



IPHR International
Partnership
for Human Rights

Joint NGO submission to the United Nations Committee on Economic, Social and Cultural Rights ahead of the consideration of Uzbekistan's Third Periodic Report at the 71st session in February 2022

Key issues: non-discrimination, housing, health

JANUARY 2022



Table of contents

Introduction	3
Article 2 (Non-discrimination) and Article 12 (Health): LGBT+	3
AT RISK OF TORTURE, ILL-TREATMENT, EXTORTION AND IMPRISONMENT	4
AT RISK OF ABUSE BY NON-STATE ACTORS	5
OBSTACLES TO HIV TESTING AND TREATMENT	6
SUGGESTED RECOMMENDATIONS TO THE UZBEKISTANI AUTHORITIES	6
Article 11 (Housing): Forced evictions	7
DOMESTIC LEGISLATION	7
LEGISLATION USED IN EVICTION CASES BEFORE JANUARY 2020	8
LEGISLATION USED IN EVICTION CASES SINCE JANUARY 2020	8
EVICTIONS IN PRACTICE, CASE EXAMPLES	9
SUGGESTED RECOMMENDATIONS TO THE UZBEKISTANI AUTHORITIES	10
Article 12 (Health)	10
BROKEN AND INADEQUATE INFRASTRUCTURE	11
LACK OF SKILLED MEDICAL STAFF	12
OBSTACLE TO ACCESSING THE HEALTH CARE SYSTEM: COST AND CORRUPTION	13
LACK OF TRANSPARENCY AND UNDERREPORTING	14
HEALTH CARE AND CONDITIONS IN THE WOMEN'S PRISON COLONY IN THE ZANGIATA DISTRICT OF TASHKENT	14
SUGGESTED RECOMMENDATIONS TO THE UZBEKISTANI AUTHORITIES	16

Introduction

This document provides information to the Committee on Economic, Social and Cultural Rights (CESCR) before the examination of Uzbekistan's third periodic report on the country's implementation of the International Covenant on Economic, Social and Cultural Rights scheduled to take place on 22 and 23 February 2022.

The document is jointly submitted by International Partnership for Human Rights (IPHR) and Association for Human Rights in Central Asia (AHRCA). AHRCA is an independent human rights organization founded by émigrés in 2006 and based in France. Through a network of contacts in Central Asia, AHRCA monitors the human rights situation, documents violations and conducts international advocacy. International Partnership for Human Rights (IPHR) is a non-profit organization based in Brussels. Founded in April 2008, its mandate is to support local civil society groups in their work to eradicate violations of human rights and help their concerns and efforts be heard at the international level.

Each thematic chapter concludes with a list of suggested recommendations to the Uzbekistani authorities.

On 10 January 2022, IPHR and Uzbekistani women's rights defenders submitted a document to the Committee on the Elimination of Discrimination against Women about domestic violence against women. Please refer to that document for relevant information.

Article 2 (Non-discrimination) and Article 12 (Health): LGBT+

"Criminalization of sex between consenting adults of the same gender or the expression of one's gender identity is a clear violation of human rights." General Comment No. 22 (paragraph 23) of the CESCR, May 2016

The criminalization of consensual sexual relations between men under Article 120 of the Criminal Code of Uzbekistan¹, combined with widespread societal and religious homo- and transphobia, policy influences from contemporary Russia, and anti-Western sentiment amount to a toxic mix.

When families know or suspect a relative of belonging to a sexual minority, they often force them to conform to societal expectations and consult with medical doctors, psychiatrists, psychotherapists, mullahs or other religious figures for "treatment". Gays, bisexuals and transgender people are vulnerable to arbitrary detention, abuse and extortion by both police and homophobic activists, and often face imprisonment and discrimination. The perpetrators of the human rights violations and crimes against them are rarely, if ever, brought to account.

Some politicians have made homophobic public statements in recent years. For example, in March 2021 the news agency Podrobno.uz reported that Vice-President of the Legislative Chamber of Parliament (Olij Majlis) Alisher Kadyrov posted on calls on social media for Article 120 to be strengthened: "The Article has to prohibit all forms of propaganda of homosexuality and LGBT ideas (...) The Article "should stipulate compulsory treatment, imprisonment, revocation of citizenship, and deportation (...) It's like

¹ <https://www.legislationline.org/documents/action/popup/id/8931>

with terrorists, those who have no pride, have no nationality! We reject you! We will do our best to make Uzbekistan a country where you cannot live.”² News outlet gazeta.uz reported in July 2021 that Kadyrov also said: “Uzbeks (...) will never legalize homosexual conduct or same-sex male marriage, not in a hundred, not in a thousand years (...) So why torment these people and force them to live in our society? (...) Let’s help (them). Let’s take away their citizenship so that others can quickly take them in.”³

No government official stood up for the rights of sexual minorities following Kadyrov’s statements.

