2025

ANNUAL REPORT

Project title: Support to Effective, Resilient and Inclusive Governance Systems for Health

ID#00119180

ACKNOWLEDGEMENTS

The achievements presented in this Annual Report were made possible through strong partnerships and sustained collaboration with national and international stakeholders.
We extend our sincere appreciation to the Ministry of Health of the Republic of Uzbekistan for its leadership and stewardship, and to the Republican AIDS Center, the National TB Institute, and the Project Office of the Ministry of Health for their technical expertise and operational cooperation.
We gratefully acknowledge the HIV Theme Group partners, led by UNAIDS, for their coordination and policy engagement in support of the national HIV response.
Our sincere thanks go to Marina Smelyanskaya, UNDP Health Team Lead at IRH, for her guidance and timely technical support, as well as to the wider UNDP Health Team for their professional engagement.
We also thank UNDP Country Office management—Ms. Akiko Fujii, Resident Representative, and Mr. Anas Fayad Qarman, Deputy Resident Representative—as well as the Effective Governance Cluster, under the leadership of Bunyod Avliyokulov and Sherzodbek Sharipov, for their strategic and operational support.
We further acknowledge the contributions of the SPIU, Procurement, Human Resources, Finance, and Administrative units, and commend our project team members for their dedication and professionalism.
This report reflects a collective effort, and we are grateful to all partners and colleagues for their continued commitment to improving health outcomes in Uzbekistan.

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We thank you for your continued support in our efforts to contribute to the SDGs.

EXECUTIVE SUMMARY

In 2025, Uzbekistan stood at a critical juncture in its public health trajectory. Amidst global funding contractions and mounting system pressures, the Project emerged as a stabilizing force—advancing equity, science, and service continuity for the country's HIV response. In doing so, it reaffirmed a principle long known in public health: progress is possible, even in the face of adversity, when action is rooted in data, compassion, and partnership.

With unwavering collaboration between the Government of Uzbekistan and UNDP, the country ensured uninterrupted access to antiretroviral therapy (ART) for 49,335 people living with HIV—surpassing national targets and preserving the lifeline of care. Just as importantly, 88 percent of those on treatment achieved viral load suppression. That figure is not just a metric—it is a testament to what is achievable when clinical science, community support, and reliable supply converge.

46 542

on ARV

102 % of the annual target

Science informed every aspect of the Project's implementation. The national HIV Electronic System evolved into a digital backbone for the epidemic response—tracking care, monitoring treatment, and flagging gaps before they become crises. New modules—including for multidisciplinary case management, HIV-discordant couples, post-exposure prophylaxis, and maternal-child transmission—shifted the paradigm from fragmented follow-up to proactive, person-centered care.

88%

Virally suppressed

104% of the annual target

The introduction of the three-in-one fixed-dose combination therapy (Abacavir, Lamivudine, Dolutegravir) was more than a pharmacological innovation. It simplified regimens, reduced costs, improved logistics, and—most importantly—made it easier for patients to adhere, stay in care, and stay undetectable.

This progress came not in isolation, but alongside strategic groundwork laid for the future. The launch of the DHIS2-based Electronic Tuberculosis Register, aligned with WHO standards, signals a new era of integrated disease surveillance. The groundwork for Uzbekistan's first unified Health Code, initiated through broad-based consultations and legal harmonization, sets the stage for enduring structural reform.

Procurement systems were fortified under high pressure—executing 99% of a $3 million health commodities plan even amid international supply chain strain. The partnership with the National Health Supply Chain Management Center laid the blueprint for a procurement ecosystem built on transparency, resilience, and national ownership.

And through it all, digital transformation remained more than a buzzword—it was a driving force behind smarter health governance and more responsive service delivery.
Yet the story of 2025 cannot be told without acknowledging the gravity of the challenges.

A 25% reduction in Global Fund support forced tough choices, exposed fragilities, and placed the future of hard-won gains at risk. But the Project did not retreat. It adapted—reengineering workflows, leveraging digital infrastructure, and deepening Ministry engagement to ensure that the promise of treatment was not compromised.

