Output 4.1: "By 2025, capacities of health system and stakeholders are strengthened to implement efficient and transparent, innovative and inclusive Universal Health Coverage-focused policies and programmes, comprehensive responses to health emergencies and to promote a healthy lifestyle and health literacy among all age groups as well as quality professional development opportunities and a decent work environment for healthcare employees."

The goal of the UHC+S project is progress towards universal health coverage (UHC) and security in the Republic of Karakalpakstan, with security broadly defined to include health emergencies, socioeconomic and environmental conditions.

UHC means that “all people and communities can use the promotive, preventive, curative, rehabilitative and palliative health services they need, of sufficient quality to be effective, while also ensuring that the use of these services does not expose the user to financial hardship”. Health security (like human security more broadly) calls for “people-centred, comprehensive, context-specific and prevention-oriented responses that strengthen the protection and empowerment of all people.”

The objective of the UHC+S project is to guide investments in the health system of Karakalpakstan by the year 2023.

II. Results

i) Narrative reporting on results

Outcome 1. Priorities are identified for future investment in the health sector, based a mapping of population needs/means and sector capacities

This Outcome has to help the Government of Uzbekistan and its development partners in the health space, ensure that plans and investments make the right match between population needs and health sector capacities.

It was mostly achieved in 2021 via mapping population needs/means and sector capacities in Muynaq district for future investment in the sector in close collaboration between WHO and KfW. (*WHO Annual Report, 2021: <https://mptf.undp.org/project/00125932>*).

Outcome 2. An evidence-based model of service delivery and financing is developed and recommended, in line with identified priorities

WHO’s assessment (Outcome 2, Outputs 2.1-2.4) in 2021 concluded that the size of the Muynaq catchment area does not justify an earlier proposal for procurement of advanced equipment like magnetic resonance imaging or cardiac catheterization laboratories and that low volumes would be a problem for both cost and effectiveness. (*WHO Annual Report, 2021: <https://mptf.undp.org/project/00125932>*).

The conceptual model of the Muynaq-Kungrad of quality service delivery and medical network was recommended and reflected in *the WHO Interim Assessment Report (Figure 1.)*

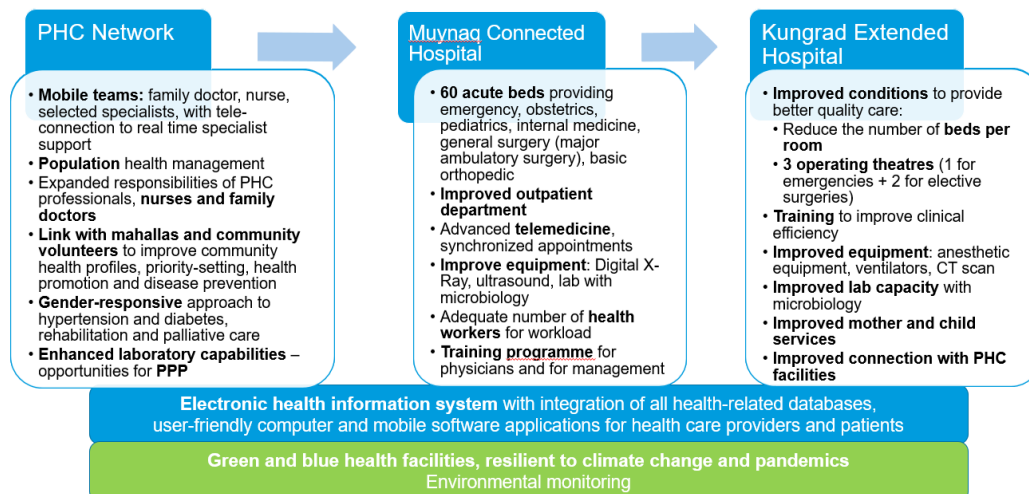


Figure 1. Summary description of the proposed Muynaq-Kungrad medical network

With this conceptual model, and further support from WHO, local teams in Muynaq, Kungrad and Nukus developed an operational model in the form of a business plan. The plan was finalized and discussed with the experts, national partners, and presented to the Ministry of Health of Karakalpakstan in 2022.

