Reforming healthcare in Uzbekistan: What role for the international community?

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After a quarter of a century of unchallenged power under Islam Karimov, who turned Uzbekistan into one of the most authoritarian countries in the world, the arrival of a new government in 2016 under the presidency of Shavkat Mirziyoyev sparked hope. President Mirziyoyev announced major economic and social reforms and initiated some political change that improved the human rights situation, albeit to a limited extent. One of the priority sectors announced by Mirziyoyev was the healthcare system, which had been decaying under his predecessor due to underinvestment, dilapidation of medical infrastructure, a serious lack of qualified medical personnel, corruption, a resurgence of communicable diseases such as tuberculosis, and an outbreak of dysentery and hepatitis. Between 2017 and 2019, no less than 160 legislative acts regarding healthcare were adopted in an attempt to reform the entire medical sector. These included, for example, legislation aimed at ensuring better access to affordable care and medicine in modernized or new medical infrastructure staffed with more competent medical personnel. Importantly, after the years of repression under former President Karimov during which discourse between political authorities and local stakeholders, including medical professionals and patients, was not permitted, under President Mirziyoyev civil society has been able to express, particularly online, views and assessments essential to the real improvement of the country’s healthcare system.

However, despite progress in some areas of reform, local reports concur that much of the medical sector remains in poor shape, with access limited for households that cannot afford private medical services, and continued corruption amongst medical staff who charge for what are officially free public medical services. Recently, the COVID-19 pandemic brought to light the underlying weaknesses in the healthcare system. Despite the relatively low number of 8000 active cases in July 2020, medical officials sounded the alarm that the healthcare system was reaching its full capacity and might not be able to weather the crisis. As evidenced by local reports and social media, many ordinary Uzbekistani citizens question the implementation of the governments’ declarations and initiatives, and doubt President Mirziyoyev’s willingness to move beyond top-down decisions and open up to real dialogue with local stakeholders.

The lack of a strong and efficient healthcare system risks seriously hampering Uzbekistan’s overall development and its attempts to reach the highest attainable standard of health for its citizens, which, according to the World Health Organization, “is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition”. Although undertaking the fundamental reforms necessary to address the challenges facing the healthcare system is the responsibility of the authorities and local stakeholders, international donors could make a real difference, even given the more modest investment capacities available today. Despite the complexity of providing assistance to authoritarian regimes, carefully selected initiatives could nevertheless provide concrete support and have a direct and positive impact on the lives of local people, including through targeted, small-scale assistance programmes and through bolstering the capacity of local civil society. For example, independent trade unions could promote government reforms and, most importantly, as professionals, defend the interests of medical personnel.
The Significant Weakening of the Healthcare System under Karimov

During former President Karimov’s regime, the state of the country’s healthcare system was poor: investment in the health sector declined considerably, from 6.8 per cent of GDP in 1995 to 5.12 per cent in 2005, and subsequently only recovered slightly to reach 5.6 per cent in 2012 and 5.9 per cent in 2016. This resulted in a serious deterioration of the system that Uzbekistan inherited from Soviet times which, despite its many shortcomings, had provided the population with universal free healthcare, a significant network of medical infrastructure such as hospitals, and control of many infectious diseases. Underinvestment in healthcare since independence led to the substantial deterioration of medical structures, as well as of the status of medical professionals, as evidenced by low salaries and increasingly difficult working conditions. For the population, the post-independence medical system has been particularly challenging: although still entitled to free healthcare, most people are forced to pay for basic care or medicine in often dilapidated structures which lack equipment and well-trained staff. The country has also experienced an upsurge in infectious diseases such as HIV, typhoid, dysentery, cholera, and tuberculosis; the incidence of tuberculosis in Uzbekistan is particularly high (70 per 100 000), as compared to Russia (54 per 100 000) and the European Union (<10 per 100 000). Unofficial reports from local sources indicate that HIV and hepatitis have been spread through blood transfusions, including through the use of untested blood from patients’ relatives or friends.

