**Project Progress Report**

**Project title:** Support to effective, resilient and inclusive governance systems for health.

**Project ID:** 00119180

**Implementing partner:** Ministry of Health of the Republic of Uzbekistan

**Period covered in this report: January 1st – December 31, 2022**

**Date of the last Project Board meeting: December 22, 2022**

**Project Performance**

1. **Please list the annual targets for the reporting year as set out in the project document and/or AWP:**

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| *Number of PLHIV (men and women) and receiving ARV treatment- 41 500; End year achievement- ­­­­­36765* *Percentage of people on ART among all people living with HIV at the end of the reporting period**(men 50%, women 50%); End year result: men 51%, women 49%.* *Percentage of people living with HIV on ART who have suppressed viral loads-82,2%. End year results-**Percentage of new HIV-positive and relapsing TB patients on ART during TBtreatment-85%. End year results-* *Number of vulnerable populations in need who received COVID-19 diagnostic services- 8485. End year results-* *Number of medical institutions supported with equipment and medical supplies for**the prevention, diagnosis and treatment of COVID-19, target-28 facilities. End year results-*  |

***Please specify below what has been the progress towards the above indicated targets during the reporting period:***

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| **Background**As part of measures to reform the healthcare system implemented in the republic, it was possible to achieve certain results in the formation of a modern system of medical care for the population, including the prevention, diagnosis and treatment of the disease caused by the human immunodeficiency virus (HIV). Over the course of the last decade, Uzbekistan has made considerable steps to address the emerging HIV/AIDS problem. For example, in 2018 alone new leadership of Uzbekistan issued two President Resolutions 1) PR # 3493 dated 25/01/2018 “On steps required to further streamline the HIV response in Uzbekistan”, and 2) #PR-3800 dated June 22, 2018"On additional measures to contain the spread of the HIV and prevention of nosocomial infections”. While this clearly demonstrates commitment of the Government to scale up the HIV response in the country, Uzbekistan was unable to reach its IRRTTR coverage targets set forth for 2020. As of January 1st, 2021 out of estimated 52 000 PLHIV (Spectrum, 2018)[[1]](#footnote-1), 43,706 HIV cases were identified (84%), 31,028 (71%) were linked to care, whereas only 20,168 (65%) were virally suppressed[[2]](#footnote-2). Over the years, the country adopted the Concept of development of the healthcare system of the Republic of Uzbekistan for 2019-2025 in order to formulate new concept models of organizing and financing health care, providing a radical increase in the effectiveness, quality and accessibility of medical care to the population, introducing modern achievements of medical science and technology, as well as in accordance with the objectives of the Strategy of Action in five priority areas for the development of the Republic of Uzbekistan in 2017 – 2021. This concept has been developed in accordance with the regulatory legal acts of the Republic of Uzbekistan governing activities in the healthcare sector, as well as international treaties in the field of public health under the framework of the regional Health 2020 policy and Sustainable Development Goals 2030.**Immediate and development objectives of the Project**Overall goal of the Project is to support the Government of Uzbekistan in strengthening the capacity of the national healthcare system on effective implementation of inclusive programmes and supply chain management. The Project is expected to contribute to the establishment of an effective system of provision of medicines and medical supplies to local population including key populations, improved access to prevention services, high quality medicines and health products for diagnostics and treatment of HIV, COVID-19, tuberculosis, non-communicable diseases and other social needs. The Project also aims to strengthen the capacity of the Ministry of Health, Service for Sanitary and Epidemiological Welfare and Public Health, Republican AIDS Center, Republican Specialized Scientific and Practical Medical Center for Phthisiology and Pulmonology, and other medical institutions in planning and managing health system.The UNDP “Support to effective, resilient and inclusive governance systems for health” project contributes to the achievement of the Outcome 4 of the United Nations Sustainable Development Cooperation Framework 2021-2025 – By 2025, the most vulnerable will benefit from enhanced access to gender- sensitive quality health, education and social services (program outcome). To this end, assistance is provided to the Government of Uzbekistan in the development of effective, sustainable and inclusive health management systems, and the impact of COVID-19 on the successful implementation of health programs will be minimized (project outcome).This project outcome is to be achieved by strengthening the national capacity of the health care system of the Republic of Uzbekistan in two key areas: (1) effective supply chain management and implementation of inclusive programs to fight HIV, tuberculosis and other diseases; (2) effective response to the COVID-19 pandemic and its negative impact on the implementation of health projects and programs.**Annual progress of project implementation** In 2022, project continued providing support the Government of Uzbekistan in strengthening the capacity of the national healthcare system on effective implementation of inclusive programmes and supply chain management. The Project efforts, among other domains, contributed to the establishment of an effective system of provision of medicines and medical supplies to local population including key populations, improved access to prevention services, high quality medicines and health products for diagnostics and treatment of HIV, COVID-19, tuberculosis, non-communicable diseases and other social needs. Since the beginning and throughout the year, Project actively involved the national stakeholders in designing the project activities, as well as remained flexible to the changing needs of the national stakeholders quickly adopting and adding new activities. As the result both the budget and scope of work increased significantly which in turn lead to the revision of the project Document in April 2022. Project’s ability to engage stakeholders and partners in analysis of potential risks and development of measures to mitigate the negative effects, lead to achievement of good results. This was not an easy task to do given the global challenges caused by COVID-19 pandemic and the war in Ukraine.The project also complemented to the national coordination and stewardship. Project team took a part in all MEC activities focused on coordination on the regional and oblast level. MEC remain to be an important platform that coordinates the efforts of international donors and implementers of socially significant diseases like HIV, TB and Malaria in Uzbekistan. **Key strategies and activities implemented during the reporting period include the following:** * Strengthening national procurement supply and management system for medicines and health goods.
* Building capacity of the Republican AIDS centers and its oblast sub-divisions in quantification, forecasting and management of the ARV and other medicines
* Procurement supply and management of ARV medicines thereby ensuring national coverage with ARV treatment.
* Building capacity of the CCM secretariat thereby improving the quality of decision making.
* Improving management of Republican AIDS services through the development, roll out and implementation of the HIV electronic surveillance.
* Adovocate for an increased G-funding in HIV prevention, treatment care and support.
* Supporting implementation of the HIV prevention among the most vulnerable groups

