World Health Organization

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

Annual Programme Narrative Progress Report, 2021

UN Multi-Partner Human Security Trust Fund for the Aral Sea Region in Uzbekistan

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Programme Title & Project Number

- Programme Title: *Towards universal health coverage and security in Karakalpakstan (UHC+S)*
- MPTF Office Project Reference Number: *00125932*

Country, Locality(s), Priority Area(s) / Strategic Results

Uzbekistan/Karakalpakstan

UNSDCF Output 4.1By 2025, capacities of health system and stakeholders are strengthened to implement efficient and transparent, innovative and inclusive Universal Health Coverage-focused policies and programmes…

Participating Organization(s)

- *WHO*

Implementing Partners

- *Ministries of Health of Uzbekistan and Karakalpakstan*

Programme/Project Cost (US$)

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MPTF /JP Contribution:

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Agency Contribution

Government Contribution

0

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TOTAL:

Programme Duration

Overall Duration *(months)*	*32*
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Assessment/Review - if applicable *please attach*

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Mid-Term Evaluation Report – *if applicable please attach*

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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
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 change are known to have deleterious effects on population 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 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, in health workforce capacity and digitalization to the year 2023.

In June 2021, a multidisciplinary team of WHO experts visited health facilities and community groups in Muynaq city and surrounding district, as well as in Kungrad city, located midway between Muynaq and the capital, Nukus. The experts put forward a proposal for comprehensive investments in the health sector, based on a model of connecting a more fit-for-purpose hospital in Muynaq to an extended referral hospital in Kungrad.

The development of this network has the potential to assure better utilization of resources. It will increase the number of beneficiaries as well as the scope and quality of the benefits they receive. It involved investing not only in new fixed facility infrastructure and equipment, but also in the health workforce, including family doctors and community volunteers, as well as mobile teams and telemedicine.

Since June 2021, a 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. This business plan gives a clear indication of the service profiles to be provided at both hospitals, the staff and equipment needed to deliver those services, and the needed 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. In 2022, WHO will support 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 to 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

Thanks to the UHC+S project and the collaboration that it facilitated with partners, population health needs and sector capacities in Muynaq district have been mapped and priorities have been identified for future investment in the sector. The target of the existence of a report mapping population needs/means and sector capacities has been achieved.

WHO and the German development bank KfW collaborated closely on Outcome 1, as described below in the description of outputs. The details of focus group discussions and health facility surveys are contained in two reports drafted for KfW by consultants from the Swiss Tropical and Public Health Institute (Swiss TPH). A summary is contained in the WHO interim assessment report.

WHO and KfW assessments prioritized non-communicable diseases (NCDs), especially cardio-vascular diseases (CVDs) such as hypertension, and their underlying causes. Overweight, unhealthy lifestyle (high alcohol intake, smoking, and lack of physical activity) together with unfavorable nutritional patterns may lead to hypertension, hyperlipidemia as well as to type 2 diabetes, often presenting as co-morbidities.

A top priority for building health sector capacity is earlier detection and better management of NCDs through more intense role of Primary Health Care (PHC) in prevention, early detection, and evidence-based management.

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

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

Consultation with health care managers and providers on the benefits, costs and risks of different options for service delivery informed a recommended model of (quality) service delivery. The model of the Muynaq-Kungrad medical network is summarized in Figure 1.