In the face of a shifting geopolitical landscape and constrained financing, the commitment to health equity, dignity, and evidence-based policymaking held firm.

What lies ahead is not merely an extension of past efforts, but a deeper transformation—toward a system that is inclusive, modern, and capable of meeting the health needs of every person in Uzbekistan. This Project—through its partnerships, strategies, and resolve—remains at the forefront of that effort.

INTRODUCTION

Since 2005, UNDP has partnered with the Government of Uzbekistan to address major public health challenges and strengthen institutional resilience. The current project supports HIV and TB control efforts, digital transformation, health governance, and procurement systems.

This work was implemented within a complex global context. The U.S. government's withdrawal from multilateral development initiatives significantly impacted funding availability to the Global Fund and similar mechanisms. For Uzbekistan, this resulted in a 20% reduction in Global Fund allocations, directly affecting the national HIV and TB programs.

UNDP globally has responded by championing domestic resource mobilization, enhancing integrated digital systems, and investing in public sector capacity development. These strategies were reflected in the implementation approach adopted in Uzbekistan in 2025, helping maintain continuity in health services and accelerating strategic reforms.

KEY ACHIEVEMENTS

HIIV treatment and continuity of care

Despite significant funding cuts affecting HIV programming globally, the Government of Uzbekistan—working in close partnership with UNDP—demonstrated a strong and sustained commitment to ensuring universal access to life-saving HIV treatment. In 2025, these efforts resulted in the uninterrupted provision of antiretroviral therapy (ART) to 49,335 people living with HIV (PLHIV), exceeding the national target of 46,542 (102%). This milestone reflects not only the resilience of the national health system but also the strength of coordinated planning between the Ministry of Health, the Republican AIDS Center, and UNDP's procurement and supply chain support mechanisms.

Among those receiving ART, 88% achieved viral load suppression, marking significant progress toward the global UNAIDS 95-95-95 goals. A key enabler of this achievement was the introduction of a new additional fixed-dose combination regimen comprising Abacavir, Lamivudine, and Dolutegravir.

This single-tablet, once-daily regimen enhanced treatment adherence and clinical outcomes while also delivering critical logistical benefits. By reducing the number of tablets required, the three-in-one formulation minimized the volume and weight of shipments, thereby lowering transportation costs and ensuring that complete treatment regimens could be delivered efficiently and on time to even the most remote regions. These advances highlight the shared commitment of the Government and UNDP to maintain treatment continuity, expand access to optimized regimens, and safeguard public health gains amidst shifting financial landscapes.

Digital Transformation of HIV Services

Digitalization remained a cornerstone of the Project's impact in 2025, underpinning both service delivery and strategic decision-making. The HIV Electronic System (HIV ES) underwent major expansion, evolving into a fully integrated digital ecosystem capable of supporting the entire continuum of HIV response—from diagnosis and prevention to clinical management, community engagement, and financial accountability.

A key breakthrough was the development and national introduction of the Multidisciplinary Team (MDT) Module. This innovation introduced structured case management workflows, automated appointment tracking, and digital follow-up functions to proactively reduce loss to follow-up (LTFU) among people living with HIV (PLHIV). For the first time, health and social service providers could coordinate interventions in real time, supported by visual dashboards and standardized care pathways.

The Discordant Couples Module provided tailored support to HIV-negative partners of PLHIV, integrating prevention counseling, testing schedules, and long-term follow-up into a single interface. This enabled targeted risk mitigation while promoting partner retention in prevention programs.

Through the Post-Exposure Prophylaxis (PEP) Module, all national-level cases of potential HIV exposure—from occupational accidents to gender-based violence—could now be registered, tracked, and monitored through a centralized system. This marked a fundamental shift from ad hoc, paper-based processes to a cohesive and responsive monitoring tool with real-time oversight by national health authorities.

KEY ACHIEVEMENTS

The introduction of the Prevention of Mother-to-Child Transmission (PMTCT) Module significantly strengthened maternal and child health services. It enabled the end-to-end monitoring of HIV-positive pregnant women—starting from antenatal registration, through diagnostics for exposed infants, to postnatal follow-up and service linkage. The system generated automated alerts and follow-up reminders, ensuring that no client was missed during this critical care window.