Key project achievements include but are not limited to the following: Despite the echo of COVID 19 associated challenges and new challenges created by the war in Ukraine in 2022, the Project managed to achieve exceptional results. Despite the deficit of ARV drugs and increased cost of both the medicines and the transportation, the Project managed to keep the second lowest overall cost of ARV treatment per patient per year in WHO Europe region, keeping the cost of the first line treatment at 70 USD and second line treatment at 372 USD per patient in 2021. The number of treatment regimens were increased from 15 to 20. All WHO-recommended ARV medicines were included into the National Orphan medicines list, which in its turn shortened the in-country clearance process and waved the registration cost. The Project managed to ensure the second lowest cost of ARV treatment per person per year in the WHO Europe region, without compromising the quality of treatment during the global deficit of ARV drugs and increased cost of medicines due to COVID-19 related restrictions and challenges. Furthermore, it also managed to gradually reduce the cost of the ARV treatment per person during the assessed period. During the assessed period, the Project attracted significant amount of additional funding. Over the second half of 2022 the Project team also worked with national partners and sister agencies on developing concepts for the new projects to be funded from the Vision 2030 Trust Fund. Project closely worked with the decision makers and technical personnel at RAC on aspects associated with the forecasting, quantification, supply and management of medicines and health products on the national and regional levels. Project efforts to build an inclusive and equal service delivery system resulted in almost even proportion of men 19 677 (52%) and women 17 876 (48%) that had access to ARV treatment in 2022. Project team has been active in engaging PLHIV community in community based quality monitoring. Periodic meetings to discuss the quality and access to ARV were organized throughout the year. Project continued engagement of multidisciplinary groups into ARV care resulted which in turn resulted in better treatment adherence and better health outcomes. Concerted efforts of the UNDP and RAC teams on both national and oblast levels enabled Project to timely supply and made available treatment for 37 553 patients. **Challenges** Project remained to face challenges associated with the M&E funding. Recently completed mid-term evaluation supports this statement. No funds are allocated for the M&E activities and thus, Project staff are unable to perform it watchdog role and provide timely feedback to the partners and swiftly resolve bottlenecks when latter is needed. Scarcity of personnel in the team impact work-life balance of the team members. Project organigram is a subject for the review with the aim of increasing the number of program and operations staff members. Project Board Meeting that will take place at the end of the year, will review proposed organogram and emdorce the Project proposal. While project provides capacity building activities and trainings on quantification and forecasting of the medicines, capacity of the mid-level management remains inadequate. Project plan for 2023 should include a comprehensive capacity building plan with sufficient budget allocation. In remote areas, there were problems in the uninterrupted supply of medical facilities with electricity and clean drinking water, which negatively affect the quality of instrument sterilization and the safety of treatment and preventive services. The level of equipment of the sterilization departments of medical institutions do not meet the requirements when it come to the necessary equipment and inventory, and there is no modern approach to the methods of organizing sterilization measures. The coverage of inpatient treatment of PLHIV in the regions and rural areas remained insufficient, the poor material and technical base of regional AIDS centers and inter- district HIV diagnostic laboratories had a negative impact on the quality of work. Latter, instigates the need for introducing additional activities focused on nosocomial prevention of HIV in health care facilities. Project has already prepared a concept paper to be considered and funded through the Vision 2030 Trust Fund. Inadequate capacity of the medical doctors and periodic changes in treatment regimens remains to be one of the factors that poses a threat for the stockout and overstock of the medicines on both local and central levels. Inadequate human resource capacity of the AIDS services on the regional and national level, limited number of the civil society organizations working on HIV, stigma and discrimination, all lead to the slow enrollment of the patients on ARV treatment. Changes in a form of preponing full roll out of the E-HIV electronic surveillance created an additional work load that was timely addressed by engaging additional short and long term ICs. Number of procurement tender results had to be cancelled due to inability of the supplier to deliver required medicines in time.  |