The Uzbekistani authorities severely curtail the right to freedom of expression on the issue of sexual minorities and the human rights violations affecting them. For example, blogger Miraziz Bazarov, an outspoken government critic and supporter of decriminalization of homosexuality in Uzbekistan, was charged with “slander” in 2021 and has been held under house arrest for over eight months, prohibited from using social media and engaging in any kind of correspondence. It is believed that the criminal case was brought to punish him for peacefully exercising his right to freedom of expression.⁴

At risk of torture, ill-treatment, extortion and imprisonment

The Uzbekistani authorities have failed to publish comprehensive statistics about investigations and convictions under Article 120, which is punishable by up to three years’ imprisonment. The only publicly available figures were issued by the Ministry of Internal Affairs in April 2021 which said that between 2016 and 2020, 44 individuals had been convicted under Article 120, and 49 people were serving prison terms for related sentences at the time the figures were issued.⁵

International human rights groups advocating for the decriminalization of homosexuality hoped that Uzbekistan would remove the offence when elaborating a new Criminal Code, but the draft Criminal Code published by the Prosecutor General’s Office on 22 February 2021 retains criminal punishment for consensual sex between men, leaving the wording unchanged. At the time of writing, the draft Criminal Code awaits adoption; the first Parliamentary reading has not yet been scheduled.

Human rights violations including torture, sexual violence and other forms of ill-treatment against gay and bisexual men, transgender people and others perceived to be gay, are particularly egregious in police detention and in penitentiary institutions.

For example, Ravshan (not his real name, for safety reasons), a young bisexual man, was detained in July 2018 after police burst into his apartment and filmed him and his partner having sex. Police took Ravshan to the police station, where he recalls “they suspended me from the ceiling using handcuffs, beat me severely, and tried to rape me with a truncheon”. After that, they put him on the floor and an officer jumped on his stomach.

Ravshan remembers: “I have never been beaten and intimidated like that in my entire life. I wanted to die to be free of this torture”. When police threatened to

2 <https://podrobno.uz/cat/proisshestviya/rukovoditel-demokraticheskoy-partii-milliy-tiklanish-zayavil-cto-predstaviteley-lgbt-soobshchestva/>

3 <https://www.gazeta.uz/ru/2021/06/07/kadirov-alisher/>

4 <https://www.iphronline.org/uzbekistan-miraziz-bazarov-slander.html>

5 <https://mediazona.ca/number/2021/04/22/men>

imprison him under Article 120 unless he gave them 2000 USD, he paid up and was released. He later realised that his partner had cooperated with the police and set him up, possibly in order to avoid being himself charged and jailed.

People whom police suspect of being gay are at risk of being subjected to anal examinations, in order to find evidence of same-sex conduct as grounds for prosecution under Article 120. The World Medical Association has condemned the use of anal exams to substantiate same-sex sexual activity as “unscientific”, “futile” and “amounting to a form of torture or cruel, inhuman and degrading treatment.”⁶

International human rights groups and AHRCA are aware of at least nine cases where forced anal exams were carried out in Uzbekistan between 2017 and 2021.⁷ Radio Free Europe/Radio Liberty reported in August 2021 that two Uzbekistani Interior Ministry officials, who spoke to them on condition of anonymity, said that anal exams of male detainees are among the most common forms of abuse in detention centers and prisons.⁸

Prisoners serving sentences under Article 120 have the lowest status in the informal, but strictly imposed, hierarchy of prisoners. They are regularly used as “slaves” by guards and other inmates.

For example, Shavkat (not his real name, for safety reasons) was sentenced to several years’ imprisonment under Article 120 and other articles of the Criminal Code. After serving part of his sentence, he was conditionally released. He told IPHR in 2020 that, during pre-trial detention, he was regularly subjected to violence by other detainees, while the prison guards looked the other way. He recalls that the days spent in pre-trial detention “were the most awful and disgusting of my life”. When he first arrived at the penal colony, officers beat him and attempted to rape him with a truncheon, and both prison guards and prisoners treated him with hatred and contempt.

Police do not press charges against all gay, bisexual and transgender individuals whom they track down, but they often threaten to imprison them or to disclose their sexual orientation to relatives in order to blackmail them. Often police officers contact gay men or transgender individuals on social media posing as gay men to entrap, entice and coerce gay, bisexual and transgender persons to cooperate with them. Police threaten to open a criminal case under Article 120 if they do not cooperate or offer them unofficial police protection.