Based on the analysis of statistical data, actual work, availability of specialized inpatient services, capacity of the personnel and logistics at the Muynak and Kungrad RMO, as well as taking into account the settlements of Muynak district, located in a close proximity to the Kungrad Central District Hospital, it is proposed:

- to provide the population of Muynak district inpatient routine specialized medical services, such as angiovascular surgery, neurosurgery, ophthalmology, orthopedics, otorhinolaryngology at the Kungrad Central District Hospital and national level specialized health facilities;
- to organize inpatient care services by profiles - palliative care and physical therapy with rehabilitation at the Muynak and Kungrad RMO;
- to increase the number of beds in the intensive care unit to 14 at the Kungrad RMO and up to 6 at the Muynak RMO in connection with the establishment of the Inter-district Center for Concomitant Injuries and Acute Vascular Diseases at the Kungrad RMO, and also considering that the Kungrad RMO will provide specialized emergency care to the population of 4 nearby districts (Kungrad, Muynak, Shumanay and Kanlykul districts). In Muynak district, there will be a level 1 intensive care unit (ICU) with oxygen, non-invasive monitoring and more intensive care than in a usual ward, and in Kungrad district with the new Inter-district Center for Concomitant Injuries and Acute Vascular Diseases, the ICU of level 2 will be organized, where invasive monitoring and basic life support services will be provided for a short period of time.
- to organize outpatient services at the Muynak RMO according to the following profiles - hematology, oncology, nephrology, pediatric cardiology, pulmonology, rheumatology, orthopedics, allergology, proctology, medical rehabilitation, in view of the high rates of morbidity and mortality from cardiovascular pathologies, respiratory diseases, tuberculosis, oncological diseases.
- to organize outpatient services at the Kungrad RMO by the following profiles - maxillofacial surgery, nephrology, neurosurgery, radiation diagnostics, occupational diseases, orthopedics, pediatric cardiology, pediatric surgery, pulmonology, rheumatology and urology, taking into account the demand of the population for these services.

The Business Plan considered services profiles including outpatient clinic and emergency care; indicators and analysis of ensuring availability, quality, and safety of medical services with information and data available (such as telemedicine; required medical equipment). Investment planning sections focused on the material and technical base of PHC health facilities of both districts including Central District Hospitals (rehabilitation departments; physiotherapy and exercise therapy, movement disorders, complications of coronavirus). Moreover, the following points were examined:

- Development of the hospitals' network infrastructure for introducing "green and blue technologies" and increasing resilience to environmental factors;
- Optimization of the administrative and organizational structure and management mechanisms of inter-district specialized care at hospital level and development of information system for public health management;
- Improvement of the structure and management system of two RMOs to increase efficiency of the use of the resources at the district level;
- Capacity building of the RMOs managers and creating a unified information system for both RMOs.

The guidance has been provided on public private partnership (PPP) and medical tourism, as described below under the Outputs 2.4 and 2.5. The last one - "Assessment conducted on the potential to generate new income opportunities in the medical tourism sector" - was shifted to a study for a flagship project of "green, blue, resilient and inclusive" hospital infrastructure.

Outcome 3. Health workforce capacity is strengthened to absorb future investments and implement the recommended service delivery and financing model

Certain savings occurred in 2022-2023 under the Outcome 3, Outputs 3.1 and 3.2, through further collaboration with KfW on capacity-building for both facility managers and clinicians in Muynaq. The future capacity-building activities are to be undertaken in the context of the State Health Insurance roll out from 2023, with financial support from a new joint project within MPTF.

In 2022, WHO made a request to the Steering Committee of the MPHSTF to re-programme savings under Outcomes 3 towards the development of project documents for the construction of the hospitals in Muynaq and Kungrad (UNOPS).

The WHO assessments conducted for facilities and its staff defined appropriate recommendations on clinical training or WHO package of essential noncommunicable (PEN) disease interventions for primary health care. The WHO PEN is the minimum standard for NCDs to strengthen national capacity, integrate and scale up care of heart disease, stroke, cardiovascular risk, diabetes, cancer, asthma and chronic obstructive pulmonary disease in primary health care. An integrated approach is particularly important for low-resource settings for efficient use of limited resources. The national PEN protocols were approved by the MoH in 2021 and introduced in Syrdarya in 2022. It is recommended to be introduced in Karakalpakstan within the frame of a new MPTF project. The WHO Package of Essential NCD interventions will help to improve the coverage of appropriate services for people with NCDs services in primary care settings.