Several of the country’s key health indicators also declined following independence. The rosy-looking health indicators and the alleged improvements in the healthcare system touted by state-controlled media under Karimov were widely questioned by medical staff, the local population and the international community. While official statistics indicated that life expectancy for men and women in 2012 was 70.7 years for males and 75.5 years for females respectively, the World Bank reported 64.8 for men and 71.5 for women. The legacy of the Karimov regime still weighs heavily. Figures released by President Mirziyoyev’s government indicate several worrying health indicators: 19 deaths per 1000 new-born infants under the age of one in 2018 (significantly higher than Kazakhstan at nine, the Russian Federation at six, or the United States and EU countries at less than five); 21 deaths under the age of five per 1000 livebirths in 2018 (as compared to 10 in Kazakhstan, seven in Russia, and less than five in EU countries), or a maternal mortality ratio of 29 per 100 000 live births (as compared to 10 in Kazakhstan, and 17 in Russia in 2017), one of the highest in the countries of the former USSR.

Scandals also plagued the healthcare system, including one in which reports of hundreds of children who were accidently infected with HIV in the second half of the 2000s through the re-use of unsterilized medical equipment and another with reports of forced sterilizations of women as part of an unofficial population control policy. Karimov’s government kept tight control of information concerning the medical sector, and in 2010 even enacted legislation to ban doctors from travelling abroad in an apparent attempt to muzzle them.
Reforming the Flagging Healthcare System

Upon taking office, Shavkat Mirziyoyev made improving the healthcare system one of the main goals of Uzbekistan’s Development Strategy for 2017-2021. With this new general strategy, the government committed to developing the accessibility and quality of health services and to improving health indicators through reforms in many areas, including the provision of primary healthcare, emergency medical services, and medical assistance to vulnerable persons.

These objectives were formalized through numerous programmes and legislative acts, in particular the presidential decree “On Comprehensive Measures to Radically Improve the Healthcare System of the Republic of Uzbekistan,” passed in December 2018, which also approved the “Concept for the Development of the Healthcare System of the Republic of Uzbekistan for 2019-2025” and the “The programme of implementation of the Concept of Health System Development in the Republic of Uzbekistan in 2019-2021”.

These decrees, concepts and programmes provide for a range of measures aimed at several areas of the medical sector including improving the quality of medical services; increasing the accountability of medical personnel; developing the use of new medical technology; implementing preventive screening programmes; developing genetic and specialized medical services, especially for women and children; and implementing a system for protecting maternal and infant health. In the pharmaceutical sector, the government aims to reduce costs and to increase the manufacture of medicine and equipment. A particular focus is on training, through modernization of medical training programmes and continuing education for medical and pharmaceutical workers, as well increased training for administrative personnel in medical facilities, all in accordance with the international standards. Finally, the government aims to address the underfunding of the healthcare system through privatization and by gradually introducing compulsory health insurance from 1 January 2021.

Along with these new programmes and strategies, the government has launched several concrete initiatives to address some of the country’s most pressing needs. For example, it responded to a severe lack of family medicine, especially outside larger cities, by opening some 793 rural family polyclinics, equipped by the Asian Bank of Development and others. Other initiatives have also been launched to respond to specific issues. As cervical cancer is the second most common cancer among women of all ages in Uzbekistan, the country began vaccinating girls against the human papillomavirus (HPV). In the sector of maternal and child health, a presidential decree “On the State Programme for the Early Detection of Congenital and Hereditary Diseases in Children for 2018-2022” provides for increased capacity for early diagnosis of genetic syndromes in children, as well as for mass screening examinations of infants for hereditary diseases.

The government has also initiated the development of telemedicine by launching, in 2018, the Unified Telemedicine Network (UTS), which all medical institutions in the country are required to implement. The UTS is intended to develop telemedicine technology and enable doctors to communicate with patients in distant locations. President Mirziyoyev has also encouraged the development of the private healthcare sector, which is popular among the general public. Almost half of the population of Uzbekistan considers private medical
institutions to be necessary; more than a third considers private medicine to be the most reliable source of healthcare, compared to 30 per cent who prefer state medicine; and 32 per cent consider that their choice depends on the severity of the disease. In other words, many go to state structures for treatments that are considered minor, but prefer to turn to private medicine to address more serious health problems. The government has initiated several measures to stimulate the private sector. For example, in April 2017, President Mirziyoyev signed a decree which raised the number of specialties that private clinics are allowed to practice from 50 to 129. Additionally, private medical organizations have been exempted from taxes and mandatory contributions to state trust funds until 1 January 2022, which has encouraged the opening of 1650 new private medical institutions over the past two years.