At risk of abuse by non-state actors

Homophobic activists frequently seek out gays, bisexuals, transgender people and those who promote tolerance toward sexual minorities on social media, threaten them with violence and publish their names, contact details and photos on messaging services with calls to “punish” and kill them. Many homophobic messaging services have appeared in recent years.

6 *WMA Resolution on Prohibition of Forced Anal Examinations to Substantiate Same-Sex Sexual Activity*, Adopted by the 68th General Assembly, Chicago, United States, October 2017

7 Uzbekistan: *Forced Anal Testing in Homosexuality Prosecutions*, 5 August 2021 and *Прокуратура закрыла уголовное дело, возбужденное против блогера из Андижана за защиту подростков от «гей-скандала»*, 4 December 2020

8 *More Warnings Of Abuse After Rights Groups Urge End To Uzbek Use Of Rectal Exams*, 10 August 2021

The authors of this report know of many cases in recent years when homophobic activists and mobs subjected individuals to threats of violence, physical abuse and outed them on social media.⁹ Videos of beatings have been disseminated on the internet and there are credible reports that gay men have been severely injured and even killed by homophobic mobs.¹⁰ When in danger, these people cannot rely on the police and are left unprotected.

Obstacles to HIV testing and treatment

“The decriminalization of homosexuality has not been considered owing to the pressing need to combat the spread of HIV.” State reply to the List of Issues, CESCR, 8 September 2020

There is no reliable data on the number of people infected with HIV in Uzbekistan.¹¹ According to USAID, Central Asia is one of the few regions in the world where the HIV epidemic continues to grow.¹² Men having sex with men are a high-risk group, although HIV has also been spread through blood transfusions, including through the use of untested blood from patients’ relatives, and reuse of needles and syringes.¹³

In Uzbekistan, gay and bisexual men and transgender individuals face major disincentives to being tested for HIV and accessing treatment. When turning to HIV centres, they cannot trust that staff will handle their cases confidentially and fear detection and the disclosure of their sexual orientation and their HIV status to family members and police, as well as stigmatisation.

Suggested recommendations to the Uzbekistani authorities

- Decriminalize consensual sexual relations between men and swiftly and unconditionally release and rehabilitate all those convicted of Article 120.
- Ensure that all credible allegations of arbitrary detention, torture and other ill-treatment and extortion of gay, bisexual and transgender people by government officials or of their abuse by non-state actors are promptly, thoroughly, impartially and independently investigated, and that suspected perpetrators are brought to justice in fair trials.
- Devise and implement specific procedures to ensure that gay, bisexual and transgender individuals who lodge complaints or provide witness reports about extortion or physical abuse by police or non-state actors are immediately protected against reprisals and that appropriate disciplinary or, where relevant, criminal measures are imposed against the suspected perpetrators of such actions.
- Introduce legislation to ensure that HIV centres treat information about clients’ sexual orientation, gender identity and health strict confidentially.

9 Some cases have been published, for example: <https://rus.ozodlik.org/a/29890288.html>

10 See, for example: <https://rus.ozodlik.org/a/28764955.html>

11 See, for example: *HIV Epidemic Control in Central Asia Still Has a Long Way to Go*, 2 December 2019

12 USAID: *HIV Central Asia* (site last updated: 31 March 2020)

13 For example, refer to the Uzbekistan country page of the HIV Justice Network (<https://www.hivjustice.net/country/uz/>) and Claire Thorne, Nina Ferencic et al: *Central Asia: hotspot in the worldwide HIV epidemic*, *The Lancet*, Vol. 10, issue 7, 1 July 2010 ([https://doi.org/10.1016/S1473-3099\(10\)70118-3](https://doi.org/10.1016/S1473-3099(10)70118-3))

Article 11 (Housing): Forced evictions

In its 2014 Concluding Observations, CESCR called on the Uzbekistani authorities to “take (...) legislative and other measures, to provide all evicted persons with alternative accommodation or adequate compensation, in line with its General Comment No. 7 (1997) on the right to adequate housing”.

Since then, IPHR and partners have documented dozens of cases throughout Uzbekistan when homeowners were forcibly evicted from their properties - not under exceptional circumstances but for private investment and so-called embellishment projects. In many cases the private enterprises and investors involved were reportedly supported by local authorities.

Often no genuine consultations were held and those at risk of eviction were not given appropriate advance notice about the timing of the eviction. IPHR and AHRCA are concerned that those at risk of eviction have no access to free legal aid. In many cases courts have held proceedings without notifying those affected and have issued decisions without their participation in the proceedings. Court rulings have sometimes disregarded existing legal safeguards against forced evictions. Many people stated that they did not receive fair and adequate compensation and were unable to buy equivalent standard premises in the same area for the compensation offered. Non-material values were not considered (children’s schools, family ties).