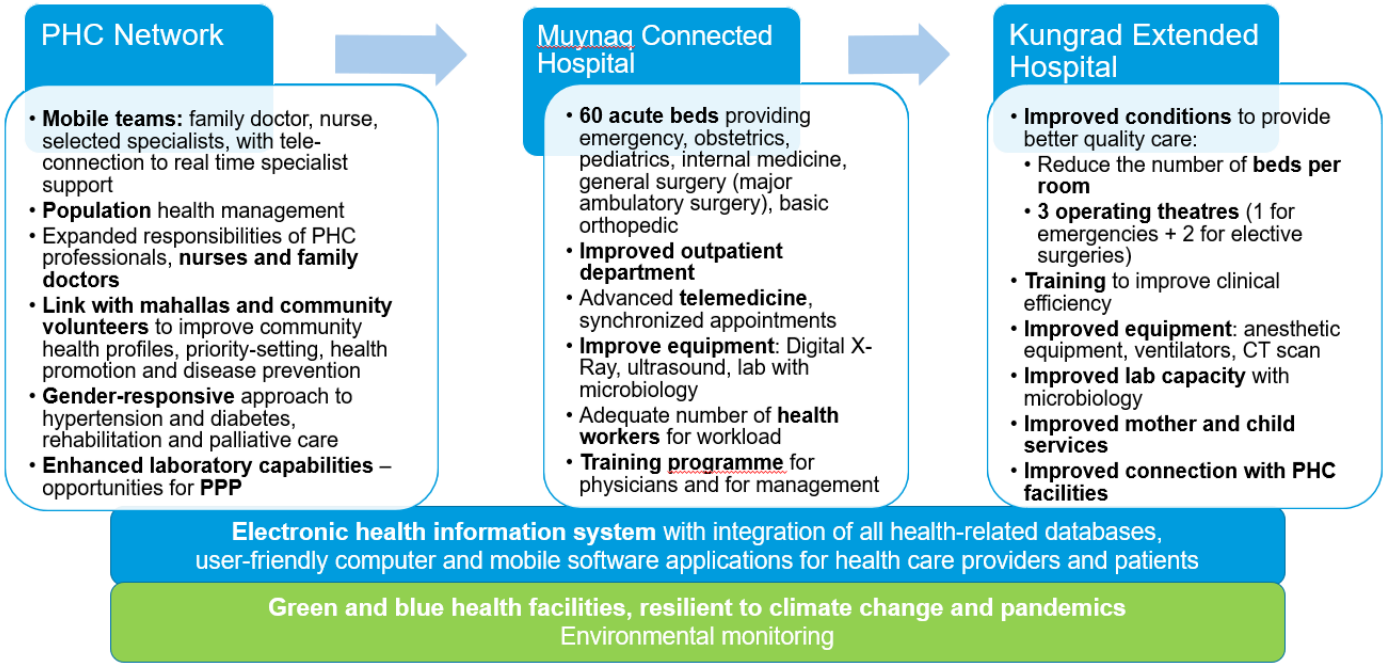

Figure 1. Summary description of the proposed Muynaq-Kungrad medical network

This conceptual model has been more fully described by experts in the WHO interim assessment report. 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.

Outcome 2 will help ensure that future health sector investments made in Muynaq will have the greatest benefit per dollar spent. The beneficiaries of Outcome 2 will eventually include the entire population (165,000) of the two districts to be served by the proposed Muynaq-Kungrad medical network.

In the meantime, the Ministry of Health of Karakalpakstan benefits from a clearer vision and plan for health sector investments in their region. It was able to present this vision and plan to the Minister of Health of Uzbekistan upon his recent visit to Nukus.

Furthermore, the management teams of the Muynaq and Kungrad hospitals benefit from better understanding of international trends in the hospital sector, and improved capacity for hospital planning. The family doctors and nurses of the Muynaq and Kungrad districts benefit from improved awareness of the reforms in service delivery being piloted in the Syrdarya region and that will be coming to Karakalpakstan in 2023.

The model of health financing remains to be more fully developed in 2022, linked to the planned introduction of the State Health Insurance Fund in Karakalpakstan from 2023. However, some guidance has already been provided regarding public private partnership (PPP) and medical tourism, as described below under Outputs 2.4 and 2.5.

No activities were planned in 2021 under Outcome 3, on strengthening human resource capacity to absorb future investment and implement the recommended model. Likewise, Outcome 4, on mobilization of resources for implementation of the recommended model, was not expected in 2021.