To improve financial transparency and operational efficiency, the Pullik Hizmat Module digitalized all fee-based services provided within the HIV care network. It allowed for centralized reporting of service costs, improved auditing capacity, and better integration between service utilization and financial tracking mechanisms.

In parallel, the Laboratory Module transformed the management of HIV diagnostics. By automating the full workflow of the HIV testing algorithm from sample registration to results reporting it reduced manual entry errors, improved turnaround times, and introduced real-time quality control protocols. The system enabled tracking of individual lab personnel workloads, strengthened cross-departmental collaboration between HIV and general health laboratories, and established a unified digital archive of all HIV testing history. This integration not only reduced the burden of paperwork but also allowed for predictive planning and rapid identification of systemic issues.

Collectively, these innovations positioned HIV ES as a backbone for Uzbekistan's digital public health architecture. With its capacity to interface with other national health systems, generate high-quality programmatic data, and support person-centered care, HIV ES now serves as a model for digital integration across other verticals such as tuberculosis, immunization, and PHC digitalization initiatives.

Tuberculosis Surveillance and Digital Integration

In 2025, UNDP significantly advanced Uzbekistan's national tuberculosis (TB) surveillance capacity by supporting the development and early implementation of the DHIS2-based Electronic Tuberculosis Register (ETR). This effort was carried out in close partnership with the Republican Specialized Scientific-Practical Medical Center for Phthisiology and Pulmonology, the Ministry of Health, and with technical guidance from the University of Oslo, building on global best practices and WHO-recommended standards for case-based TB monitoring.

The DHIS2 Tracker platform—internationally recognized for its flexibility and scalability—was customized to meet the clinical and operational needs of Uzbekistan's TB control program. Development efforts in 2025 focused on piloting key clinical modules for registration, diagnosis, treatment, and outcomes tracking in select TB centers. Pilot findings were used to refine workflows, and partial import of historical data helped establish a foundational digital archive.

With these elements in place, Uzbekistan is now positioned to fully implement DHIS2-based, case-based TB surveillance in line with WHO's End TB Strategy and the national TB plan (2025–2027). The system will support real-time monitoring, risk identification, and targeted interventions through an integrated digital platform.

KEY ACHIEVEMENTS

Procurement and Supply Chain Management

In 2025, UNDP continued its technical partnership with the Ministry of Health's Procurement Center to advance systemic reforms in national health supply chains, guided by Presidential Decree No. 408 and Resolution No. PP-4893. These policy frameworks formally recognize UNDP's role in supporting a transparent, efficient, and resilient procurement system.

Despite global supply disruptions and a 25% reduction in overall Global Fund support, UNDP successfully implemented a USD 3 million procurement plan with 99% completion by December 15, 2025. This ensured the uninterrupted delivery of antiretroviral medicines and essential health commodities, reinforcing confidence in the system's reliability.

Key progress included operationalizing joint workstreams with the newly established National Health Procurment Center, under the MoU signed in May 2025. UNDP provided technical support in the following areas:

- Assessment of institutional and operational gaps;
- Strategic planning for centralizing procurement and logistics;
- Development of Terms of Reference for national and regional supply chain units;
- Drafting a logistics modernization plan;
- Conceptual design for future digital integration across procurement, inventory, and distribution functions.

While full-scale reforms will be phased, the 2025 groundwork lays the foundation for a nationally led supply system that is agile, transparent, and capable of supporting universal health service delivery.,

Toward a Unified Legal Framework for Health: Development of the National Health Code

In October 2025, the Government of Uzbekistan, with UNDP support, launched the development of the country's first unified Health Code—an ambitious reform aimed at addressing fragmented legislation, regulatory overlap, and insufficient legal protections for patients.

This effort is rooted in high-level policy mandates, including Presidential Decrees No. UP-5590, UP-14, UP-230 and Resolution No. PP-185, which underscore Uzbekistan's commitment to codify its health laws in line with international standards and the SDGs.

