Coverage of items of the WHO Pandemic Agreement in Uzbekistan. Country-case report

	Item	Joint External Evaulation of IHR Core Capabilities (Republic of Uzbekistan, 16-20 May 2022)		Others	
		Indicator	Specific details	Description/ Results	Source
	Article 4：Pandemic Preparedness and Surveillance				
1	Status of IHR Implementation (JEE)	P.1.1 The State has assessed, adjusted and aligned its domestic legislation, policies and administrative arrangements in all relevant sectors to enable compliance with the International Health Regulations (IHR 2005)	1. The National Action Plan for implementing the International Health Regulations (IHR 2005) was approved by the Ministry of Health of Uzbekistan in January 2020 and the country is moving forward with practical steps. 2.Uzbekistan underwent its first Joint External Evaluation (JEE) of its core capacities for International Health Regulations (IHR) in May 2022. 3. Uzbekistan submitted the SPAIR (IHR States Parties Self-Assessment Annual Reporting) in 2024.	JEE conducted detailed assessment with an average score of 62% across 19 capacities, identifying both strengths and areas for improvement. Latest completion - 2022 **73 % Average Capacities Score by SPAR (IHR States Parties Self-Assessment Annual Reporting)** The country average capacities score represents the mean level of health security preparedness. These are based on the aggregated scoring of the 15 reported capacities. Submitted - 2024	https://extranet.who.int/sph/country/uzbekistan
2	Implementation of Multisectoral National Pandemic Prevention and Surveillance Programs		Uzbekistan has developed a **National Action Plan for Health Security (NAPHS) for 2024–2028**, aiming to strengthen the country's preparedness to respond effectively to health emergencies by implementing core capacities of the International Health Regulations (IHR). The NAPHS outlines strategies to enhance the preparedness of Uzbekistan's health workforce for emergency responses.	National Action Plan for Health Security (NAPHS) is a country owned, multi-year, planning process that can accelerate the implementation of IHR core capacities, and is based on a One Health for all-hazards, whole-of-government approach. It captures national priorities for health security, brings sectors together, identifies partners and allocates resources for health security capacity development.	NATIONAL ACTION PLAN ON HEALTH SECURITY IN THE REPUBLIC OF UZBEKISTAN 2024 - 2028
2 (b)	Capacity for Zoonotic Disease Prevention	P.4.1 Coordinated surveillance systems in place in the animal health and public health sectors for zoonotic diseases/pathogens identified as joint priorities P.4.2 Mechanisms for responding to infectious and potential zoonotic diseases established and functional	• Uzbekistan faces challenges in its capacity to prevent zoonotic diseases, including inadequate health and veterinary systems and limited laboratory and surveillance capabilities. These limitations are compounded by significant growth in the livestock sector. Initiatives are underway to address this through training programs, improved surveillance, and the implementation of advanced methodologies to help control diseases and enhance economic prospects.	Key barriers in health and veterinary systems regarding disease control. • Systems are inadequate in both health and veterinary areas. • Laboratories and surveillance systems have limited capacity. • Economic growth in livestock increases the risk of zoonotic disease spread.	One Health Collaboration in Uzbekistan: Addressing Zoonotic Diseases through Prioritization and Planning
2 (c)	Capacity for Pathogen Surveillance & Risk Assessment	D.2.1 Surveillance systems D.2.2 Use of electronic tools D.2.3 Analysis of surveillance data	• JRA (Joint Risk Assessment) completed on 22/01/2025	On 22-24 January 2025, a Joint Risk Assessment (JRA) workshop on priority zoonotic diseases was held in Tashkent, Uzbekistan. The workshop trained government officials from human, veterinary, and environmental health sectors in conducting JRAs using the One Health approach. Participants focused on assessing the risks of salmonellosis and brucellosis, mapping transmission pathways, formulating risk assessment questions, and evaluating disease likelihood and impact. The workshop proposed risk management strategies, including risk communication and policy recommendations. Key recommendations include continued technical support for JRA institutionalization and integrating risk assessments into national disease preparedness efforts.	UZBEKISTAN HOSTS JOINT RISK ASSESSMENT WORKSHOP ON ZOONOTIC DISEASES