Finally, a notable change from the Karimov era is the openness of President Mirziyoyev’s government to discuss certain sensitive topics, as evidenced in the “Development Strategy Framework of the Republic of Uzbekistan by 2035”, published by the NGO Buyuk Kelajak, which recognized that issues such as the infant mortality rate had previously been underestimated, and contained thinly-veiled criticism of the opacity of statistics during the Karimov era. Besides, the Uzbekistani government’s relatively rapid reaction to the Covid-19 crisis, which included circulating public health messages about the disease, creating an emergency medical helpline, and building temporary hospital facilities, contrasted significantly with the denials of other authoritarian regimes in Eurasia such as Tajikistan and Turkmenistan, or, slightly further afield, in Belarus.
The Impact of Reforms So Far

The positive impact of strategies, reforms and initiatives to date, however, has so far been slow to manifest and the reports of the day to day experience of some medical staff and patients contrast starkly with state promises. Many facilities built under the Soviet regime have yet to be renovated, for example in Namangan, one of the country’s largest cities, where the polyclinic, which serves 20000 inhabitants of the city and the region of Uchinskiy, has only one of three floors in use as the other two are dilapidated and have had to be abandoned.

Credible first hand reports indicate that many hospitals are short of bed space, which has led to dramatic situations, such as that which occurred in the hospital in the region of Kashka Daria, where several female patients suffering from serious conditions (haemorrhage and dehydration), had to be treated in the corridors. In some other medical facilities, patients are not hospitalized in the departments relating to their pathology but in departments where beds are available. The situation is even more difficult in rural or isolated areas, such as - but not only - in Karakalpakstan, where hospitals experience regular power outages and lack generators, thus endangering patients’ lives.

Beyond these extreme cases, a major and widespread problem in hospitals and medical centres is the lack of modern medical equipment. Many doctor’s equipment consists of only blood pressure monitors and stethoscopes. Some hospital laboratories (for example in Namangan) are equipped with only 30 to 40 per cent of the necessary equipment and have to work with outdated equipment from the Soviet era. Some hospitals built under in Soviet times, including in large cities such as Bukhara, do not have the necessary equipment for X-rays, ECGs or ultrasounds, and are thus unable to provide some of the most basic medical services. This forces patients in need of such tests to travel long distances to other public or private hospitals, thereby incurring costs that disadvantaged populations may not be able to afford. Uzbekistani authorities have admitted that investments in equipment have remained low, due among other things to an insufficient budgetary resources and a lack of state capacity. The result, as recognized in the 2035 strategy, is that not all citizens can access necessary treatment, disease prevention is poor and some people receive medical care only in the case of a life-threatening emergency.

A Serious Lack of Skilled Medical Staff

Like many countries in Central Asia, Uzbekistan faces a serious shortage of doctors, specialists and nurses. The number of doctors per 10 000 inhabitants has fallen by 18 per cent since 2010, leading to difficulties in some regions, including hospitals with too few general practitioners and midwives, and no specialists such as cardiologists, ear, nose and throat (ENT) specialists, trauma specialists, etc. According to the Ministry of Health, Uzbekistan needs to hire an additional 3000 general practitioners and 10000 specialists nationwide, including paediatricians, therapists, anaesthesiologists, obstetricians-gynaecologists, psychiatrists, radiologists, surgeons, and dentists. It also needs to recruit several thousand nurses, including at least 2000 for the city of Toshkent alone. The situation is even more difficult in some provinces, such as Surkhandarya, Kashkadarya, and Jizzakh, which have about 16-17 medical workers per 10000 inhabitants as compared to 20.5 on average nationwide. By way of comparison, a threshold of 4.45 doctors, nurses and midwives per
1000 population was identified by the SDG as an indicative minimum density representing the need for health workers.

