

8
NATIONAL PROGRAM OF HEALTH CARE REFORM
(1998-2005)

November 10, 1998

Decree of the President of the Republic of Uzbekistan

On the State Program of Healthcare System Reform In the Republic of Uzbekistan

In accordance with the Decree of the Republic of Uzbekistan "On Health Protection" and in order to realize the constitutional rights of the population for the qualified health services and social protection, as well as in order to create the organizational, legislative and economical conditions for increasing the quality of healthcare services, growth of healthy generation, bringing the healthcare system into compliance with the changes which are taking place in the country.

1. To approve the State Program of the Healthcare System Reform in the Republic of Uzbekistan for the period of 1998-2005, developed by the Republican Committee being formed according to the Decree of the President # P-856 dated 12 June 1998. The Program consists of the following:

- The Concept of the Healthcare System Reform for the period of 1998-2005, as stated in Annexure 1.
- The list of healthcare facilities rendering free medical services and which are the subject for budget financing, as stated in Annexure 2.
- The list of health care facilities, which are the subject for shifting into rendering chargeable medical services, as stated in Annexure 3.
- The program of development of SVP network in 2001-2005, as stated in Annexure 4.
- Forecast of additional demand in training of physicians and nurses, as stated in Annexure 5.
- The Program of changing the profile of medical professional schools into professional colleges during 1999-2005, as stated in Annexure 6.

2. To agree with the proposal of the Ministry of Health of the Republic of Uzbekistan, the Council of Ministers of the Republic of Karakalpakstan, Oblast and Tashkent Mayor Offices (Khokimiyats) on the establishment of the Republican Center of Emergency Medical Aid with regional branches on the base of the hospital of "Tashjilinveststroy" corporation, Tashkent city Ambulance Station and Republican and Tashkent Medical Evacuation Aircraft Facility, as stated in Appendix 7.

To approve:

- The structure of the Republican Center of Emergency Medical Aid, as stated in Annexure 8;
- The Regulation of the Republican Center of Emergency Medical Aid, as stated in Annexure 9;

3. The Ministry of Health of the Republic of Uzbekistan, the Council of Ministers of the Republic of Karakalpakstan, Oblast and Tashkent Mayor offices (Khokimiyats) should:

- Resolve the organizational, technical, financial and other issues, related to the operation of the Republican Center of Emergency Medical Aid and its branches in the city of Nukus and regional centers together with the Ministries of Finance, State Committee for Science and Technology and other relevant Ministries and bodies during the period of two months;
- Ensure the staffing of the Republican Center of Emergency Medical Aid and its branches by highly qualified specialists.

4. Before December 20 the Ministry of Health of the Republic of Uzbekistan should develop and introduce the maximal level of stay of patients in emergency medical facilities depending on the disease and the consequent rehabilitation.

5. Non-governmental healthcare facilities rendering chargeable medical services are obliged to render up to 20% of their services free of charge to benefited categories of patients according to the list, approved by the Cabinet of Ministers of the Republic of Uzbekistan, under budget financing.

6. The Ministry of Health and the Ministry of Higher and Secondary Education of the Republic of Uzbekistan should:

- Open special departments at curative faculties of medical institutes for training of high-qualified nurses (specialized in resuscitation, anesthesiology, surgery, obstetrics, etc.) according to 3-year educational program on the basis of medical college education, starting from 1999-2000 educational year;
- Work out proposals regarding the rules of enrollment to medical education and the state standards of education of high-qualified nurses at the above mentioned departments and submit it to the Republican Committee for Realization of the National Program of Preparation of Specialists before May 1st, 1999 together with the Ministry of Labor, Macroeconomics and Statistics, Justice and the State Testing Center;
- Establish 1/6 ratio between the number of professors, trainers and students in medical institutes, starting from 1999-2000 educational year.

7. To approve the main activities in the framework of implementation of the State Program of Healthcare System Reform in the Republic of Uzbekistan for the period of 1998-2005, as stated in Annexure 10.