Outcome 4. Resources are mobilized for implementation of the recommended service delivery and financing model

After the consultations with relevant stakeholders (Output 4.1), the MOH and an international financial institution has expressed an interest to look at financing options for the proposed green hospitals in Muynaq and Kungrad. A more detailed study and design, with costed options for the deployment of green technologies was required in order to proceed with it. A new activity (Activity 4.1.3) was therefore proposed under a reformulated Output 4.1 from “Consultations convened with MoH and MoF on fiscal space and budget formulation/execution” to “Development of a Technical Feasibility Study and Concept Design for the construction of the green hospitals”. WHO used savings under Outcomes 1-3 in support of this new activity under Outcome 4.

In 2022, WHO explored options for the establishment of the environmental health monitoring center and/or flagship facility of “green, blue, resilient and inclusive” hospital infrastructure, as well as revised the plan to create an integrated hospital system between Kungrad and Muynaq.

Two options were proposed for consideration by the WHO experts and key stakeholders:

- (1) A complete redesign of the 2 hospital compounds applying green building and resilience principles;
- (2) Refurbishment of existing buildings, addition of renewable energy sources and application of energy efficiency measures aligned to the carrying capacity of the existing structures.

Outputs

Output 1.1. Consultation convened with population on their health needs and means, involving local governance systems, with strong representation from rural areas, youth and women

The target was partially achieved in cooperation with KfW pre-feasibility study that involved the consultations with 6 focus groups from Nukus city, Amudarya district and Muynak district during February-June 2021, as well as via the WHO mission including gender and community engagement experts to Muynaq along with consultations with local government and communities’ leaders (mahalla leaders) responsible for health work in June 2021. (WHO Annual Report, 2021: <https://mptf.undp.org/project/00125932>).

In February 2022, the WHO expert mission to Muynaq and Kungrad further consulted with community representatives on their vision for green, blue, and resilient health facilities.

Additional consultations with the community can be organized in 2023, emphasizing women representation to meet the target of consulting 500 community members. While later than originally planned, this new timeline has the advantage of giving community members an opportunity to provide feedback on specific investment proposals under development.

Output 1.2 Rapid assessment conducted of health sector capacities (availability and readiness) in the Region and neighbouring Regions

The target was achieved through pre-feasibility study - WHO Harmonized Health Facility Assessment (HHFA) on service availability and readiness - in cooperation with KfW in April-May 2021 (24 facilities in total) and WHO focused visit to Muynaq and Kungrad in June 2021. Consultation with the population on their needs and means (**Output 1.1**), combined with the rapid assessment of health sector capacities (**Output 1.2**) helped to identify priority areas for future investment (**Outcome 1**). (WHO Annual Report, 2021: <https://mptf.undp.org/project/00125932>).



In the report on joint WHO and UNOPS visit to Kungrad Hospital, Muynaq Hospital and Polyclinic No. 24 in Kungrad district in December 2021, the UNOPS' colleagues noted that although strengthening of the hospital network is required, given the need for expansion in Kungrad, it is not considered necessary to focus only on new buildings. Both hospital complexes have room for future expansion if required, although Kungrad is more congested. There is ample scope for energy efficiency improvements and resource management in both locations, and refurbishment to achieve optimal functional flow for service delivery, and interior upgrades to facilities with better fixtures, fittings and finishes to ensure continued functionality. Another discussed opportunity was the establishment of a new perinatal clinic in Kungrad to serve as a third level referral unit for the surrounding districts. Because of the multifaceted nature of the hospital infrastructure needs and prior to the finalization of the concept design to accompany the feasibility study for the Muynaq-Kungrad Hospital network, for investment via a donor, it was recommended that a hospital master planning process be carried out for each hospital site. During this process the current functionality at each hospital, the existing and future clinical needs, opportunities for expansion, relocation, and new buildings can be reviewed to establish a long-term plan for the development for each hospital. This way the Ministry of Health can plan investments appropriately to the advantage of the whole hospital site. The concept design would then be extracted from the agreed masterplan, depending on the urgency of needs, and following appropriate phasing for rehabilitation and construction works. A masterplan would be coordinated with equipment procurement requirements and mobile transport needs. The above-mentioned findings and proposals were important to consider in order to re-programme the project

funds. It aimed at the development of project documents for the construction of the hospitals in Muynaq and Kungrad by UNOPS.