**2. Implementation / Quality Log (to be completed by Project Managers)**

**Activity Result 1**:

Start date of the Activity 01/01/2022 End Date of the Activity: 31/12/2022

|  |  |  |
| --- | --- | --- |
| **Quality criteria *(i.e how/with what indicators the quality of the activity result will be measured?)***Planned Results | **Quality method *(what method will be used for this criteria?)***Means of Verification | **Actual progress made/ User perspective**Progress |
| **3-4 quarter** |
| By the end of 2021, 36 500 PLHIV (88,5%) are enrolled and receiving ARV treatment among all people living with HIV at the end of the reporting period (men 50%, women 50%) | National statistics and Republican AIDS centre annual report. Nominator-number of people enrolled in HIV care Denominator-estimated number of people living with HIV in Uzbekistan  | Concerted efforts of the UNDP, Republican AIDS services, PLHIV based NGOs resulted in overachievement of this target. Thus, program was able to cover 37 553 patients with life-saving ARV treatment and exceeded the annual target for 103%. Project efforts to build an inclusive and equal service delivery system resulted in even almost even proportion of men-19 677(52%) and women 17 876 (49%) that had access to ARV treatment in 2022. |

**Activity Result 2**:.

Start date of the Activity 01/01/2022 End Date of the Activity: 31/12/2022

|  |  |  |
| --- | --- | --- |
| **Quality criteria *(i.e how/with what indicators the quality of the activity result will be measured?)***Planned Results | **Quality method *(what method will be used for this criteria?)***Means of Verification | **Actual progress made/ User perspective**Progress |
| **3-4 quarter** |
| By the end of 2022 98.3% of HIV positive pregnant women will receive MTCT services  | National statistics and Republican AIDS centre annual report. Nominator-number of HIV positive pregnant women Denominator-number of HIV positive pregnant women who received MTCT services in Uzbekistan | Number of HIV positive pregnant women who have access to ARV in 2022 remain high e.g. > 90%. Over the course of 2022, 803 women were tested HIV positive, whereas number of HIV positive pregnant women receiving ARV treatment constituted 789 (98,2%).  |

**Activity Result 3**:

Start date of the Activity 01/01/2022 End Date of the Activity: 31/12/2022

|  |  |  |
| --- | --- | --- |
| **Quality criteria *(i.e how/with what indicators the quality of the activity result will be measured?)***Planned Results | **Quality method *(what method will be used for this criteria?)***Means of Verification | **Actual progress made/ User perspective**Progress |
| **3-4 quarter** |
| By the end of 2022, 83% of people living with HIV and receiving ART have suppressed viral load.(the actual values for this indicator will be reported in gender disaggregated format) | National statistics and Republican AIDS centre annual report. Nominator-number of HIV positive patients on ART Denominator-number of HIV positive patients with suppressed viral load  | During the reporting period 32 822 (82,2%) patients underwent viral load test, out of which 28 760 (77%) patients had suppressed viral load. Women-14 025 (49%)Men-14 735 (51%)  |