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

Consultants contracted by KfW conducted 6 focus group discussions (3 with men and 3 with women) in the period February-June 2021. Three sites were selected to represent the varying levels of urbanization in Karakalpakstan. The selected sites were Nukus city (high population density), Amudarya district (medium population density) and Muynak district (low population density). Kungrad district, like Muynaq, is a large and low-density district.

Community members focused on their perceptions of the burden of disease and the socio-environmental challenges in the region. Each group consisted of 8-10 participants, for a total of 54 individuals consulted. All participants were between 18 and 68 years old and had been living in their respective areas for at least 10 years.

CVDs, hypertension, gastrointestinal diseases, kidney diseases and goiter were most frequently described to affect both men and women living in the region. Some respondents also reported diabetes to be common among men and the elderly. Anaemia, breast and cervical cancer commonly affect women. Children are often affected by intestinal parasites. Respiratory diseases and allergies frequently affect the children living in the Republic of Karakalpakstan.

According to the focus group participants, the disease profile has changed in recent years. Particularly an increase in CVD and other NCDs was noted. Several reported that hypertension, kidney stones and gastrointestinal diseases used to only affect the elderly. Today, even young people are suffering from these conditions. They linked these trends to widespread air and water pollution, stress, as well as poor nutrition because of increasing food prices.

In Muynak, a small number of participants noted an increase in cancers, particularly breast cancers. In connection with the increasing cancer rates, participants expressed worries about the chemicals used in food production.

Tobacco smoking and alcohol consumption is common among men, potentially contributing to elevated risks for CVD and cancers. Only few women smoke and drink. Tobacco and alcohol consumption was perceived to have reduced in recent years due to religious reasons, increasing awareness of the health consequences or increased popularity of the oral tobacco form “nasvay”.

In June 2021, the WHO expert mission to Muynaq followed up with further consultation through more formal governance structures. Gender and community engagement experts interviewed at least 10 representatives of khokimyat (local government) of Muynaq district, and met with mahalla (community) leaders and their deputies responsible for health work.

Panel 1. *Consultations with 10 representatives (6 or 60% women) of the khokimiyat and mahallas of Muynaq district, including deputy khokim and community volunteers responsible for health.*

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

Panel 2. *Consultations with more than 25 representatives (8 or 32% women) of the khokimiyat and mahallas of Muynaq and Kungrad districts on their vision for green, blue and resilient health facilities.*

Altogether, a total of 90 members of the communities have been consulted so far, of which 41 (45%) were women. The target under Output 1.1 of consulting with 500 people (of which 66% youth or women) in 2021

was therefore only partially achieved. The main reason is that large-scale consultations were not conducted during the ongoing Covid-19 pandemic in 2021.

Another consultative process with the community will be organized in 2022, emphasizing the representation of women, 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

WHO made available to KfW consultants the new Harmonized Health Facility Assessment (HHFA), for the purpose of assessing the availability and readiness of services in a sample of facilities, including Muynaq and Nukus. Data was collected in the period April-May 2021, with an initial analysis first submitted in June 2021.

The assessment found major issues in staffing. Outside of physicians and surgeons, there are typically far fewer staff than allocated positions, with many working part-time. Relatively few staff benefits are offered, with the main one being duty subsidy for nights and holidays. All health facilities had access to electricity, and the majority had access to internet, a computer and a functional phone or radio. When communication facilities were missing, it was typically at the PHC level.

In June 2021, a team of WHO experts followed up with a more focused visit of the hospital in Muynaq, as well as the nearest referral hospital, in neighbouring Kungrad district.

The experts concluded that there is a need to adapt the Muynaq hospital to meet current and future population requirements, replace old and ageing assets (e.g., operating theatre equipment), and equip clinicians with the more innovative technologies (e.g., diagnosis capacity) to provide high-quality and efficient health services across the continuum of care. They also concluded that primary care providers needed to be better equipped and trained to increase their resolutive capacity.