Output 2.1 Report developed on benefits, costs and risks of different service delivery options, including the proposal for a multi-profile hospital in Muynaq

The target under Output 2.1 of developing a report on the benefits, costs and risks of different design options was achieved on schedule, in 2021. (*WHO Annual Report, 2021: <https://mptf.undp.org/project/00125932>*).

Output 2.2 Consultation convened with health care providers and pharmacies on service delivery options, considering local contexts

Target was overachieved within the WHO-led visit in June 2021 to Karakalpakstan (Muynaq district hospital, Kungrad city hospital and 6 PHC facilities), workshop in Nukus in October 2021 for hospital managers from Muynaq and Kungrad and consultations with nurses from Muynaq and Kungrad in December 2021 (160 health care providers in total). In summary, under Outcome 2, the benefits, costs and risks of the different service delivery options were analysed in a report (**Output 2.1**) and discussed with providers (**Output 2.2**) (*WHO Annual Report, 2021: <https://mptf.undp.org/project/00125932>*).

Output 2.3. Broad guidance developed on financing options, linked to the national health financing strategy

In 2023, the recommended model of service delivery will be linked to financing options aligned with the national financing strategy, which is being piloted in Syrdarya region since July 2021 (**Output 2.3**) including introduction of strategic procurement mechanism and development of a universal package of state-guaranteed medical services. WHO will report on this in detail in the 2023 narrative as per the government strategy “Concept of healthcare system development in the Republic of Uzbekistan for 2019-2025” (#5590, 07.12.2018). Syrdarya region’s experience will be introduced in Karakalpakstan from 2023 (along with Tashkent city, Samarkand, Navoi, Surkhandarya and Fergana regions) and from 2025 throughout the country.

Thus, under Output 2.3, WHO supported the Ministry of Health in Uzbekistan, and health authorities in Karakalpakstan in considering new opportunities for investments in primary care through such a model, and the feasibility of piloting as part of broader structural reforms to the delivery system in the country.

Related to the financing options, WHO was requested to consider public-private partnership (**Output 2.4**) and medical tourism (**Output 2.5**).

Output 2.4. Specific guidance developed on options for public-private partnership (PPP)

Under Output 2.4, the target of one guidance document on PPP was met ahead of schedule, in 2021. The mission of October 2021 to Nukus was joined by a WHO expert in private sector engagement and PPP. (*WHO Annual Report, 2021: <https://mptf.undp.org/project/00125932>*).

Output 2.5. Assessment conducted on the potential to generate new income opportunities in the medical tourism sector

Based on the interim assessment conducted in 2021, the scope of the assessment of “income opportunities in medical tourism” was broadened to consider options for the establishment of the environmental health monitoring center and/or flagship of “green, blue, resilient and inclusive” hospital infrastructure.

Besides, the interim assessment identified major issues in quality and patient safety in the delivery of even basic services. Before embarking on the development of a strategy for medical tourism (Output 2.5), it was

recommended that a roadmap would need to be put in place for quality improvement. Therefore, it was decided not to proceed further with Outcome 2, Output 2.5. Consideration of options for income opportunities in the medical sector shifted instead towards development of terms of reference for a flagship project of “green, blue, resilient and inclusive” (hereafter, green) hospital infrastructure.

Output 3.1. Health care management training conducted, focused on new concepts in hospital autonomy, PPP, and medical tourism

Under Output 3.1. the target is management training with focus on concepts in hospital autonomy and PPP. It was reconsidered for the collaboration with UNOPS to project documents for the construction of the hospitals in Muynaq and Kungrad.

The capacity-building activity for managers will be also conducted in pilots of Karakalpakstan by the State Health Insurance Fund (SHIF) in 2023 within a new MPFT project.

Output 3.2. Clinical training-of-trainers conducted, with cascade, based on needs identified by the assessment

Under Output 3.2, the target is to train at least 100 PHC healthcare specialists. Meanwhile, only limited catalytic funding was reserved for clinical training (about 10% of the total grant). The target was reconsidered toward project documents development for Muynaq and Kungrad hospitals by UNOPS.

The WHO and KfW assessments (2021) prioritized non-communicable diseases (NCDs), especially cardio-vascular diseases (CVDs) such as hypertension, and type 2 diabetes, their underlying causes including unhealthy lifestyle (high alcohol intake, smoking, and lack of physical activity) together with unfavorable nutritional patterns. Moreover, the consultations conducted among PHC facilities during 2021-2022 identified needs of healthcare professionals for specific clinical training to focus on WHO package of essential noncommunicable (PEN) disease interventions for primary health care. Healthcare professionals at least of 15 facilities will be trained in 3 districts (Kungrad, Kegeily, Chimbay) within a new MPTF project in 2023.