2 (d)	Capacity for Community-Level Early Response			Uzbekistan has taken active steps to enhance its ability to respond to pandemics at the community level, such as health system reforms that broaden the scope of primary healthcare (PHC) and community health workers (CHWs). Despite these efforts, limited community-level capacity was a significant challenge during the COVID-19 pandemic.	Uzbekistan strengthens its health system in the midst of COVID-19 crisis
2 (e)	Access to WASH			According to WHO/UNICEF Joint Monitoring Programme (JMP) for Water Supply, Sanitation and Hygiene **(WASH) in Households Uzbekistan national data for 2024, 96,8% of housеholds (98,5% urban areas, 95,4% rural areas) have access to safely managed drinking water.** However, only 82,2% of households have access to drinking water in the premises. Access to **safely managed sanitation is provided in 93,6% of households (95,6% urban areas, 91,8% rural areas)**. As per UNICEF MICS data from 2022, 82% of households (89% urban, 75 rural) have access to safely managed drinking water, 75% of households (63% urban, 86% rural) have access to safely managed sanitation facilities, and 82% of households (88% urban, 75% rural) have access to basic hygiene services.	Training Manual on Climate Resilient Water, Sanitation and Hygiene (WASH) in Communities for Distric
2 (f)	Routine Immunization Coverage	P.7.1 Vaccine coverage (measles) as part of national programme P.7.2 National vaccine access and delivery		In 2024, 96.8 percent of children under one received three doses of diphtheria, tetanus and pertussis (DPT) and 98.9 percent of the measles vaccine with the assistance of the UNICEF-supported National Immunization Programme.	Immunization
2 (g)	Capacity for Medical Waste Management			In Uzbeksitan 90,000 tonnes of medical waste are genereted annunally. Until now, they were taken to special landfills, like other types of waste. Recently, In September 2025, first plant for generating thermal energy by incinerating medical waste was launched in Tashkent. Built by the American company Sayar, the facility is capable of burning up to 6 tons of waste per day over a 20-hour period. In the first phase, three regions Tashkent, Samarqand, and Bukhara will be covered.	First plant for producing thermal energy from medical waste launched in Uzbekistan
2 (h)	Capacity for Vector-Borne Disease Surveillance				
2 (i)	Capacity for Biosafety & Biosecurity Management	P.6.1 Whole-of-government biosafety and biosecurity system in place for all sectors (including human, animal and agriculture facilities) P.6.2 Biosafety and biosecurity training and practices in all relevant sectors (including human, animal and agriculture)	The average capacity score for "Implementation of a laboratory biosafety and biosecurity regime" is 80% by SPAR (2024).		https://extranet.who.int/sph/spar-uzbekistan-submitted2024
		P3.1 Effective multisectoral coordination on AMR P3.2 Surveillance of AMR		Uzbekistan has improved its response to antimicrobial resistance through international collaboration, better lab diagnostics, enhanced surveillance, and training initiatives. Major milestones include the international accreditation of the National	Results of Antimicrobial Resistance Surveillance in Uzbekistan, 2019–2022

2 (j)	Capacity to Combat AMR	P3.2 Surveillance of AMR P3.3 Infection prevention and control P3.4 Optimise use of antimicrobial medicines in human and animal health and agriculture		Initiatives. Major milestones include the international accreditation of the National AMR Center, WHO- and CDC-supported projects, and growth in professional capacity. **Challenges remain with delayed testing, procurement issues, workforce shortages from brain drain, and the need for broader expertise and continued commitment to AMR surveillance.**	The burden of antimicrobial resistance (AMR) in Uzbekistan
				World Bank Approved the $130 in financing the Central Asia One Health Program, which includes Uzbeksitan. This initiative focuses on strengthening regional capacity for **pandemic prevention, detection, and response,** including laboratory networks and workforce development, through a coordinated multi-sectoral approach.	Central Asia to Strengthen Pandemic Preparedness with World Bank Support