However, the experts noted that for some key services, the volume of services demanded and provided in Muynaq was simply inadequate to ensure clinical quality. For example, the number of childbirths is lower than one per day (300 total in 2020). Furthermore, the particularly high number of vacant positions pointed to difficulties in recruiting workers to the area.

The experts noted that there was a solid foundation for referral in Kungrad city, that should be built upon to support the Muynaq hospital and, if needed, deliver services that cannot be provided with quality in Muynaq.

In summary, 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**).

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.

In their report, the WHO experts reported that the Muynaq catchment area does not justify per se the equipment that was indicated in an original proposal for a 100-bed hospital in Muynaq. Moreover, the geographical isolation and the limited scope of services that could be provided in the face of such a small population will continue to limit the attractiveness for healthcare workers. The burden of disease (non-communicable diseases) and the multisectoral concerns expressed by the population (e.g., lack of access to improved water) point to more immediate needs in primary health care.

The main conclusion of the report is that there is potentially a more balanced and beneficial alternative to the original proposal for a 100-bed hospital in Muynaq. The experts put forward a refined proposal based on a comprehensive and integrated network of primary health care and secondary care services by improving PHC

services, developing a new connected hospital model for Muynaq (spoke), and improving services provided by an extended Kungrad Hospital as a referral hospital (hub).

The Muynaq Connected Hospital would consist of a modern facility with around 60 acute 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 resolutive outpatient clinic. Laboratory services would be upgraded to ensure support to primary healthcare providers. Digital health would allow sharing information with other providers.

The Kungrad Extended Hospital, about 93 km away, would benefit from improved operating conditions for professionals and patients. There is a need to improve clinical efficiency (training), lab capacity (to serve the hospital and PHC network), and different types of equipment. The population served by this hospital would justify the acquisition of a CT scanner, three functional operating theatres (one dedicated to emergencies and two for elective surgery – one conventional and the other one-day surgery).

The development of this network of primary and secondary care has the potential to assure better utilization of resources. It would increase the number of beneficiaries as well as the scope and quality of the benefits they receive. It would invest not only in new fixed facility infrastructure and equipment, but also in the health workforce, including family doctors and community volunteers.

Although smaller than originally envisaged, the new 60-bed Muynaq hospital could be developed as a model of green, blue and resilient health infrastructure. Mobile teams could be deployed in well-equipped vans for outreach to more remote communities. This approach should be supported by solid digital health services, building on initial investments of the government in telemedicine, that can be developed and tested, and then deployed to other regions.

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

During the WHO-led visit of June 2021, the hospital experts focused on the district hospital in Muynaq city and the referral hospital in Kungrad city, conducted semi-structured interviews with hospital managers and staff of all major departments.

The PHC experts visited 6 primary health care facilities of different types and conducted semi-structured interviews of a range of health workers (family doctors, nurses, narrow specialists) serving both urban, semi-urban and rural populations including

- Multi-profile policlinic in Nukus
- Multi-profile policlinic in Muynaq city
- Family policlinic in Muynaq city
- Rural family centre in Uchsay village, Muynaq district
- Multi-profile policlinic of Kungrad city
- Family policlinic in Kungrad city

Panel 3. *Site visits to more than 8 facilities involved consultations with an estimated 60 health workers (primarily women) in Muynaq, Kungrad and Nukus, including doctors, nurses and laboratory technicians.*

Given the importance of strengthening PHC in the proposed model of service delivery, it was important to discuss solutions to challenges in the education, recruitment and retention of family doctors. Consultations were held with the Rector of Medical University of Karakalpakstan in Nukus and with graduating medical students.

Panel 4. *Discussion with more than 30 medical students (more than 50% women) at the Medical Academy in Nukus on the importance of the role of family doctors in the proposed model of service delivery.*

In October 2021, in Nukus, hospital managers from Muynaq and Kungrad were invited to a workshop and supported in the operationalization of the proposed model, with the development of a business plan for the proposed Muynaq-Kungrad medical network.