Both activities in future should strengthen human resource capacity to absorb future investment and implement the recommended delivery and financing mode for Karakalpakstan. Consultations with the MoH, district health authorities and managers of PHC facilities in 2022 allowed to create a network of health care professionals who are ready for future investment.

Output 4.1. Development of a Technical Feasibility Study & Concept Design for the construction of the green hospitals

WHO supported local stakeholders in articulating a vision for what this target would look like in practice, with a comprehensive list of minimum requirements and desired features.

In February 2022, WHO led another expert mission to Nukus, Muynaq and Kungrad to explore options for the establishment of the environmental health monitoring center and/or flagship facility of “green, blue, resilient and inclusive” hospital infrastructure and revise the plan to create an integrated hospital system between Kungrad and Muynaq. WHO highlighted the importance of promoting a healthy environment for both patients and health workers and presented the recent *WHO guidance on climate-resilient and environmentally sustainable health care facilities* incl. (See: WHO Mission report 26.02-04.03.2022).

(Water, sanitation and health care waste – climate resilience)

Interventions (level of achievement) ■ Low, unavailable, unable ■ Medium, in progress, incomplete ■ High, completed, achieved	Action level			Observations
Developed a long-term drought management plan, including the identification of available alternative safe water sources*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Health care facility conserves and manages water to reduce water usage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Water services not affected by seasonality or climate change related weather extremes*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
WASH climate risk management plan implemented*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Improved training and support to health workforce on how and when to deliver water messaging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Safe water storage available, avoiding mosquito breeding sites*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Water is not contaminated in the health care setting during storage, distribution and handling*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Kitchens have adequate supplies of clean potable water*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Water storage tanks have appropriate covers to prevent access or contamination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

WHO Checklist for climate-resilient and environmentally sustainable HCF

Strategic scopes of the mission aim to strengthen the primary health care system, promote green, blue and environmentally friendly infrastructure, and organize and manage affiliated hospitals. Thus the mission investigated the status of the existing facilities in Kungrad and Muynaq, identified actions to make the 2 compounds flagship initiatives with regards to energy efficiency, renewable energy, landscape integration, sustainable healthcare; found connections with the implementation of the recommendations of the UNECE Environmental Performance Review of Uzbekistan and discussed with local counterparts the possible contents of the vision for upgrading the existing hospital complexes.

Before the mission, during the online meeting with Karakalpak authorities, the social and institutional importance of making the refurbishment of the hospital compounds that will be functional for the future development plans of the region. During the mission, WHO explained to the key stakeholders in KK the options for investments for an entirely new facility in Muynaq and a refurbishment of the Kungrad Hospital compound (Kungrad should be strengthened to serve also Muynaq). The new Muynaq – Kungrad medical network should be more efficient, prove to be resilient to climate change, and include specific features to infrastructure green, blue, and resilient.



WHO experts discussed 2 different investment options:

- (1) Option 1 would entail the complete redesign of the 2 compounds and their buildings and optimizing the services. It requires a high upfront investment, with savings in the future exercise of the 2 hospitals: provided that the current conditions of the 2 hospital facilities are highly inefficient, the ideal solution to promote green, blue, resilient, inclusive, and decent hospital facilities would be to completely redesign compounds and buildings. An improved and rational site design could consider local climatic conditions and changing aspirations for promoting local identity and economic, social and environmental wellbeing.
- (2) Option 2 would explore all the possible interventions applicable to the existing structures without entailing the overall redesign of the 2 compounds. Already explored by the UNOPS mission in December, it would address the ordinary and extraordinary maintenance of the existing compounds, adding some components of renewable energy and energy efficiency (but considering the structural constraints of the existing buildings).

There are a few urgent unavoidable activities that cannot be derogated and are common to both options in both Kungrad and Muynaq compounds:

- Address the issue of water scarcity;
- Upgrade the sewage system;
- Address the issue of electricity availability and continuity (too frequent blackouts – no backups in place);
- Redefine the way medical waste is treated, and revise the burning of medical waste;
- Provide heating, ventilation, and air conditioning (HVAC) systems.