**Activity Result 4:**

Start date of the Activity: 01/01/2022 End Date of the Activity: 31/12/2022

|  |  |  |
| --- | --- | --- |
| **Quality criteria *(i.e. how/with what indicators the quality of the activity result will be measured?)***Planned Results | **Quality method *(what method will be used for this criteria?)***Means of Verification | **Actual progress made/ User perspective**Progress |
| **3-4 quarter** |
| By the end of 2022, 85% of new HIV-positive and relapsing TB patients will be on ART during TB treatment(the actual values for this indicator will be reported in gender disaggregated format) | National statistics and Republican AIDS centre annual report. Nominator- number of new of HIV-positive and relapsing TB patients on ART Denominator- number of registered new HIV-positive and relapsing TB patients | During the reporting period 90% of new HIV-positive and relasing patients were on ART during the TB treatment (men-52%, women-48%) |

**Activity Result 5:**

Start date of the Activity: 01/01/2022 End Date of the Activity: 31/12/2022

|  |  |  |
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| **Quality criteria *(i.e. how/with what indicators the quality of the activity result will be measured?)***Planned Results | **Quality method *(what method will be used for this criteria?)***Means of Verification | **Actual progress made/ User perspective**Progress |
| **3-4 quarter** |
| By the end of 2022, 8485 vulnerable populations in need received COVID-19 diagnostic services(the actual values for this indicator will be reported in gender disaggregated format) | Reports of the National Center for Pulmonology and Phthisiology / Republican AIDS Center  | During the reporting period 9200 vulnerable populations received COVID diagnostic tests.  |

**Activity Result 6:**

Start date of the Activity: 01/01/2022 End Date of the Activity: 31/12/2022

|  |  |  |
| --- | --- | --- |
| **Quality criteria *(i.e. how/with what indicators the quality of the activity result will be measured?)***Planned Results | **Quality method *(what method will be used for this criteria?)***Means of Verification | **Actual progress made/ User perspective**Progress |
| **3-4 quarter** |
| By the end of 2022, 28 medical institutions are supported with equipment and medical supplies for the prevention, diagnosis and treatment of COVID-19 | Reports of the National Center for Pulmonology and Phthisiology / Republican AIDS Center | During the reporting period, project procured and supplied 48 health and non-health care facilities/institutions with equipment and medical supplies for prevention, diagnosis and treatment of COVID-19. As such, the project procured portable X-ray machines, autoclaves, personal prevention equipment (PPE), PCR tests and express tests to diagnose COVID 19.  |

**3. Issues**

1. *Please specify the issues that were raised during the reporting period to the attention of the Project Board. Describe the steps taken to solve those (Management response in ATLAS).*

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| First two output indicators of the Project dependent on availability of the additional funding and were supposed to be implemented after additional fundraising for their implementation. Unfortunately, the Project and UNDP Country office were not successful in fundraising for implementation of these two outputs yet. Thus, Project is intending to revise the Performance Framework by removing the targets for the said indicators until funding is made available/mobilized. Project remained to face challenges associated with the M&E funding. Recently completed mid-term evaluation supports this statement. No funds are allocated for the M&E activities and thus, Project staff are unable to perform it watchdog role and provide timely feedback to the partners and swiftly resolve bottlenecks when latter is needed. Latter will be brought to the attention of the Project Board with proposed way forward in a form of additional allocation of funds for the M&E. Scarcity of personnel in the team impact work-life balance of the team members. Project organigram is a subject for the review with the aim of increasing the number of program and operations staff members. Project Board Meeting that will take place at the end of the year, will review proposed organogram and endorse the Project proposal. Changes in a form of preponing full roll out of the E-HIV electronic surveillance created an additional work load that was timely addressed by engaging additional short and long term ICs. Latter has been discussed with and resolved by UNDP management. As a result, Project recruited additional consultants to assist in diversification of program portfolio and to provide technical assistance in full roll our of the HIV Electronic surveillance.  |

**4. Project risks**

a) Please provide update on any changes with regard to the above indicated risks (e.g. risk occurred; no change and etc.). Specify the responses taken for each of those.