Difficult working conditions and low remuneration have contributed directly to these staff shortages. Some CSOs report that the treatment of medical workers violates their rights under Uzbekistani labour laws. With an average salary of 100-150 USD for doctors, and 60-70 USD for other medical staff, medical staff wages remain well below the average national salary (235 USD), and are not sufficient to ensure a decent standard of living.

Moreover, corruption remains an impediment. Many job applicants are unable or unwilling to pay the expected pre-employment bribes that may amount to several hundred dollars. Embedded corruption in recruitment processes deters potential applicants, and dangerously skews the selection process towards candidates with the financial means rather than those with the required skills.

This has led to a significant brain drain. For example, the government-controlled Republican Scientific Centre for Emergency Medical Aid in Tashkent saw 242 qualified doctors leave for jobs at private clinics or abroad between 2017 to 2019. Many emigrated to Kazakhstan and Russia where, despite difficult conditions and underrated wages, doctors find better working and salary conditions than in Uzbekistan.

**Difficulties with Medical Training**

The quality of medical education is another major problem in Uzbekistan. Many hospitals are staffed with newly qualified and inexperienced doctors, some of whom are poorly trained in treatment methods or the use of modern drugs. This issue has been recognized by the Ministry of Health, which has imputed the high infant mortality rates and difficulties concerning matters of maternal and child health to the poor quality of care provided by under skilled medical staff.

The current government has taken measures to improve training. Since 2019, new disciplines have been opened in medical universities to compensate for the lack of specialties, such as clinical psychology, biomedical engineering, and certification on the management of modern drugs. Moreover, while under Karimov foreign travel for students and medical professionals was largely banned, including through a law passed in 2010, on 18 September 2019 the government signed a resolution to fund advanced professional training abroad for medical staff from Uzbekistan. Since 2017, more than 600 Uzbekistani specialists have been trained in Russia. Several specific measures have also been taken to address the shortage of physicians in the provinces. In 2018 a branch of the Tashkent Medical Academy was opened in the city of Termez to contribute to compensating for the lack of doctors in the Surkhan Darya region. For the academic year 2019/2020, nearly 4500 candidates were admitted to medical universities on the basis of their region of residency; they receive government grants under the condition that they work in their region of origin upon graduation.

However, despite these state initiatives, significant challenges remain regarding the development of the skills and capacity of medical staff. Medical training centres lack new teaching materials and innovative methods. Few medical textbooks have been translated into Uzbek, and knowledge of Russian has declined, especially in the provinces and where
English is not generally widely taught, meaning that this is a major obstacle to both training and continuing education. As a result, only a minority of the medical staff is able to take advantage of online medical training in Russian or English. In addition, even training is undermined by systemic corruption. In 2019, in a survey of 34000 Uzbekistanis on corruption in higher education institutions, participants ranked the Tashkent Medical Academy as the 4th most corrupt in the country. The opaque selection criteria and examination system in medical universities hinders the advancement of competent personnel in favour of financially better-off candidates, thereby impairing the quality of services provided in medical facilities. Finally, medical students, as in many other sectors, are forced to participate in the cotton harvest, which shortens class time each year.

**Impediments to Access: Cost and Corruption**

The high cost of medical services is a major obstacle for hundreds of thousands of households in Uzbekistan. According a report by the NGO Buyuk Kelajak, while official data indicates that the population pays some 40 per cent of total healthcare costs out of pocket, including payments both for medical services in state institutions and in private medical facilities, the real figure may be closer to 70-80 per cent.

For example, patients undergoing surgical procedures are required to purchase some of the equipment necessary for the operation and post-operative care, such as syringes, drips, catheters, and medication. Although officially free of charge, reports indicate that a hospital stay of between eight to ten days costs the patient on average between 300 and 600 USD, a prohibitive sum for many in a country where the average monthly salary in 2019 was 235 USD before taxes, and where vulnerable persons such as the elderly receive an average pension of only 70 USD per month. Thus, for hundreds of thousands of people in Uzbekistan the cost of supposedly free medical care is a major barrier to access.
In fact, many of the payments which individuals are required to pay for medical services which are officially free-of-charge, are illegal and form part of a widespread system of corruption among medical staff resulting from low wages that force them to seek alternative sources of income. Low salaries also feed the shadow economy; there are reports that some doctors collude with pharmaceutical companies and receive remuneration for prescribing certain drugs. Moreover, corruption can result in situations that violate the Hippocratic Oath, for instance in cases in which medical staff refuse to treat patients who cannot pay. In 2018-2019, 50 medical professionals were sued for failing to provide timely medical care.