The experts agreed that the treatment and disposal of medical waste require immediate and urgent action. Karakalpakstan plans to establish a new waste management centre with sorting equipment without incineration, including around 140 special waste containers in the Republic, even in remote locations. Telemedicine is also another critical sector to develop. Uzbekistan is determined to pioneer innovative telemedicine initiatives, aiming to become a model for Central Asia.



Following the WHO mission of May 2021, the experts elaborated a refined proposal based on a comprehensive and integrated network of primary health care and secondary care services by providing PHC services, developing a new connected hospital model for Muynaq, and improving services provided by the extended Kungrad hospital. The modern Muynaq facility will host around 60 beds, technologically connected to the Kungrad hospital and specialized services in Nukus and Tashkent. Services would include emergency, general surgery (focusing on emergency and elective one- day surgery), orthopaedic surgery and an improved resolute outpatient clinic.

Laboratory services will be upgraded to support primary healthcare providers, and digital health will allow sharing information with other providers.

The WHO/UNOPS mission of December 2021 focused on examining the current status of the hospital services and subsystems, providing a list of interventions needed to support the improvement of the current condition and provide the required service upgrade. The WHO March 2022 mission focused on understanding the current situation from the perspective of green building, resilience to climate change, renewable energy and sustainability. The meetings with local authorities and counterparts were helpful to spot a strong commitment of Uzbekistan to turn the Aral Sea into regional and international excellence center in many fields: technological and ecological innovations, tourism. Still at the Muynaq hospital with better conditions than the Kungrad one, structural and intrinsic barriers prevent any chances of becoming a flagship initiative featuring innovation, energy efficiency, renewable energy solutions, and top-level service standards.

The last WHO mission summarized the current state of the 2 complexes, considered climate changes issues and compound design for both options.



Output 4.2. Private/external funding proposal developed to fill the funding gap

Progress towards targets under this Output will be implemented within UNOPS activities to help mobilize the resources needed for implementation of the recommended model.

Implementation mechanisms

The project has been implemented in collaboration with the MoH of the Republic of Uzbekistan and MoH of the Republic of Karakalpakstan. A Technical Working Group (TWG) was established, composed of the MoH Karakalpakstan, hospital managers and other experts from Muynaq and Kungrad. At the local level, the MoH has engaged local governance structures (khokim, makhalla) for consultations as required.

WHO and MoH have consulted with all relevant state institutions, United Nations programmes and agencies, and other development partners through regular online briefings, conducted in advance to missions to Karakalpakstan. In particular, WHO has been keeping informed the Asian Development Bank, European Investment Bank, German KfW Development Bank, German Technical Cooperation (GIZ) and Agence Francaise de Development.

Outcomes and Outputs of the project were achieved through several WHO-supported expert missions and technical meetings, both in online and offline formats.

The fifth expert mission was conducted during 26 February – 4 March 2022, to Nukus, Kungrad and Muynaq. The primary outputs were: 1) identification of actions for the 2 compounds flagship initiatives with regards to energy efficiency, renewable energy, landscape integration, sustainable healthcare for the Muynaq and Kungrad hospitals including green, blue, resilient and inclusive infrastructure; 2) investigate the status of the existing

facilities in Kungrad and Muynaq; 3) apply recommendations of the UNECE Environmental Performance Review of Uzbekistan in the proposals; 4) discuss the recommendations with the national counterparts.

Online support continued throughout the year, to contribute to the discussions between international experts and local consultants, including the Ministry of Health and SHIF.

Delays in implementation, challenges, good practices

The main delay with the project's activities and re-programming was related to the short-term replacement of the WHO Health Policy Advisor in October 2022 after which the position became vacant again and up till now is not filled.

Discussions with community focus groups and leaders did take place in 2021 (see Output 2.1), however these did not achieve the planned target in terms of the number of people consulted. Therefore, larger-scale consultations will be organized in 2023, with a focus on women, to meet the target of consulting a total of 500 community members (66% women) on the design and implementation of specific investment projects.

The risk register of our proposal had anticipated that local populations, especially vulnerable groups, might not feel comfortable expressing their needs. And that local providers may not be forthcoming with information on their true capacities. This was not the experience of this project.

Programmatic revisions are described in Section IV.