Human rights activists report that since 2020 there have been fewer evictions, but that they are ongoing. Some attribute this to legislation that came into force in 2021 - amendments to the Land Code (Article 16) and Presidential Decree no. 6243 (see below). On the other hand, activists report that other new legislation from 2020 has “legalized” evictions through private investment projects, which contradict international standards, and that forced evictions will therefore continue.

Domestic legislation

International standards stipulate that domestic legislation should regulate evictions and that forced evictions should be prohibited.

The Constitution of Uzbekistan guarantees the rights to property (Articles 36, 53-54) and the “inviolability of home and private life” (Article 27). Article 55 stipulates that land is “common national wealth and has to be rationally used and protected by the state.” Although private property laws de jure protect homeowners’ property rights, domestic legislation does not define evictions nor clearly set out procedures for lawful evictions.

In practice, in eviction cases, courts and municipalities have often failed to enforce Constitutional principles. Before the 2021 amendments, Article 6 of the Land Code stipulated that “land belongs to the state”, thus contradicting the Constitution.

Below is an overview of national legislation used in eviction cases before January 2020 and of the situation since new legislation came into force on 1 January 2020. However, even after January 2020 courts have continued to refer to old legislation and earlier municipal acts in rulings on eviction cases.

Legislation used in eviction cases before January 2020

Until January 2020, local authorities based eviction decisions on the Law “On local administrative bodies”, Ministerial decree no. 54 “On simplified procedure of land expropriation for urban development” and Ministerial decree no. 97 “On the compensation of losses to persons due to land seizure for public and state needs”. Between 2018 and 2020/2021 people were evicted from their private property on the grounds of “state and public need”, although there were often no such compelling grounds. Human rights lawyers report that most evictions occurred before 2020.

Before January 2020, eviction procedures were initiated by a mayoral decision to allocate land to a legal entity “to develop infrastructure.” According to Ministerial decree no. 54, the authorities had to check that certain criteria were fulfilled, including whether property owners gave their consent. However, in practice, mayors’ decisions were frequently issued without these checks.

Sometimes instructions for construction projects reportedly came from the presidential apparatus and local authorities carried out evictions with zeal, without following the necessary procedures.

The authorities often failed to inform those affected in a timely, comprehensive and accurate manner, as required by international law.

Although Ministerial Decree no. 97 stipulated that owners had to have six months’ notice before an eviction, this was often not observed in practice and the authorities rarely notified owners at all, failing also to consult with those affected. In most cases property owners learned about impending evictions by hearsay, or from a representative of the project development company who approached the owner with the mayor’s decision in hand and began to negotiate the eviction and start work on the site.

Enterprises often filed “forced eviction suits” against those residents with whom it was unable to reach a deal. There are cases when developers still file suits against people on the basis of mayoral decisions taken prior to 2020.

There have also been cases where dozens of apartments were evicted overnight without people having been notified beforehand or without a court order (for example, the overnight mass evictions in the Sebzor area of Tashkent, 29/30 September 2018).¹⁴

A municipal decision is not subject to obligatory judicial review unless the effected person appeals it to court in a private capacity. Court decisions, in principle, can be appealed to two higher instances. However, in practice, residents’ complaints to courts about forced evictions are frequently turned down without any justification.

There are cases when court hearings have reportedly been carried out without prior notice to the plaintiffs and cases where the plaintiffs were prevented from attending.

Legislation used in eviction cases since January 2020

On 1 January 2020, a new Ministerial decree (no. 911) came into force on the “expropriation of land”, introducing “investment projects” as grounds for eviction in addition to “public and state needs”. The

¹⁴ [ps://www.gazeta.uz/ru/2018/09/30/sebzor/](https://www.gazeta.uz/ru/2018/09/30/sebzor/)

decree also stipulates that evictions are possible based on “[any] other reasons directly defined by laws and the decrees of the President.” This legalization of evictions in order to carry out private investment projects contradicts international standards.

The new decree states that the evictor can force up to 25 per cent of owners to sell their property if an agreement is reached with the other 75 per cent of the owners. On 2 July 2021, the Constitutional Court ruled this provision was constitutional because “compensation is determined by the court”.

On a positive note, Decree no. 911 introduced compulsory consultations with those affected and procedural guidelines on how demolitions should be carried out. Furthermore, it established a new “Supervisory body” (state foundation) which determines whether there are sufficient funds to compensate the property owners and to ensure that demolitions take place only after all persons have received full compensation. However, it is unclear how this body will fulfil its function without the authorisation to conduct consultations with owners or official property evaluations.