Obstacles to Reform

The poor state of medical infrastructure, medical personnel, and patient access testify to the fact that the announced reforms have not yet lived up to expectations. However, the current leadership is not solely to blame. Firstly, many of the difficulties in the medical sector, including the decline of certain health indicators (such as the under-five mortality rate which fell from 15.4 in 2016 to 21 in 2018), result from long-term underinvestment which took place long before President Mirziyoyev came to power and which had a significant negative impact on the healthcare system. Secondly, many of the reforms launched by President Mirziyoyev, such as the planned modernization of hospitals, improvement in medical training, or treatment campaigns against specific diseases are likely to produce visible results reflected in medical indicators only after a few years. Thirdly, the COVID-19 crisis and its economic impact are likely to hinder planned reforms and investments in the health sector.

Many of the reforms in the health care system, such as the modernization of outdated medical infrastructure, the large-scale procurement of medical equipment, the promised salary increases for medical personnel, will require substantial state funding. But in actual fact, state spending on healthcare has declined since the Karimov era: while healthcare spending per capita was 135 USD in 2016, the final year of Karimov’s regime, it declined to 92.8 USD during President Mirziyoyev’s first year as president in 2017, and to 68.2 USD in 2018. It rose to 72.6 USD in 2018 and is estimated to have reached 83.6 USD in 2019. Despite the recent increases, the 2019 figure remains lower than spending at the end of the Karimov period. A similar trend can be seen in regard to the percentage of healthcare spending as compared to GDP, which has declined each year under President Mirziyoyev, falling from 5.2 per cent in 2016 to 4.3 per cent in 2019. The government announced that it will increase spending by nearly 2 billion USD in 2020, an increase of 23 per cent from 2019. However, this increase will need to be replicated for several years if the reform process is to be sustainable, and the impact of the COVID-19 crisis may make this more difficult.

State commitment to fight corruption is essential to improving the healthcare system. President Mirziyoyev’s government has introduced a stated anti-corruption programme - first by dismissing corrupt staff, with nearly 40 medical professionals dismissed in 2017. More than a hundred medical professionals were prosecuted and convicted for alleged corruption in 2018 and 2019.

However, reason for concern about these policies remains. The Uzbekistani judicial system has a long record of corruption, and the thin separation of powers in Uzbekistan keeps the courts largely dependent on the executive. Moreover, the conviction rate is extremely
high – 99 per cent in 2016 - and is unlikely to have changed significantly since then. Hence, people charged with corruption are unlikely to have a fair trial. Secondly, these convictions fail to address one of the root causes driving the widespread practice of patients paying medical staff at virtually all stages of treatment. Corruption among medical staff is unlikely to decrease until their salaries and living conditions substantially improve. The political authorities themselves have admitted that, despite the government’s efforts to address the issue, corruption in the medical sector has increased over the past two years. A survey conducted by the Uzbekistani Center for the Study of Public Opinion Izhtimoy Fikr showed that the number of respondents who consider that the healthcare system to be corrupt has increased from 34 per cent in 2017 to 43 per cent in 2019.

On the other hand, authoritarian measures such as dismissing administrative staff in response to complaints about medical facilities, cast doubt on their impact.

The lack of beds in hospitals have led to some dire situations, for example in a hospital in Kashkadarya, where women about to give birth had to remain on the hallway floor. Yet, witnesses report that such situations have been going on for many years. As long as medical facilities do not receive enough state funding to expand and modernize, merely replacing a hospital director is unlikely to improve its capacity or quality of care.