Qualitative assessment

The UHC+S project has afforded a unique opportunity to health development partners in Uzbekistan to develop innovative and integrated solutions to health and human security in the Republic of Karakalpakstan. It has already succeeded in ensuring that plans for hospital infrastructure are firmly embedded within a plan for the health system, including PHC, promoting integrated, patient-centered services and public health interventions, coordinating with other sectors, and engaging communities.

Whilst this project has not been a formal Joint Programme, WHO and UNOPS began collaborating in late 2021 in a joint mission with expertise in hospital architecture to look at functional planning for the hospitals in Muynaq and Kungrad. This partnership formalized in 2022. Following on the success of this project, WHO jointly with UNICEF and UNFPA received funds of the third call of the MPHSTF and started to implement a new project with WHO components in three pilot districts (Kungrad, Kegeyli, Chimbay) and 15 PHC facilities in 2023.

This project has allowed WHO to leverage the support that it has been providing elsewhere in Uzbekistan. The Health Policy Advisor provided approximately one third of his time to the project during 2022, ensuring linkages to the pilot of health sector reforms that WHO is supporting in the Syrdarya region. He has been supported in this effort by 3 National Professional Officers responsible for PHC, NCDs, and environment and health.

ii) Indicator Based Performance Assessment

	Achieved Indicator Targets	Reasons for Variance with Planned Target (if any)	Source of Verification
<p>Outcome 1: Priorities are identified for future investment in the health sector, based a mapping of population needs/means and sector capacities</p> <p>Indicator: Existence of a report mapping population needs/means and sector capacities</p> <p>Baseline: No (2020)</p> <p>Planned Target: Yes by 2022</p>	Yes	Target achieved	Interim assessment report and KfW/Swiss TPH Reform concept for the Aral Sea Region
<p>Output 1.1: Consultation convened with population on their health needs and means, involving local governance systems, with strong representation from rural areas, youth and women</p> <p>Indicator 1.1.1: Number of people consulted in rural areas (% youth or women)</p> <p>Baseline: 0 (2020)</p> <p>Planned Target: 500 (66%) by 2022</p>	90 (45%)	Target only partially achieved in cooperation with KfW pre-feasibility study. It will be convened in 2023, with a focus on women	Interim assessment report and KfW/Swiss TPH Reform concept for the Aral Sea Region
<p>Output 1.2: Rapid assessment conducted of health sector capacities (availability and readiness) in the Region and neighbouring Regions</p> <p>Indicator 1.2.1: Number of rapid assessment reports of health sector capacities</p> <p>Baseline: 0</p> <p>Planned Target: 1 by 2022</p>	1	Target achieved in cooperation with KfW pre-feasibility study, which conducted a survey of 24 facilities, using the WHO Harmonized Health Facility Assessment (HHFA)	WHO interim assessment report, KfW/Swiss TPH HHFA report
<p>Outcome 2: An evidence-based model of service delivery and financing is developed and recommended, in line with identified priorities</p> <p>Indicator: Existence of an evidence-based model of service delivery and financing</p> <p>Baseline: No (2020)</p> <p>Planned Target: Yes by 2022 (although target for Output 2.3 on financing is only for 2022)</p>	Yes/No	Target achieved for the service delivery model; the financing model has not yet been fully developed in the country, but main recommendations based on piloting in Syrdarya and transferring its experience to	WHO interim assessment report, business plan for the Muynaq-Kungrad medical network