The decree requires local authorities to conduct consultations with those affected, but the notification period is extremely short: consultations have to take place within 14 days of the municipality’s decision about a proposed eviction.

Two other positive developments are worth mentioning. Firstly, on 8 June 2021, Presidential Decree no. 6243 “On measures to ensure equality and transparency in land relations, reliable protection of land rights and transfer into a market asset” deprives municipalities of the right to allocate land and stipulates that “only those land plots which are free from legal tenure and are in the state reserve can be allocated to third parties”. Secondly, in 2021 the Land Code was amended to stipulate that land does not a priori belong to the state, recognizing land as being “common national wealth, subject to rational use and protected” by the state (Article 16). Some human rights activists believe that the reduction of evictions since 2020 is thanks to these amendments.

Human rights lawyers stated that it is still too early to fully assess the effects of the new legislation and further monitoring of the situation is required.

Evictions in practice, case examples

Forced evictions have often been carried out in a disrespectful and sometimes aggressive manner. They have been carried out in winter (R. sisters, Samarkand, 21 January 2020)¹⁵, at weekends (a mass eviction case from the Sebzor area in Tashkent on 29/30 September 2018¹⁶) and on special family occasions (the R. sisters; and a young family in Chimgan on 20 June 2020¹⁷). In some cases, bulldozers and workers began destroying uninhabited parts of a house in order to force out the remaining inhabitants (House at Ankor canal/Tashkent, 3 March 2019;¹⁸ an 80-year-old woman from Bukhara, 6 January 2020;¹⁹ R. sisters; Samarkand, 21 January 2020; a building in Oltintepa district/Tashkent, 6 January 2020²⁰) or while

15 <https://anhor.uz/society/21055-2/>

16 Further information on this case can be made available to you on request

17 <https://anhor.uz/society/22406-2/>

18 <https://anhor.uz/vzglyad-iznutri/uroki-snosa-doma-78/>

19 <https://anhor.uz/society/20639-2/>

20 <https://web.facebook.com/100010162867938/videos/1094531457562273/>

the homeowners were outside the country (80-year-old woman from Samarkand, 21 January 2020²¹). There have been cases when people went on hunger strike in protest at the demolitions and the lack of compensation (Andijan/18 September 2019).²² During one eviction a homeowner was hospitalised and later died in hospital (M., Tashkent, March 2021).²³ In some cases desperate, traumatised people set themselves on fire in protest at the evictions.²⁴

Suggested recommendations to the Uzbekistani authorities

- Carry out evictions only as a last resort, once all other feasible alternatives have been explored.
- carry out genuine consultation with the people affected.
- give reasonable notice, making all plans transparent and informing all those affected.
- providing alternative housing, compensation and access to legal support.

Article 12 (Health)

Between 2017 and 2019 President Mirziyoyev undertook an ambitious programme of legislative reform of the medical sector, aimed at ensuring better access to affordable medicine and new medical infrastructure with trained medical personnel.²⁵ In that time, 160 legislative healthcare related acts were adopted, including 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 was not permitted, under President Mirziyoyev civil society has been able to express views and assessments essential to the improvement of the country's healthcare system.

The government 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 793 rural family polyclinics²⁶ and launching a telemedicine technology network to enable doctors to communicate with patients remotely. President Mirziyoyev also encouraged the development of the private healthcare sector, which is popular among the general public. Many turn to state health structures for minor treatment but prefer to use private medicine for more serious problems.²⁷ For example, in April 2017, President Mirziyoyev signed a decree doubling the number of medical specialties that private clinics can practice. Private medical organizations have been exempted from taxes and mandatory contributions to state trust funds until 1 January 2022, encouraging the opening of 1650 new private medical institutions in two years. The Uzbekistani government's reaction to the Covid-19 crisis,

21 Further information on this case can be made available to you on request

22 <https://upl.uz/policy/12515-news.html>

23 <https://web.facebook.com/groups/328799110874813/search/?q=%D0%9C%D0%B0%D0%B2%D0%B6%D1%83%D0%B4%D0%B0>

24 <https://fergana.news/articles/114487/>

25 For more detailed information about Uzbekistan's health care system, see IPHR's report (author: Sebastien Peyrouse) *Reforming healthcare in Uzbekistan: What role for the international community?*, 7 December 2020, https://www.iphronline.org/uzbekistan_healthcare.html

26 <https://rg.ru/2019/08/29/v-uzbekistane-postavili-cel-reformirovat-zdravoohranenie-k-2025-godu.html>

27 <https://uzjournals.edu.uz/cgi/viewcontent.cgi?article=1136&context=tma>

which included circulating public health messages²⁸ about the disease, creating an emergency medical helpline, and building temporary hospital facilities, contrasted significantly with the initial policies of denial of Tajikistan and Turkmenistan.