Finally, despite President Mirziyoyev’s greater openness to address some sensitive issues regarding healthcare, information on the medical sector remains largely opaque, which constitutes an obvious obstacle to its improvement. According to a monitoring done by the Association for Human Rights in Central Asia and to some local sources, data on mortality may be significantly underreported; for example, information on the maternal mortality rates in Karakalpakstan, Khorezm and Surkhandarya are classified. Besides, vulnerable populations may not receive proper treatment, including prison inmates and handicapped people, and the reasons for their death are often concealed. Information on occupational illnesses has not been made public, and no programme of support to victims has been initiated. Finally, Karimov’s government had drawn up a list of regions where environmental conditions pose a danger to the population; today, the list remains classified, which consequently prevents research on the regions’ ecological situation and its impact on the health of the local population.

An Enhanced Role for Civil Society?

An essential test of the government’s intention to improve the healthcare system is whether or not it is willing to go beyond authoritarian-style measures and open a real, equal dialogue with local stakeholders, including health professionals, patients, and civil society organizations (CSOs). These essential actors are key to identifying issues and solutions to specific problems and needs of which local, regional or national administrative staff may not be aware. For the political authorities, this means giving local stakeholders and CSOs more autonomy and incorporating their views in decision-making processes. Former President Karimov made regulating the health system almost exclusively the government’s prerogative and, consequently, significantly constrained dialogue and cooperation with civil society, which he treated less as a partner and more as a threat to the security of the regime. This led to significant legal restrictions and pressure on domestic CSOs, including the closure
of many of them, the “Gongo-ization” of others (where they were funded and controlled by the administration), and the expulsion of many international NGOs. In this context, many medical professionals are concerned that reforms undertaken since independence have been based on executive decrees made without consulting essential local stakeholders.

In general, President Mirziyoyev has initiated undeniable political change. He ordered the release of several prominent Karimov-era political prisoners and dissident journalists, allowed more open circulation of information in the media, including some criticism, which would have been almost impossible under Karimov. However, the hoped-for democratization has yet to fully materialize. The political, economic and social reforms initiated since 2017, including in the medical sector, have demonstrated less the new political authorities’ willingness for political liberalization than what might be called a modernization or moderation of authoritarianism. Thus policies have consisted of promoting economic development programmes and improving social welfare in order to compensate for a still largely undemocratic framework, to mitigate people’s aspirations for more freedoms, to defer truly democratic reform, and thereby to guarantee the security of the regime. This scenario is illustrated by the limited scope of political development, the conduct of parliamentary elections in 2019 which the OSCE concluded, “did not yet demonstrate genuine competition and full respect of election day procedures”, and the ongoing lack of real opposition political parties inside the country.

Nevertheless, some reforms and investments initiated since 2017 have opened up prospects for developments to the benefit of the population. President Mirziyoyev’s reforms have to some extent revived civic activism. Uzbekistani doctors have been able to create a social media platform which provides medical news in Uzbekistan, electronic books covering
various areas of medical expertise, and discussion of medical facts and clinical cases. On the face of it, several positive measures have been taken for CSOs: the registration process has been eased for some CSOs with an online process; registration fees have been reduced; and CSOs are no longer required to obtain government approval to conduct events, although they are required to inform them in advance. According to official statistics, over 9000 CSOs are now registered in Uzbekistan, including 211 health care CSOs.

And yet, beyond these figures, the context for the development of CSOs and autonomous initiatives remains severely constrained. The large number of CSOs reported by the government may be inflated as it includes all subdivisions of political parties, trade unions, and regional branches of CSOs which are active in different parts of the country. For instance the Society of Disabled People of Uzbekistan has as many as 150 branches which are all counted as separate CSOs.

The state retains control over CSOs through the still lengthy registration process, which can take from seven to 10 months (compared to less than an hour to register a company), and heavy bureaucratic requirements that particularly affect independent CSOs that fall outside the scope of state-controlled GONGO structures. Moreover, once registered, CSOs can face additional formal and informal barriers as funding remains tightly monitored and any CSO receiving more than 450 USD from abroad must get further approval from the Ministry of Justice, which significantly limits their autonomy in sectors like health where investments are expensive. Additionally, local independent civil society activists continue to face reprisals for their activities from local police officers and other law enforcement authorities.