UNDP, MoH and the Project Office, convened formal coordination meetings to agree on the methodological and institutional approach for the development of the Health Code. As a result of these consultations, a structured workplan was jointly elaborated to guide the reform process and sequence implementation activities.

With technical support from national consultants engaged under the Project, a comprehensive mapping and consolidation of existing health-sector legislation was completed, establishing a robust legal baseline for codification. In parallel, UNDP and the Project Office jointly developed the proposed governance architecture for the reform, including a draft composition of the Coordination Committee and Technical Working Groups, together with detailed Terms of Reference defining their mandates, scope of work, and accountability arrangements.

KEY ACHIEVEMENTS

Primary Health Care and System Modernization

In 2025, UNDP supported the Ministry of Health in assessing digital and infrastructure readiness across 36 PHC facilities in Tashkent, Fergana, Kashkadarya, and Karakalpakstan. The assessment covered connectivity, energy reliability, staff digital literacy, logistics, and facility infrastructure.

Key gaps were identified in rural areas, including outdated equipment, poor internet access, and inadequate diagnostic spaces—barriers to digital health implementation and quality care delivery.

Findings will inform Uzbekistan's Vision 2030 for PHC transformation and investment priorities under the Ishonch Fund, focusing on equitable modernization and climate resilience.

Next steps include designing regional investment packages, aligning with health insurance rollout and digital integration goals, and mobilizing international support for PHC reform.

Challenges and Adaptive Responses

In 2025, the Project operated under constrained conditions, following a 25% reduction in Global Fund allocations due to wider global funding contractions. This created immediate risks to service continuity, medicine availability, and achievement of HIV/TB targets. UNDP swiftly recalibrated its approach—securing uninterrupted ARV access through cost-efficient procurement, revised delivery schedules, and renegotiated contracts, while working closely with the Ministry of Health to re-prioritize activities.

Systemic barriers further strained implementation: digital rollout delays in rural areas limited uptake of the HIV ES and TB ETR; customs processing issues disrupted medical supply timelines; and MDT coverage in remote regions remained insufficient, affecting case management and retention.

UNDP responded with cross-training of staff, decentralized oversight, and joint problem-solving with national counterparts. These adaptive strategies helped maintain service continuity, protect ongoing reforms, and demonstrate system resilience under pressure.

UNDP Uzbekistan Strategic Plan 2026–2029: Health Priorities

The forthcoming Country Programme Document (CPD) frames health as a driver of resilience and inclusive development. UNDP's strategy will focus on:

- Expanding digital public health infrastructure for real-time surveillance, interoperable records, and data-driven decisions;
- Institutionalizing integrated disease monitoring through DHIS2-linked platforms and standardized reporting;
- Finalizing and implementing the unified Health Code to consolidate legal frameworks and protect patient rights;
- Addressing health risks tied to climate, migration, and geography, particularly in vulnerable areas like the Aral Sea region;
- Closing equity gaps for PLHIV, women, persons with disabilities, and other marginalized groups through targeted financing and service models.

The CPD links health system transformation directly to Uzbekistan's development vision and the SDGs, positioning UNDP as a long-term technical partner in policy implementation and system modernization.

OUTLOOK FOR 2026

The Project will scale key reforms, moving from piloting to institutionalization. Priority actions include:

- Nationwide rollout of the TB ETR, supported by training, quality checks, and civil registry integration;
- Technical interoperability across HIV ES, TB ETR, and PHC platforms to enable patient-centered care coordination;
- Completion and submission of the Health Code, with continued inter-ministerial collaboration;
- Expansion and formalization of the MDT model in HIV, TB, and PHC services, including training protocols and supervision standards;
- PHC infrastructure upgrades based on 2025 assessments, with investment packages targeting underserved facilities;
- Continued engagement with the National Procurement Center under MOH to finalize SOPs, build regional capacity, and prepare for digital supply chain integration.

These priorities will be supported through expanded partnerships, resource mobilization, and sustained policy engagement—ensuring continuity of care while deepening the structural transformation of Uzbekistan's health system.