Panel 5. *Development of the business plan for the proposed Muynaq-Kungrad medical network, with 12 hospital managers and other experts (5 or 42% women) from Muynaq, Kungrad and Nukus.*

In December 2021, consultations were held with nurses from Muynaq and Kungrad, sharing the experience of the strengthening of PHC in Syrdarya region, and discussing transferability of that experience to Karakalpakstan.

Panel 6. *More than 60 nurses (all women) from Muynaq and Kungrad districts were consulted on the proposed model of strengthening PHC.*

Altogether, a total of 160 health care providers (and future providers) were consulted. Of these, the vast majority (>90%) were women, although women were underrepresented among hospital managers. The target under Output 2.2 of consulting with 100 providers by 2022 was achieved ahead of schedule.

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**).

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

In 2022, the recommended model of service delivery will be linked to financing options aligned with the national financing strategy which is being piloted in Syrdarya (**Output 2.3**). WHO will report on this in detail in the 2022 narrative.

Related to 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. In his trip report, the expert noted that the existence of government-sponsored insurance (already in place in Syrdarya, and to be rolled-out to Karakalpakstan starting 2023) enables the introduction of new contracting arrangements characterized by:

(a) a flow of funds to private providers, enabling them to hire staff and raise capital for new facilities, technologies and training, and make these available to the covered populations;

(b) incentives that promote the greater provider responsiveness, since payments will, under the forthcoming capitation and case-based payment systems, be determined by patients' choices of where to enroll (primary care) or where to receive treatment (primary care and hospital care); and

(c) a regulatory apparatus that includes the use of policy instruments such as accreditation that set the criteria for providers' eligibility to receive government-sponsored funds, and contracts or Service Level Agreements which the government-sponsored health insurance can use to exert strong influence on private sector behaviours.

The expert emphasized that the introduction and national roll-out of health insurance creates opportunities to address (and perhaps re-shape) the current enthusiasm for PPPs towards modalities better aligned to the equity of access / financial protection goals of the Government.

The consistent experience of middle-income countries in Europe and Central Asia is that health insurance can enable short term and flexible contracting opportunities with the private sector. While PPPs can be a helpful way of stimulating both state- and market-capacity to undertake such contracts, these tend to be expensive – in terms of their administrative burden, and their transaction and operating costs – and it is possible the introduction of health insurance creates lower cost alternatives.

The emerging purchaser-provider split – and the possibility of autonomous management organizations within the public sector may provide scope for solutions that address the 'problems' to which PPPs are currently being used to address, but with lower costs, risks and administrative burdens.

In most health care systems in Europe, primary care delivery is undertaken by autonomous entities that are funded by government, or government-sponsored health insurance, on the basis of per capita or fee-for-service payments. Such entities have considerable operational autonomy, enabling financial and management responsibility to be allocated to them. With the reliable revenue streams provided to primary care centres through government-sponsored health insurance purchasing, autonomous entities are likely to be able to access long-term credit and/ or leases that would enable a significant improvement in the physical condition and service delivery capacity of primary care in Uzbekistan without incurring the costs and risks of long-term PPP contracts.

Under Output 2.3, the WHO will support the Ministry of Health (MOH) in Uzbekistan, and health authorities in Karakalpakstan to consider 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.

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

Under Output 2.5, the target of one assessment will be met on schedule, in 2022. 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 an environmental health monitoring center and/or flagship of "green, blue, resilient and inclusive" hospital infrastructure.

WHO's interim assessment concluded that the size of the Muynaq catchment area does not justify per se the original proposal for procurement of advanced equipment like magnetic resonance imaging or cardiac catheterization laboratories. Low volumes would be a problem for both cost and effectiveness (quality). Furthermore, patients from more populated areas would be unlikely to be referred the long distance to Muynaq for medical care. The success of most of the foreseen cardiology interventions are highly time-dependent from the onset of symptoms to caring. The purchase of this equipment would result in operational waste and/or overutilization among the resident population.