The health sector remains a sensitive subject on which local NGOs are struggling to engage. For example, some groups that wanted to distribute charitable aid in the form of medical equipment have not been able to get registered, according to local sources. Moreover, the COVID-19 crisis has revealed the limits of the newfound openness. Uzbekistan introduced new measures in the criminal code to prohibit the spreading of false information about COVID-19 or other infectious diseases which include significant fines or up to three years in prison. These measures constitute an explicit threat to CSOs working on health issues and which may disseminate information that could be considered too sensitive or critical of political authorities and their management of the health system. For example, and importantly, there is no publicly available information on how assistance is provided to persons whose diseases cannot yet be treated in Uzbekistan, and what social and charitable programmes might be available to them. Overall, medical information remains available through mostly official sources, with limited scope for CSOs to provide information or analysis of the healthcare sector. Moreover, there is a lack of civil society engagement in assessing the government’s record in fulfilling its international commitments, such as those defined by WHO. However, despite the country’s authoritarianism and restrictions on civil society, the international community has an important role to play in helping to improve a medical system that affects the daily lives of thousands of people, and hence the country’s development.
More Action Needed from the International Community

It is up to the Uzbekistani government, in cooperation with local stakeholders, including medical staff and patients, to respond to the challenges that the health care system is facing. It is essential that the international community acknowledges the seriousness of the situation of healthcare in Uzbekistan and opens more avenues of cooperation with local stakeholders in order to address the situation more effectively.

Numerous studies and assessments of foreign assistance over the past three decades by scholars working on development issues illustrate that it may be better to turn away from large-scale assistance plans which generally impose one-size-fits-all reforms. What has been termed by some development specialists as a “big push” that promised great things, has too often been devised by outside planners who have lacked grassroots knowledge and local issues. Health sector problems, like many other issues in Uzbekistan, are a complicated tangle of political, social, historical, institutional, and technological factors, and solutions are likely to be more effective if they adopt a homegrown approach. Rather than advocating for a “big push” from outside, assistance through projects that are of a modest scale and less costly are more likely to bring concrete positive results to the most vulnerable populations.

This approach also allows for the development of direct contacts with local stakeholders and therefore helps them to share their concerns and expectations concerning the local medical infrastructure and health system. In addition, more modest projects make it possible to involve a larger number of actors, such as CSOs or businesses through corporate social responsibility programmes. Finally, while funds to support national programmes have been difficult to track in Uzbekistan, more localized assistance also mitigates the risk of having the resources appropriated by high level predatory elites in a country where corruption remains a serious issue.
Recommendations

The following list of recommendations is not exhaustive. Moreover, some are not new but have been included because, despite their effectiveness on the ground, they have been underutilized. All the recommendations are debatable and their effective implementation will rely on stakeholders' ability to adapt them to the local context. However, based on the premise that the international community needs to be more proactively and differently engaged, all seek to open avenues to bring more support to a population that has been severely impacted by the country's lack of resources as well as the authoritarian nature of its political system.

A. IMPROVING THE OVERALL HEALTHCARE SYSTEM

1. Support the development of civil society organizations. CSOs are an essential link to the medical situation on the ground and their voices crucial to developing effective reform policies, but their activities remain largely restricted. Foreign actors can help these organizations develop by encouraging further reforms to give more autonomy to CSOs by insisting that the Uzbekistani government adheres to its international obligations. Foreign actors can also contribute to publicizing their work in a transparent manner, and by developing links with other organizations which share common interests. Finally, giving visibility to small and often isolated CSOs is also a means of protection; authoritarian governments generally find it more difficult to silence CSOs that are known and have connections outside of their country.

2. Promote access to information inside Uzbekistan. Collecting and disseminating information from Uzbekistani medical staff, patients and their families is essential to circumvent censorship, and inform future changes. This could be done by helping CSOs and journalists to collect and disseminate information. For example, in South Africa, Health-e was developed to encourage investigative journalists to produce their own stories and use social media through substantive and technical training. The journalists investigate stories about medical staff and people who seldom gain coverage. Despite the limitations on freedom of expression in Uzbekistan, many journalists or citizens continue to try to disseminate alternative information, and would likely be willing to be trained to share information about social issues.