However, IPHR's research shows that the medical sector remains in poor shape, with access limited for those who cannot afford private medical care, and corruption amongst medical staff who charge for what are officially free public medical services.

Broken and inadequate infrastructure

The everyday experiences of many patients and health workers differ greatly from the government narrative. Many Soviet-built facilities have yet to be renovated, for example the polyclinic²⁹ in Namangan, one of the country's largest cities, which serves 20 000 inhabitants of Namangan as well as the Uychinskiy region and yet has only one floor in use as the other two are dilapidated and have had to be abandoned.

Credible reports indicate that many hospitals have bed shortages, leading to dramatic situations³⁰, i.e. in the hospital in Kashka Daria region³¹ where several female patients suffering from serious conditions had to be treated in the corridors. The situation is worse in rural or isolated areas, such as Karakalpakstan,³² where hospitals experience regular power outages and lack generators, thus endangering patients' lives.

A major and widespread problem in hospitals and medical centres is the lack of modern medical equipment. Doctor's equipment often consists of only blood pressure monitors and stethoscopes. Some hospital laboratories³³ are ill-equipped and have to work with outdated equipment from the Soviet era. Some hospitals, including in large cities such as Bukhara³⁴, do not have X-ray, ECG or ultrasound equipment, and are unable to provide some of the most basic medical services. This forces patients to travel long distances to other hospitals, 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 insufficient resources.³⁵ 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 only emergency care.

28 <https://fpc.org.uk/wp-content/uploads/2020/07/Spotlight-on-Uzbekistan.pdf>

29 <https://kun.uz/ru/news/2020/07/06/dajye-elektrichestva-net-priskorbnoye-zrelishe-v-poliklinike-goroda-namangana>

30 <https://daryo.uz/uz/2019/06/14/nishon-markaziy-shifoxonasida-muammo-bor-hal-etilmasa-hali-kop-bemorlar-koridorda-yotadi/>

31 <https://fergana.agency/news/108245/>

32 <https://rus.ozodlik.org/a/29650476.html>

33 <https://kun.uz/ru/news/2020/07/06/dajye-elektrichestva-net-priskorbnoye-zrelishe-v-poliklinike-goroda-namangana>

34 <https://kun.uz/ru/news/2019/12/03/zdaniya-vetxiye-oborudovaniye-ustarevsheye-kogda-sbudutsya-mechty-gijduvansev-o-sovremennoy-poliklinike>

35 <https://uzbekistan2035.uz/wp-content/uploads/2019/05/-ENG.pdf>

Lack of skilled medical staff

The number of doctors per 10 000 inhabitants has fallen by 18 per cent since 2010³⁶, leading to some hospitals with too few general practitioners and midwives, and no specialists such as cardiologists and trauma specialists. According to the Ministry of Health, Uzbekistan requires an additional 3000 general practitioners and 10 000 specialists³⁷ nationwide³⁸ as well as several thousand nurses, including at least 2000 for the city of Tashkent alone.³⁹ Provinces such as Surkhandarya, Kashkadarya, and Jizzakh have about 16-17 medical workers per 10 000 inhabitants as compared to 20.5 on average nationwide.⁴⁰ A threshold of 4.45 doctors, nurses and midwives per 1000 population was identified by the Sustainable Development Goals as an indicative minimum density representing the need for health workers.⁴¹

Difficult working conditions and low remuneration contribute to staff shortages. With an average salary of 100-150 USD for doctors, and 60- 70 USD for other medical staff, wages remain well below the average national salary (235 USD), and are not sufficient to ensure a decent standard of living.⁴²

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 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 2019.⁴³

Significant challenges remain regarding the development of the skills and capacity of medical staff. Medical training centres lack new teaching materials and innovative methods.⁴⁴ Few medical textbooks have been translated into Uzbek, and knowledge of Russian has declined, especially in the provinces and where English is not widely taught. As a result, few medical staff are able to access online medical training in Russian or English.

Training is also undermined by systemic corruption. In 2019, in a survey of 34 000 Uzbekistanis on corruption in higher education institutions, participants ranked the Tashkent Medical Academy as the 4th most corrupt in the country.⁴⁵ 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 are also forced to participate in the cotton harvest, which shortens class time each year.