Indeed, the interim assessment identified major issues in quality and patient safety in the delivery of more basic services, in all visited facilities of Muynaq district, including the district hospital. Before embarking on the development of a strategy for medical tourism, it was recommended that a roadmap would need to be put in place for quality improvement.

In October of 2021, a WHO expert in quality and patient safety in hospital care made extensive recommendations for action at the facility level, including: Establish a governing body to impose discipline, inform planning and operations and monitor performance, set out and implement minimum standards for service quality, safety, sanitation and infection prevention and control; Define ethical behaviour for hospital staff and associated parties, and effectively communicate the code of ethics to internal and external stakeholders, including the public; Implement monitoring tools such as scorecards, dashboards and online reporting on the use, quality, safety and costs of hospital services, sharing them with patients, families and communities to inform them about hospital performance; At a minimum, establish systems to report, monitor and reduce hospital-acquired infections; Implement clinical audits, peer review and feedback as important tools in the continuous quality-improvement cycle; Collect data for a core list of quality and safety indicators and use this information to assess performance. The information should cover adverse events, pharmacovigilance and clinical risk monitoring; Use patient experience data to assess clinical performance and monitor the effectiveness of interventions; Create a system for patients to lodge their suggestions and complaints on services received.

Given the weak foundation for medical tourism in Muynaq, it was recommended to explore other opportunities for investments in the health space that might draw human and physical capital to the region, leveraging on the experience dealing with environmental and climatic challenges, and the United Nations resolution of 2021 declaring the Aral Sea region a zone of "ecological innovations and technologies".

In February 2022, WHO led another expert mission to Nukus, Muynaq and Kungrad to explore options for the establishment of an environmental health monitoring center and/or flagship facility of "green, blue, resilient and inclusive" hospital infrastructure. The outcomes of these assessments will be detailed in the 2022 report.

Progress towards targets under Outputs 3.1, 3.2, 4.1, 4.2 will also be assessed in the 2022 report.

Implementation mechanisms

The project has been implemented in collaboration with MOH of Uzbekistan and MOH of Republic of Karakalpakstan. A Technical Working Group (TWG) was established, composed of MOH Karakalpakstan, and hospital managers and other experts in Muynaq and Kungrad. At the local level, 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 of 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 were achieved through a number of WHO-supported expert missions and technical meetings, both online and offline:

An online inception meeting was convened on 26 May 2021 to understand the expectations of the Government of Uzbekistan as well as all other stakeholders for the WHO health system assessment, and identify opportunities for joint programming across health development partners.

The first two expert missions (29 March to 1 April 2021 and 30 May to 4 June 2021) provided an assessment of hospitals, primary care facilities, clinical and public health laboratories, human resources for health, health information systems, including gender/youth and community engagement. The multidisciplinary teams of 14 experts visited health facilities in Nukus, Muynaq city, as well as in Kungrad. A sub-group of the team also visited Syrdarya (5 June 2021), where relevant reforms in health service delivery and financing are being piloted.

A second stakeholder consultation was convened online 21 October 2021 to present a refined proposal for health sector investment in the Aral Sea region, build consensus around it, and discuss next steps.

Thereafter, a third expert mission took place 28-29 October 2021, to Nukus. Participants from Muynaq and Kungrad were invited to a workshop for the development of a functional plan for the proposed Muynaq-Kungrad medical network. Support was provided to discuss the need for quality improvement in the health sector, and what role public-private partnership might have.

Online support continued throughout the month of November, to define the future service portfolios for the two hospitals, as well staffing and equipment needs.