3. Support dialogue between political authorities and local stakeholders. It is important to improve communication amongst government representatives, medical staff and the population. The current government, despite its relative authoritarianism and continued controls on civil society, has been more open to dialogue, and this openness is an opportunity for the international community. Foreign actors, and especially diplomats through their regular interaction with many actors both inside and outside the government, can contribute to increasing dialogue around reforms that must be informed primarily by consultation with and input from local stakeholders.

4. Raise awareness about the state of the medical sector in Uzbekistan at the international level. The healthcare situation in Uzbekistan is little known outside of diplomatic circles and international organizations working on healthcare issues. Foreign actors could contribute by disseminating information collected from local CSOs and journalists,
and draw attention to the situation in Uzbekistan in order to generate more aid and commitment in the country.

5. Coordinate initiatives among donors. As the country reopened, various states and international organizations re-engaged in the medical sector. It is important to avoid duplication in a sector with such substantial needs. Donor coordination is also an opportunity to develop cooperation among international actors to more effectively help the development of the medical sector in Uzbekistan, in cooperation with the local stakeholders.

**B. IMPROVING MEDICAL INFRASTRUCTURE**

6. Contribute to the development of local, medium sized medical structures. Few donors, whether states or CSOs, can provide the substantial funding needed to build large hospital structures. The global economic crisis caused by COVID-19 will exacerbate this problem. However, most donors could participate in the improvement of local medical facilities, for example by supplying sorely needed medical equipment, or specific equipment for utilities, such as generators, which are lacking in hospitals which regularly face power cuts.

7. Focus on sustainability. Supplying existing medical centres and hospitals with more medical equipment is highly desirable. However, foreign assistance in infrastructure development has often been criticized for providing equipment without ensuring it is subsequently used in the right way. Moreover, sustainability requires proper training of staff who will be using new equipment, as well as ensuring that personnel are able to maintain the equipment after delivery.

8. Increase aid outside the capital. Since independence, although foreign aid has been committed to the development of medical infrastructure in Uzbekistan, it has been largely concentrated in the capital and a few large cities. It is necessary to focus more attention on the development of medical facilities in the provinces, in particular in isolated regions where medical facilities are particularly dilapidated.

**C. SUPPORTING LOCAL MEDICAL PROFESSIONALS**

9. Contribute to local medical education by increasing access for Uzbekistani students to foreign medical educational institutions. This could mean not only funding them to complete medical degrees abroad, but also to participate in internships as part of continuing education or training in specializations which Uzbekistan lacks.

10. Develop eLearning in the medical sector through online medical courses, translated into Uzbek or Russian on learning platforms, particularly those intended for targeted audiences such as that of the FSU. These courses could prioritize specific training in areas where expertise is lacking, including mental health, palliative care, and rehabilitation. Supporting local eLearning could also be facilitated by subsidizing subscriptions to existing platforms for local doctors or staff, who may not be able to afford the registration fees.
11. Contribute to the publication of medical manuals in Uzbek. Foreign actors could subsidize the translation of textbooks into Uzbek which are particularly lacking in the country.

12. Develop the teaching of medical English. The majority of Uzbekistani medical personnel have a superficial command of English, but this should be improved. Enhanced English language skills would allow health professionals to take part in online courses beyond the Russian-speaking former Soviet space, to access research on the medical sector, much of which is published in English, and to participate in major conventions and other gathering of the medical sector. The development of medical English could be done online or physically with, for example, the support of retired doctors.

13. Send doctors and specialists to Uzbekistan to contribute to the training of local staff. Some countries, in particular Russia, are already sending medical trainers to Uzbekistan. Highly skilled medical personnel from other countries could contribute to teaching or updating local knowledge on new medical techniques and the utilization of equipment.

14. Support medical training institutes. By contributing to improving learning conditions, textbooks, laboratory equipment, and training courses (both on site or abroad), for teaching staff whose teaching methods are outdated.

15. Contribute to improving connections between Uzbekistani medical personnel and the international medical community by developing opportunities for interaction with health professionals abroad, for example by subsidizing doctors to take part in major medical conventions. Lack of resources is an essential obstacle to the participation of Uzbekistani medical personnel in foreign conventions.