	Broader Coordination, Capasity Building and Implementation Support			The initiative for Broader Coordination, Capacity Building and Implementation Support for Pandemic Preparedness, Response and Surveillance in Uzbekistan is a key part of the larger "Pandemic Preparedness and Response through a One Health Approach in Central Asia" regional program. This program is funded by the Pandemic Fund and implemented by the Food and Agriculture Organization (FAO), the World Health Organization (WHO), and the World Bank	Uzbekistan Hosts National Coordination Meeting to Strengthen Pandemic Preparedness
	Article 5: One Health approach for PPPR				
1	Promotion of a One Health Approach	P4.1 Coordinated surveillance systems in place in the animal health and public health sectors for zoonotic diseases/pathogens identified as joint priorities P4.2 Mechanisms for responding to infectious and potential zoonotic diseases established and functional	FAO and Uzbekistan's Veterinary Committee organized specialized One Health trainings for district-level epizootiologists across the country. The trainings are organized within the framework of the project **"Pandemic Preparedness and Response through the One Health Approach in Central Asia."** Over 250 of 300 targeted specialists have completed training on the "7-1-7" surveillance tool. "7-1-7" aims for: • Case detection within 7 days • Notification within 1 day • Response within 7 days	• Focus is on controlling zoonotic diseases (e.g., brucellosis, rabies, foot-and-mouth disease) • Goals: - Strengthen early outbreak detection and rapid response - Improve coordination between veterinary and sanitary-epidemiological services - Train specialists in practical application of the surveillance tool • Improved surveillance benefits: - Protects public health and food security - Promotes livestock sector investment and export potential - Supports official WOAH disease-free status, aiding foreign trade • Part of a broader strategy linking human, animal, and environmental health (One Health approach) for sector resilience.	FAO and the Pandemic Fund support Uzbekistan in strengthening its veterinary system and responding to zoonotic threats
2	Addressing Drivers of Pandemics			Uzbekistan is boosting pandemic preparedness through the FAO's One Health-focused Pandemic Fund project, which strengthens disease surveillance, laboratory systems, veterinary education, and national coordination. Major achievements include upgrading veterinary labs, revising curricula to meet international standards, training professionals in food safety, and fostering inter-agency partnerships. These changes improve the capacity to detect, prevent, and respond to health threats, with Uzbekistan serving as a regional model for future pandemic preparedness.	Strengthening Uzbekistan's pandemic preparedness through One Health
3	National Measures to Promote One Health			Uzbekistan has adopted the "One Health" approach as a core component of its national health security strategy, focusing on multisectoral collaboration to address zoonotic diseases, antimicrobial resistance (AMR), and food safety issues.	National action plan for health security in Uzbekistan presented
	Article 6: Preparedness, readiness and health system resilience				
6.1	Capacity to develop and strengthen **Resilient Health System (**maintaning equitable access to essential health services during a crisis, post-pandemic recovery)			Uzbekistan is strengthening its health system by expanding primary health care, increasing financing, improving digital tools, and deepening international cooperation. The COVID-19 pandemic revealed major gaps—low public spending, high out-of-pocket costs, uneven health workforce distribution, reliance on hospitals, and supply chain weaknesses. Reforms now focus on a people-centered PHC model (piloted in Syrdarya), establishing a state health insurance fund to ensure a basic free services package, and rolling out e-health systems under "Digital Uzbekistan – 2030." Support from WHO, the World Bank, ADB, USAID, and UNDP is helping improve surveillance, laboratories, and legal frameworks. Uzbekistan is also adopting a One Health approach and strengthening emergency preparedness through the IHR National Action Plan. These efforts aim to build an equitable, integrated, and resilient health system capable of managing future crises.	Health Systems in Action Uzbekistan. 2024 Edition