1) **Category**-*strategic*, **Impact**/probability-*high*

 Inability or reluctance of the Government to financially contribute to the scale up of ARV program may jeopardize UNDP reputation as an effective advocate for universal access to treatment, care and support and may result in loss to the vision and opportunity to improve progress of Uzbekistan towards 90-90-90.

**Risk mitigation measures that were undertaken by the Project:**

Effective engagement of the UN partners, GF secretariat and CCM resulted in clarity of the program objectives and Government’s commitment to contribute to the national and global response to HIV. It also set a cooperative grounds for joint actions that resulted in timely scale up of ARV programme and timely procurement of life saving treatment.

2) **Category**-*programmatic*, **Impact**/probability-*high*

Personnel changes and turnover rate among management, technical and working level staff in RAC and/or MoH may result in delays of project implementation and/or affect quality of latter.

**Risk mitigation measures that were undertaken by the Project:**

UNDP PMU worked with RAC and MoH to ensure that newly appointed management staff members receive briefings whereas newly recruited technical staff members are provided with orientation trainings and fully informed on their respective deliverables and timelines.

3) **Category**-*programmatic*, **Impact**/probability-*high*

Delays in disbursement of funds or installment as per Agreement may result in delayed procurement of ARVs and lead to stock out of latter thereby jeopardizing the health outcomes of patients on ART.

**Risk mitigation measures that were undertaken by the Project:**

Terms and conditions of the global ARV supply agreement between UNDP and UNICEF has been refined, with the support of UNDP HIST team, to ensure that in force majeure situations ARV is supplied on the basis of request whereas payment can be made when funds are available.

In addition UNDP on the quarterly basis notified GF on current cash balance status and fund needs. This was done to ensure that GF is updated on emerging needs of ARV programme for funding.

**5. Lessons learned**

* Development and implementation of strategies and activities that are focused on building alliances among international, national and local stakeholders as well as building their capacity are key in advancing advocacy agenda at scale.
* Effective engagement and collaboration with multiple stakeholders assumes clear division of labor. It is critical to engage stakeholders in a structured manner with a clear understanding of the roles they need to play to achieve the goal of delivering improved HIV services to all in need.
* Procurement and provision of diverse spectrum of ARV medicines improves patients’ satisfaction level, increase their motivation to continue treatment as it decreases side effects.
* While procurement and timely supply of ARVs are important enabler for the scale up of HIV treatment, role of the NGOs and AIDS services in organizing self-support groups and support group meetings are instrumental in ensuring adherence to ARV treatment. They played an important role in the success of the treatment outcomes.
* Project contributed to building the capacity of national GF PIU staff to implement targeted interventions that helped the AIDS Control Services (Republican AIDS centers and its oblast level sub-divisions) to prioritize their budgets for HIV service delivery

**Prepared by:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (), Project Manager

**Cleared by:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (), Head of Cluster

**Cleared by:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (), NPC

*Checklist to be completed by the Programme focal point:*

*To fill this checklist, programme focal point has to visit the Executive Snapshot/Programme & Project Management > Overview of Awards > Select Award ID > Click on “View the Progress Report for this Award.”*

**🗆Yes🗆No**Quality Log/Progress report is updated in ATLAS

**🗆Yes🗆No**Risk logs is updated in ATLAS by Project Manager and management response is updated by Programme Officer / programme focal point

**🗆Yes🗆No**Issues logs is updated in ATLAS

**🗆Yes🗆No**Lessons learned are reflected appropriately

**🗆Yes🗆No🗆N/A**Budget revision is approved (if applicable)

*If for some boxes, “No” was checked, please provide justification:*

**Signed by:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (), Programme Associate, SD Cluster

1. According to UNADS estimations in 2021 there were 58,600 PLHIV in Uzbekistan. UNAIDS. “Key Population Atlas”. UNAIDS. Accessed on October 20, 2022 <https://kpatlas.unaids.org/dashboard> [↑](#footnote-ref-1)
2. UNDP. “Support to effective, resilient and inclusive governance systems for health” Project Document. 2022 [↑](#footnote-ref-2)