A fourth expert mission was conducted on 13-17 December 2021, to Nukus, Kungrad and Muynaq. The primary outputs were: 1) a revised functional plan for the Muynaq-Kungrad medical network, including links to PHC; 2) preliminary terms of reference for a building plan for the Muynaq and Kungrad hospitals, including blue, green and resilient infrastructure. WHO experts were accompanied by UNOPS on this mission.

Delays in implementation, challenges, good practices

The main delay was in planned consultations with the population. Large-scale consultations were not conducted during ongoing Covid-19 pandemic in 2021. Discussions with community focus groups and leaders did take place (see Output 2.1) however these did not achieve the planned target in terms of the number of people consulted.

There is an ongoing challenge in achieving gender balance in consultation with community leaders and hospital management, who are disproportionately men. A special effort was therefore made to involve other representatives (e.g., community volunteers, and nurses). The focus group discussions were convened in separate groups of men and women, to ensure that all voices were heard.

If Covid-19 case numbers remain low in 2022, larger-scale consultations will be organized, 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 be 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 may be formalized in 2022. Following on the success of this project, WHO has joined UNICEF and UNFPA in submitting a joint proposal in the third call of the MPHSTF.

Under this project, WHO Europe has mobilized a whole-of-agency response to the needs of the people of Karakalpakstan. Senior experts from WHO Regional Office in Copenhagen (3), WHO European Center for PHC in Almaty (2), WHO European Center for Environment and Health in Bonn (3) and WHO European Center for Social Determinants in Venice (2), have so far collectively contributed over 500 hours of work. These human resources are additional to the consultants that were contracted under the project.

Finally, 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, 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 4 National Professional Officers responsible for PHC, NCDs, environment and health and laboratory strengthening.

ii) Indicator Based Performance Assessment

	Achieved Indicator Targets	**Reasons for Variance with Planned Target (if any)**	**Source of Verification**
Outcome 1: Priorities are identified for future investment in the health sector, based a mapping of population needs/means and sector capacities **Indicator:** Existence of a report mapping population needs/means and sector capacities **Baseline:** No (2020) **Planned Target:** Yes by 2021	Yes	Target achieved	Interim assessment report and KfW/Swiss TPH Reform concept for the Aral Sea Region
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 **Indicator 1.1.1:** # of people consulted in rural areas (% youth or women) **Baseline:** 0 (2020) **Planned Target:** 500 (66%) by 2021	90 (45%)	Target only partially achieved in cooperation with KfW pre-feasibility study. Large-scale consultations were not conducted during ongoing Covid-19 pandemic in 2021, but will be convened in 2022, with a focus on women.	This report and KfW/Swiss TPH Reform concept for the Aral Sea Region
Output 1.2: Rapid assessment conducted of health sector capacities (availability and readiness) in the Region and neighbouring Regions **Indicator 1.2.1:** # of rapid assessment reports of health sector capacities **Baseline:** 0 **Planned Target**: 1 by 2021	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
Outcome 2: An evidence-based model of service delivery and financing is developed and recommended, in line with identified priorities **Indicator:** Existence of an evidence-based model of service delivery and financing **Baseline:** No (2020) **Planned Target:** Yes by 2021 (although target for Output 2.3 on financing is only for 2022)	Yes/No	Target achieved for the service delivery model; the financing model has not yet been fully developed.	WHO interim assessment report, business plan for the Muynaq-Kungrad medical network