6.2	Risk Communication Capacity	R.5.1 Risk communication systems for unusual/ unexpected events and emergencies R.5.2 Internal and partner coordination for emergency risk communication R.5.3 Public communication for emergencies R.5.4 Communication engagement with affected communities R.5.5 Addressing perceptions, risky behaviours and misinformation	40% coverage (JEE (2022) and SPAR (2024))	Uzbekistan has enhanced its risk communication and health emergency preparedness—guided by the NAPHS 2024–2028—by building early warning and public communication systems, improving coordination across government and international partners, and using multilingual, accessible messages through diverse media. The country engages communities, collaborates with trusted influencers, and trains health communicators to address misinformation, ensuring clear, timely, and culturally relevant information during health crises.	Strengthening Emergency Preparedness and Response Capacity of Ministry of Health, Committee for Sanitary and Epidemiological Welfare and Public Health and Ministry of Emergency Situations for Early Identification and Response to Multi-Hazard Emergencies NATIONAL ACTION PLAN ON HEALTH SECURITY IN THE REPUBLIC OF UZBEKISTAN 2024 - 2028 Uzbekistan - Update: Summary National COVID-19 Strategic Preparedness & Response Plan for Health
6.3	Capacity of Public Health Laboratories	D.1.1 Laboratory testing for detection of priority diseases D.1.2 Specimen referral and transport system D.1.3 Effective national diagnostic network D.1.4 Laboratory quality system	Uzbekistan's public health laboratory capacity, as assessed by the Joint External Evaluation (JEE), has a score of **60%** across the four areas mentioned		https://extranet.who.int/sph/country/uzbekistan#:~:text=P.6.2%20Biosafety%20and%20biosecurity,60%20%25

	Development and Maintenance of National Health Information Systems			Uzbekistan is modernizing its National Health Information System (NHIS) by shifting from paper-based records to a digital, integrated platform supported by WHO, the World Bank, and other partners. Key efforts include a **national digitalization strategy** with electronic medical records, strategic planning under a new National Health System Strategy, and international collaborations—such as projects with Japan to build secure digital health platforms. Reforms emphasize strengthening primary health care through better digital coordination between PHC teams and hospitals. To maintain and enhance the NHIS, Uzbekistan is investing in capacity building, piloting mandatory social health insurance for sustainable financing, improving supply chain and equipment management, and testing reforms through pilot projects like the one in Surdarya before nationwide rollout.	
6.4	Monitoring and Assessment of Preparedness Capacities	R.1.1 Strategic emergency risk assessments conducted and emergency resources identified and mapped R.1.2 National multisectoral multi-hazard emergency preparedness measures, including emergency response plans, are developed, implemented and tested		Uzbekistan has conducted strategic emergency risk assessments and has developed emergency preparedness measures, but there are still gaps in implementing and testing these plans. According to the World Health Organization's (WHO) Joint External Evaluation (JEE), the country has made progress in R.1.1 (conducting risk assessments) and R.1.2 (developing preparedness measures), with a 60% score for both, indicating that more work is needed.	https://extranet.who.int/sph/country/uzbekistan
	Article 7: Health and care workforce				
7.1	Development of Domestic Health and Care Workforce	D.4.2 Human resources are available to effectively implement IHR	80% capacity achieved (SPAR 2024)	There are significant human resource challenges to effectively implement IHR in Uzbekistan, including a shortage of skilled public health professionals and a "brain drain" of specialists.	https://extranet.who.int/sph/spar-uzbekistan-submitted2024
7.2	Health Worker Protection and Well-being				
7.3	Strengthening Multidisciplinary Emergency Health Teams	R.4.2 System in place for activating and coordinating health personnel during a public health emergency			
7.4	Mitigating Workforce Migration Impact			Attracting and retaining health workers remains a persistent challenge due to historically low salaries for medical personnel in the public sector, creating incentives for informal payments and migration to neighbouring countries. Furthermore, the distribution of Uzbekistan's health workforce remains uneven, with significantly fewer doctors in rural areas and a lack of family doctors across the country. Although there is no shortage of nurses in terms of absolute numbers, there is an uneven distribution due to higher workforce concentration in urban areas.	WHO Country Cooperation Strategy. Uzbekistan 2025–2030