36 <https://uzbekistan2035.uz/wp-content/uploads/2019/05/-ENG.pdf>

37 <https://www.gazeta.uz/ru/2019/12/27/ministry-of-healthcare/>

38 including paediatricians, therapists, anaesthesiologists, obstetricians-gynaecologists, psychiatrists, radiologists, surgeons, and dentists

39 <https://www.gazeta.uz/ru/2019/12/27/ministry-of-healthcare/>

40 <https://uz.sputniknews.ru/society/20190726/12091422/Minzdrav-v-Uzbekistane-oschuschaetsya-nekhvatka-meditsinskikh-rabotnikov.html>

41 <https://apps.who.int/iris/bitstream/handle/10665/250330/9789241511407-eng.pdf;sequence=1>

42 <https://migrantvisa.ru/zarplata/srednjaja-zarplata-v-uzbekistane/>

43 <https://www.gazeta.uz/ru/2019/12/27/ministry-of-healthcare/> Many emigrated to Kazakhstan and Russia where, despite difficult conditions and underrated wages, doctors find better working and salary conditions than in Uzbekistan.

44 <https://stanradar.com/news/full/32197-meditsina-v-uzbekistane-lechit-nelzja-reformirovat.html>

45 <https://fergana.media/news/109816/>

Obstacle to accessing the health care system: cost and corruption

The high cost of medical services is prohibitive for many in Uzbekistan. According to the NGO Buyuk Kelajak, while official data indicates that the population pays 40 per cent of 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.⁴⁶

For example, patients undergoing surgical procedures are required to purchase equipment necessary for the operation and post-operative care.⁴⁷ Although officially free of charge, reports indicate that a hospital stay of between eight to 10 days costs the patient on average between 300 and 600 USD⁴⁸, in a country where the average monthly salary in 2019 was 235 USD before taxes⁴⁹, and where the elderly receive an average pension of only 70 USD per month.

In fact, many payments for medical services which are officially free-of charge are illegal and part of a widespread system of corruption among medical staff resulting from low wages. Corruption can result in situations that violate the Hippocratic Oath, for instance when medical staff refuse to treat patients who cannot pay. In 2018-2019, fifty medical professionals were sued for failing to provide timely medical care.⁵⁰

Many of the promised health care reforms will require substantial state funding. But in fact, state spending on healthcare has declined since the Karimov era: while healthcare spending per capita was 135 USD in 2016, it declined to 92.8 USD during President Mirziyoyev's first year as president in 2017, to 68.2 USD in 2018 and to 83.6 USD in 2019.⁵¹ Despite 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 2019.⁵² The government announced that it will increase spending by nearly 2 billion USD in 2020, an increase of 23 per cent from 2019.⁵³ 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 - dismissing corrupt staff.⁵⁴ More than a hundred medical professionals were prosecuted and convicted for alleged corruption in 2018 and 2019.⁵⁵

46 uzbekistan2035.uz

47 such as syringes, drips, catheters, and medication

48 <https://www.fergananews.com/articles/10253>

49 <https://tashkenttimes.uz/national/4510-average-salary-in-uzbekistan-at-us-235>

50 <https://www.gazeta.uz/ru/2019/12/27/ministry-of-healthcare/>

51 <https://store.fitchsolutions.com/pharmaceuticals-healthcare/uzbekistan-pharmaceuticals-healthcare-report>

52 <https://store.fitchsolutions.com/pharmaceuticals-healthcare/uzbekistan-pharmaceuticals-healthcare-report>

53 <https://store.fitchsolutions.com/pharmaceuticals-healthcare/uzbekistan-pharmaceuticals-healthcare-report>

54 <https://centre1.com/uzbekistan/v-tashkente-uvoleny-rukovoditeli-39-meditsinskih-uchrezhdenij/>

55 <https://www.gazeta.uz/ru/2019/12/27/ministry-of-healthcare/>

However, the judicial system has a long record of corruption, and the courts remain largely dependent on the executive. The conviction rate is also high meaning that people charged with corruption are unlikely to have a fair trial. Secondly, corruption among medical staff is unlikely to decrease until their salaries and living conditions substantially improve. The authorities have admitted that, despite governmental efforts, corruption in the medical sector increased in the last two years. Additionally, authoritarian measures such as dismissing administrative staff in response to complaints about medical facilities, cast doubt on their impact.

Lack of transparency and underreporting

Information on the medical sector remains opaque, obstructing improvement. According to AHRCA⁵⁶ and local sources, data on mortality rates is underreported. For example, maternal mortality rates in Karakalpakstan, Khorezm and Surkhandarya are classified. Vulnerable populations including prisoners and disabled people may not receive adequate treatment, 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.

Health care and conditions in the Women's prison colony in the Zangiata district of Tashkent

AHRCA was able to obtain information about health care and prison conditions in the Women's prison colony in the Zangiata district of Tashkent from (former) prisoners and their relatives.