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 **Indicator 2.1.1:** # of reports developed on benefits, costs and risks of different design options **Baseline:** 0 (2020) **Planned Target:** 1 by 2021	1	Target achieved	WHO interim assessment report
Output 2.2: Consultation convened with health care facilities and pharmacies on service delivery options, considering local contexts **Indicator 2.2.1:** # of health care providers consulted on design options **Baseline:** 0 (2020) **Planned Target**: 100 by 2022	160 of which more than 90% were women	Target over-achieved by 60, ahead of schedule.	WHO interim assessment report, this report
Output 2.3: Broad guidance developed on financing options, linked to the national health financing strategy **Indicator 2.3.1:** # guidances developed on financing options **Baseline:** 0 (2020) **Planned Target**: 1 by 2022		Target on track for 2022.	
Output 2.4: Specific guidance developed on options for public-private partnership (PPP) **Indicator 2.4.1:** # guidances developed on PPP options **Baseline:** 0 (2020) **Planned Target**: 1 by 2022	1	Target achieved ahead of schedule, in 2021.	WHO interim assessment report, trip report of WHO consultant on PPP
Output 2.5: Assessment conducted on the potential to generate new income opportunities in the medical tourism sector **Indicator 2.5.1:** # of assessment reports developed **Baseline:** 0 (2020) **Planned Target**: 1 by 2022	1	Target will be achieved on schedule in 2022, though based on the interim assessment, the scope of the assessment of "income opportunities in medical tourism" was broadened.	WHO interim assessment report, trip report of WHO expert on Quality Improvement.
Outcome 3: Health workforce capacity is strengthened to absorb future investments and implement the recommended service delivery and financing model **Indicator:** # of capacitated networks of health care workers ready for investment **Baseline:** 0 (2020) **Planned Target:** 1 by 2023		Targets may need to be reconsidered in collaboration with KfW project	

Output 3.1: Health care management training conducted, focused on new concepts in hospital autonomy, PPP, and medical tourism **Indicator 3.1.1:** # of health care managers trained (% women) **Baseline:** 0 (2020) **Planned Target:** 7 (50%) by 2022; 49 (50%) by 2023		Targets may need to be reconsidered in collaboration with KfW project.	
Output 3.2: Clinical training-of-trainers conducted, with cascade, based on needs identified by the assessment **Indicator 3.2.1:** # of health care providers trained (% women) **Baseline:** 0 (2020) **Planned Target**: 10 (50%) by 2022; 100 (50%) by 2023		Targets may need to be reconsidered in collaboration with KfW project	
Outcome 4: Resources are mobilized for implementation of the recommended service delivery and financing model **Indicator:** Resources mobilized by the Government of Uzbekistan, development partners and /or private sector (% of estimated cost of the recommended model) **Baseline:** 0 (2020) **Planned Target:** Yes (50%) by 2022, Yes (100%) by 2023		Target on track for 2022.	
Output 4.1: Consultations convened with MOH and MOF on fiscal space and budget formulation/execution **Indicator 4.1.1:** # of consultations convened on fiscal space and budget formulation/execution **Baseline:** 0 (2020) **Planned Target:** 2 by 2022; 4 by 2023		Target on track for 2022.	
Output 4.2: Private/external funding proposal developed to fill the funding gap **Indicator 4.2.1:** Existence of a private/external funding proposal **Baseline:** No (2020) **Planned Target:** Yes by 2022		Target on track for 2022.	

III. Programmatic Revisions

As proposed in the project document, WHO worked closely with the German KfW Development Bank to ensure complementarity of the UHC+S project with their planned pre-feasibility study for investments in the Aral Sea Region. In particular, we collaborated in prioritizing population health needs and health sector capacities to be developed. Indeed, as described above, WHO supported KfW in consultation with the populations and assessments of health facilities in Muynaq district in 2021. This support was provided in terms of WHO products and staff time.

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 though further collaboration with KfW on capacity-building for both facility managers and clinicians in Muynaq, and possibly also in Kungrad. In 2022, WHO will make a request to the Steering Committee of the MPHSTF to re-programme any savings under Outcomes 1 and 3 towards the development of project documents for the construction of the hospitals in Muynaq and Kungrad.

Rather than hire a National Professional Officer (NPO) in 2021, overall coordination of the project (including M&E) was performed by the Health Policy Advisor (international staff), who was fully funded under the WHO UHC Partnership. This revision considered the increased need, as described above, to coordinate with KfW and decreased need to implement focus group discussions and facility surveys.

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.