7.5	Protection of Other Essential Workers				
	Article 8: Regulatory systems strengthening				
8.1	Strengthening National and Regional Regulatory Authorities		The Center for Pharmaceutical Products Safety (under Uzbekistan's Ministry of Health) is the key national regulatory body.	In November 2024, the **Pharmaceutical Safety Center of Uzbekistan** became a full member of the International Pharmaceutical Regulators Programme (IPRP), which is a positive step to increase its regulatory capacity and align with international regulators (e.g., FDA, EMA).	The Pharmaceutical Safety Center of Uzbekistan has become a member of the International Pharmaceutical Regulators Program (IPRP)
8.2	Technical Capacity and Legal/ Administrative Framework				
8.3	Public Availability of Regulatory Information				
8.4	Adoption of Regulatory Reliance Mechanisms		"DECREE OF THE PRESIDENT OF THE REPUBLIC OF UZBEKISTAN ON ADDITIONAL MEASURES TO REGULATE THE TRADE OF MEDICINAL PRODUCTS AND MEDICAL DEVICES"	On August 23, 2025, Presidential Decree No. UP-137 of the Republic of Uzbekistan entered into force. Uzbekistan's new regulations aim to ensure that only high-quality, safe, and internationally recognized medicines and medical devices circulate in the country by aligning national procedures with global standards. From October 1, 2025, products already approved by WHO-Listed Authorities or regulators with **WHO Maturity Level 4 will be eligible** for simplified state registration through recognition. Beginning January 1, 2026, all medical devices must undergo state registration based on risk classification and clinical evidence, while both domestic and foreign manufacturers must hold a national GMP certificate to register medicines; all registration certificates will now have a five-year validity. Additional rules introduce mandatory GMP (from 2027) and ISO 13485 (from 2027) certifications for conformity assessments.	O'ZBEKISTON RESPUBLIKASI PREZIDENTINING FARMONI DORI VOSITALARI VA TIBBIY JIHOZLAR MUOMALASINI TARTIBGA SOLISHGA DOIR QO'SHIMCHA CHORA-TADBIRLAR TO'G'RISIDA
8.5	Regulatory Authorization for Developers				
8.6	Improving WHO Regulatory Processes				
8.7	Monitoring on Substandard and Falsified Products				
8.8	International Cooperation and Capacity Building				
	Article 9: Research and Development				
9.1	Research and Development Capacity				
9.2	Capacity for Collaborative and Inclusive Research (investment, international partnerships, stakeholder participation, etc.)				
9.3-4	Ethical and Equitable Clinical Trials during Public Health Emergencies				
9.5	Fair Access Provisions in Publicly Funded Research				
	Article 10: Sustainable and Geographically Diversified Local Production				
10	Equitable Global Production Capacity				PHARMACEUTICAL INDUSTRY DEVELOPMENT AGENCY

10	Local Manufacturing Capacity for Medical Products		Uzbekistan is rapidly scaling up its pharmaceutical sector with the launch of Tashkent Pharma Park — a €1.2 billion project uniting research, logistics, manufacturing and training.	Uzbekistan is investing €1.2 billion into Tashkent Pharma Park, a massive new complex designed to boost pharmaceutical production, R&D and exports. The 1.9 million square metre site will include a biotech centre, technical university and manufacturing facilities — all within a free economic zone offering tax incentives.	Uzbekistan builds pharma ambitions with €1.2bn investment in regional production and export hub
10.3-5	Investment and Emergency Scale-Up Capacity				UZBEKISTAN'S PHARMACEUTICAL INDUSTRY & PROSPECTS FOR DEVELOPMENT: REGARDING WHAT WAS DONE LAST YEAR, AND PLANS FOR THE FUTURE
	Article 11: Transfer of technology and cooperation on related know-how for the production of pandemic-related health products				
11	Facilitation of Technology and Know-How Transfer				
11	Status of Intellectual Property Rights related to Technology Transfer				
11	International Cooperation and Capacity-Building				
	Article 12: Pathogen Access and Benefit-Sharing System PABS (As of late 2025, the specifics of the PABS system are still being negotiated, with recent meetings focused on drafting the PABS annex and addressing issues like standard agreements, data sharing, and the specifics of benefit-sharing mechanisms.)				