		Karakalpakstan can be available in 2023	
<p>Output 2.1: Report developed on benefits, costs and risks of different service delivery options, including the proposal for a multi-profile hospital in Muynaq</p> <p>Indicator 2.1.1: Number of reports developed on benefits, costs and risks of different design options</p> <p>Baseline: 0 (2020)</p> <p>Planned Target: 1 by 2022</p>	1	Target achieved	WHO interim assessment report
<p>Output 2.2: Consultation convened with health care facilities and pharmacies on service delivery options, considering local contexts</p> <p>Indicator 2.2.1: Number of health care providers consulted on design options</p> <p>Baseline: 0 (2020)</p> <p>Planned Target: 100 by 2022</p>	160 of which more than 90% were women	Target over-achieved by 60, ahead of schedule	WHO interim assessment report
<p>Output 2.3: Broad guidance developed on financing options, linked to the national health financing strategy</p> <p>Indicator 2.3.1: Number of guidance developed on financing options</p> <p>Baseline: 0 (2020)</p> <p>Planned Target: 1 by 2022</p>	1	Target achieved	WHO interim assessment report, WHO mission report and annual report
<p>Output 2.4: Specific guidance developed on options for public-private partnership (PPP)</p> <p>Indicator 2.4.1: Number of guidance developed on PPP options</p> <p>Baseline: 0 (2020)</p> <p>Planned Target: 1 by 2022</p>	1	Target achieved ahead of schedule, in 2021	WHO interim assessment report, Trip report of WHO consultant on PPP
<p>Output 2.5: Assessment conducted on the potential to generate new income opportunities in the medical tourism sector</p> <p>Indicator 2.5.1: Number of assessment reports developed</p> <p>Baseline: 0 (2020)</p> <p>Planned Target: 1 by 2022</p>	1	Target achieved in 2022. The scope of the assessment of “income opportunities in medical tourism” was broadened based on the interim assessment	WHO interim assessment report, trip report of WHO expert on Quality Improvement.
<p>Outcome 3: Health workforce capacity is strengthened to absorb future investments and implement the recommended service delivery and financing model</p>	0	Targets reconsidered in collaboration with KfW project	WHO Annual report and re-programming request

<p>Indicator: Number of capacitated networks of health care workers ready for investment</p> <p>Baseline: 0 (2020)</p> <p>Planned Target: by 2022</p>			
<p>Output 3.1: Health care management training conducted, focused on new concepts in hospital autonomy, PPP, and medical tourism</p> <p>Indicator 3.1.1: Number of health care managers trained (% women)</p> <p>Baseline: 0 (2020)</p> <p>Planned Target: 7 (50%) by 2022</p>	0	Target reconsidered in collaboration with KfW project	WHO Annual report and re-programming request
<p>Output 3.2: Clinical training-of-trainers conducted, with cascade, based on needs identified by the assessment</p> <p>Indicator 3.2.1: Number of health care providers trained (% women)</p> <p>Baseline: 0 (2020)</p> <p>Planned Target: 10 (50%) by 2022</p>	0	Target reconsidered in collaboration with KfW project	WHO Annual report and re-programming request
<p>Outcome 4: Resources are mobilized for implementation of the recommended service delivery and financing model</p> <p>Indicator: Resources mobilized by the Government of Uzbekistan, development partners and /or private sector (% of estimated cost of the recommended model)</p> <p>Baseline: 0 (2020)</p> <p>Planned Target: Yes (50%) by 2022</p>	No	Target on track for 2023: subject to UNOPS SoW	Financial reports
<p>Output 4.1: Technical Feasibility Study & Concept Design</p> <p>Indicator 4.1.1: Existence of a feasibility study and concept design</p> <p>Baseline: 0 (2020)</p> <p>Planned Target: 1 by 2022</p>	1	Target achieved partly in 2022 within the WHO recommendations for Technical FS & Concept Design to be provided by UNOPS in 2023	WHO Mission report
<p>Output 4.2: Private/external funding proposal developed to fill the funding gap</p> <p>Indicator 4.2.1: Existence of a private/external funding proposal</p> <p>Baseline: No (2020)</p> <p>Planned Target: Yes by 2022</p>	No	Target on track for 2023: subject to UNOPS SoW	Agreement

III. Programmatic Revisions

As was noted in the WHO Annual Report 2021, the reduced need for WHO to spend activity funds on focus group discussions and facility surveys resulted in savings under Outcome 1. Further savings are expected under Outcome 3 through further collaboration with KfW on capacity-building for both facility managers and clinicians in Muynaq, and possibly also in Kungrad. (*WHO Annual Report, 2021*: <https://mptf.undp.org/project/00125932>).

In 2022, WHO made a request to the Steering Committee of the MPHSTF to re-programme savings under Outcomes 1 and 3 towards the development of project documents for the construction of the hospitals in Muynaq and Kungrad within joint WHO and UNOPS component with WHO leadership.

Similar to 2021, overall coordination of the project (including M&E) in 2022 was performed by the Health Policy Advisor (international staff), who was fully funded under the WHO UHC Partnership.

In 2021 report it was identified that “As the UHC+S project moves from an initial phase of expert assessment and model development to a phase of capacity-building and mobilization of partners, a full time NPO (B level, or equivalent consultant) will be assigned to this project from Q3 2022 to strengthen the M&E functions in the final year of the project” and this point is still not implemented.