WOMEN WITH CHILDREN IN DETENTION

In 2021, according to data from human rights defenders, some 350 women and 22 children were held at the Women's prison colony (KIN No. 21) in the Zangiata district of Tashkent Region. Its Mother and Child Unit, which is located on the grounds of the women's colony, houses children of imprisoned women from birth until the age of three. Mothers are allowed to be with their children for only three hours a day, and therefore it is not possible for mothers to breastfeed their babies.

Children's safety is not always ensured

Testimony from former prisoners indicates that prison staff often fail to fulfil the duty of care vis-a-vis the children and endanger their welfare.

For example, a young woman who suffered from chronic alcoholism was amnestied and released along with her six-month-old baby. Although it was clear that she was unable to look after her child, she was not provided with follow-up support or referral to other institutions. On the day of release the woman, heavily intoxicated, threw her baby under a train where it died. No one from the prison administration was held accountable for the breach of duty of care, as the incident had taken place outside the prison.

56 <https://ahrca.org/>

Another example of the administration's failure to act in case of imminent danger, is the strong earthquake in August 2017. According to eyewitnesses, the tremors were strongly felt in the barracks of the women's prison. Everyone ran out in panic to get to a safe place. A prisoner saw that the staff were running out of the children's ward where the children and babies were kept, without taking the little ones with them. She ran into the ward to snatch her son and decided, together with another prisoner, to get the other babies and children out as well. None of the staff of this sector of the colony were involved in rescuing the children.

PREGNANT PRISONERS

According to human rights defenders, the food and working conditions are the same for pregnant prisoners as for others. Pregnant women are not given extra rations or allowed to take extra food from the canteen. They are also made to work in the prison in the same way as other prisoners and not given any maternity leave.

Although a gynecology unit was reportedly built in the colony, it never became operational due to a lack of staff. This building is now reportedly used as an outpatient facility. According to one witness, prisoners sometimes have to give birth on the floor of the corridor of the medical station without help from medical staff. In some cases, prisoners who had medical training helped deliver the babies.

There was a case when a young woman who had already gone into labour suffered severe bleeding before the ambulance arrived. The prisoner subsequently tried to prosecute the staff of the colony but was unable to obtain justice.

INFECTIOUS DISEASES: HEPATITIS C, HIV, COVID-19

Former prisoners told AHRCA that many women are infected with Hepatitis C during pregnancy and after delivery because of the lack of hygiene in the prison hospital (repeated use of non-sterilized utensils, etc.)

According to current and former prisoners, medical staff at the colony are negligent in taking precautions to prevent the spread of HIV and the same medical instruments that were used on HIV patients are not consistently sterilized before being used on other patients.

In March 2020, sanitary prevention measures were introduced in the colony with prisoners required to wear masks and maintain social distancing to prevent the spread of the coronavirus. Prisoners were initially tested, but information about who was infected with COVID-19 was not made transparent and is still withheld. There were cases of prisoners with high fevers, but they were diagnosed with pneumonia and treated at their own expense. In 2021, those prisoners who wished to receive the Covid-19 vaccine developed by Uzbek and Chinese specialists were given the opportunity to do so.

One witness reports: "How can you avoid contracting the virus? Everybody is in close contact with each other. We all live in close proximity in this colony. Up to 80 people live in each barrack. The sleeping places are right next to each other, it is impossible to keep a distance".

Suggested recommendations to the Uzbekistani authorities

- Ensure access to information inside Uzbekistan, collecting and disseminating information from Uzbekistani medical staff, patients and their families.
- Support dialogue between political authorities and local stakeholders including civil society.
- Focus on sustainability when providing equipment to ensure it is subsequently used in the right way and provide proper training of staff.
- Increase spending outside the capital and focus resources on the development of medical facilities in rural isolated regions where medical facilities are particularly dilapidated.
- Support medical training institutes, by improving learning conditions, textbooks, laboratory equipment, teaching methodology, training courses and international exchanges.
- Develop eLearning in the medical sector through online medical courses, translated into Uzbek or Russian on learning platforms.

IN RELATION TO ZANGIATA WOMEN'S COLONY:

- Improve, in accordance with international human rights law, the health care services in the women's colony in a way that ensures adequate treatment and care, including for the special needs of pregnant women, women after birth and puerperium, babies and children, HIV, tuberculosis and other infectious diseases, as well as for drug dependence.
- Provide or facilitate specialized treatment programmes designed for women substance abusers, taking into account prior victimization, the special needs of pregnant women and women with children.
- Provide pregnant or breastfeeding women prisoners, children and babies adequate and timely food, a healthy environment and regular exercise opportunities free of charge. Women prisoners shall not be discouraged from breastfeeding their children, unless there are specific health reasons to do so.
- Women prisoners whose children are in prison with them shall be provided with the maximum possible opportunities to spend time with their children.