12	PABS Capacity			Uzbekistan, like other member states of the World Health Organization (WHO), is involved in the global negotiations for the Pathogen Access and Benefit-Sharing (PABS) system, which is a key part of the new WHO Pandemic Agreement	
12.2-5	Availability of the Legal, Ethical, and Operational Framework				
12.6-9	Fair Access, Benefit-Sharing, and Capacity-Building During Emergencies				
	Article 13: Supply chain and logistics				
13	The WHO SCL network is planned to be established in the future and is therefore not applicable				
	Article 14: Procurement and distribution				
14	Transparency in Pandemic Procurement Agreements (publicly-funded purchases)			There is limited publicly available evidence of consistent, formal transparency for pandemic procurement contracts; while some procurement data is shared, there is no clear public registry or regular disclosure of contract terms, prices, or manufacturer identity sufficient to meet international "transparent procurement" best practices. During the COVID-19 pandemic, transparency in Uzbekistan's public procurement was a significant concern, with reports of non-competitive contracting and limited public access to data. International partners and civil society organizations highlighted major risks of misuse of funds and called for greater accountability.	
	Article 15: Whole-of-government and whole-of-society approaches				
15	Multisectoral / cross-government response structures during the pandemic			During the COVID-19 pandemic, Uzbekistan activated a range of government institutions: health, social welfare, emergency services — indicating a cross-government response rather than only health ministry involvement. Also, there was a socail wellfare measures to support for low-income and vulnerable households when	
15	Public awareness and population-level communication			The Uzbekistan government and health authorities routinely disseminated public health communications about COVID-19: case updates, prevention guidelines (masking, distancing), vaccination campaigns, and other advisories widely via media (uzbek, russian, and karakalpak languages).	
15	Planning during peacetime & preparedness efforts			Uzbekistan adopted its National Action Plan for Health Security (NAPHS) 2024–2028 to enhance its preparedness for public health emergencies. The plan, developed with support from international partners like the World Health Organization (WHO), strengthens the country's health system to build resilience against future pandemics and other public health threats.	NATIONAL ACTION PLAN ON HEALTH SECURITY IN THE REPUBLIC OF UZBEKISTAN 2024 - 2028
	Article 16: Communication and public awareness				
16	Public Health and Pandemic Literacy			Challenges persisted. The centralized, hierarchical communication style sometimes undermined transparency and responsiveness, leading to a gap between official rhetoric and on-the-ground reality. There were also issues with unequal access to healthcare and information between urban and rural areas due to infrastructure and digital literacy gaps.	
16	Research on Public Trust and Compliance				
	Article 17: International cooperation and support for implementation				
17	Capacity Strengthening through Global Collaboration				

17	Support for Developing Countries			WHO, the Ministry of Health of Uzbekistan, and international partners are holding a policy dialogue to strengthen the country's health workforce, especially family doctors, nurses, and midwives. The event will review reforms, present labour market and workforce planning findings, and discuss the roadmap for health workforce information systems. It aims to improve coordination and support a resilient, equitable, and gender-responsive health workforce as Uzbekistan advances major	Health and care workforce policy dialogue in Uzbekistan
17	Coordination Across Frameworks				
	Article 18: Sustainable financing				
37	Percentage of Health Expenditure by Country			The latest value from 2022 is 7.36 percent, a decline from 7.7 percent in 2021.	Uzbekistan: Health spending as percent of GDP
38	Proportion of Health Expenditures Dedicated to Health Emergency Response	P.1.2 Financing is available for the implementation of IHR capacities		Uzbekistan funds health outbreak prevention and emergency response through the Ministry of Health and Emergency Services, with **part of the budget allocated to IHR implementation.** International organizations can also offer financial aid during emergencies. However, there is no specific budget line for the IHR National Focal Point to support coordination, capacity-building, or information exchange.	JOINT EXTERNAL EVALUATION OF IHR CORE CAPACITIES of UZBEKISTAN Mission report: 16 – 20 May 2022
39	Amount of Funding Received for Health Crisis Response			Addiitonal to the previous report: World Bank allocated $95 million to support Uzbekistan's immediate response to the impacts of COVID-19 on the health and well-being of its citizens.	Uzbekistan to Receive World Bank Emergency Financing to Combat COVID-19