8. To establish the Republican Committee for organization and control on the implementation of the State Program of Healthcare System Reform in the Republic of Uzbekistan (hereinafter referred to as the Republican Committee), as stated in Annexure 11.

The main tasks of the Republican Committee are as follows:

- Coordination of activities of different ministries, bodies and facilities, as well as all other organizations, regardless of their type of property, related to the healthcare reforms;
- Review of the existing legislative and normative bases of the healthcare system and development of new ones as required by the State Program;
- Setting conditions in order to attract finances from international organizations, foreign investors, funds and public organizations into the healthcare system;
- Maintaining regular monitoring of the flow of the State Program implementation and submission of quarterly reports to the Cabinet of Ministers.

Should it be required, the Republican Committee has to form the appropriate groups of high-skilled local and expatriate experts for the development of legislative documents, normative, methodical and other documentation related to promote the implementation of health insurance system, healthcare financing reforms, privatization of medical facilities, development of non-government and private medical practice.

9. The Ministry of Macroeconomics and Statistics and the Ministry of Finance together with the Council of Ministers of Karakalpakstan and oblast Khokimiyats should incorporate limits of capital investments into SVPs in annual Republican investment programs.

The Council of Ministers of Karakalpakstan and oblast and Tashkent Khokimiyats together with the Ministries of Health, Finance, Macroeconomics and Statistics and "Mahalla" fund are supposed to develop territorial programs for development of SVPs and mahalla (city) medical posts network (city VPs) before July 1st, 1999.

Funds of the Republican and local budgets, including the resources being saved due to gradual shifting of healthcare facilities to delivery of chargeable medical services, as well as funds from facilities and organizations, sponsors and direct foreign investments should be the main sources of funding of SVPs development programs.

10. The Ministry of Health should organize the Head Management Board for material and technical development of governmental medical facilities and control over proper budget spending, consisting of 9 members. Departments that are working on organization of public health services and implementation of healthcare reforms should be strengthened in the limits of their current budgets and number of staff and they should be commended with the function of control over the development of private healthcare sector.

11. The Ministries of Health, Public Education, the State Sports Committee, other ministries and bodies, the Council of Ministers of Karakalpakstan, oblast and Tashkent Khokimiyats and "Mahalla" fund together with the Republican Committee should develop and approve activities to be held in the framework of implementation of the State Program of Healthcare System Reform.

12. The Ministry of Finance (Azimov R.S.) will be responsible for financial support of the State Program of Healthcare System Reform and for the attraction of foreign investments by issuing proper guarantees for the foreign credits as required by the current relevant regulations.

13. In order to create stimuli for the development of non-governmental healthcare sector:

- To release the private healthcare facilities from taxation for the period of 2 years since their foundation, taking into consideration that the released funds will be used for the acquisition of modern medical and diagnostic equipment;
- The Council of Ministers of Karakalpakstan, oblast and Tashkent Khokimiyats should provide land lots and sell uninhabitable premises to private healthcare facilities;
- The Business Fund and Uztadbirkor bank are advised to open credits for financing of newly organized private healthcare facilities in order, stated by the current relevant regulations;
- To widen the practice of privatization of healthcare facilities and their transfer to a long term rent to future owners with consequent redeeming at the expense of healthcare services being rendered;

14. Association of Physicians of Uzbekistan should develop and submit recommendations regarding the establishment of "İbn-Sino" International Fund to the Cabinet of Ministers of the Republic of Uzbekistan in a period of 1 month.

15. Control over the implementation of the Decree is commended to the Prime Minister of the Republic of Uzbekistan U.T. Sultanov.

The President of the Republic of Uzbekistan

Islam A. Karimov

The Concept of Healthcare System Reform for 1998-2005

1. Goals and objectives of healthcare reforms

The goal of reforms is to create the healthcare system, which will ensure the maintenance and improvement of the population's health, development of conditions for the growth of a healthy generation on the basis of the following principles:

- Observance of constitutional rights of citizens for obtaining qualified medical aid and social protection;
- Equal access to medical services for all citizens;
- Provision of state control over the health condition of population and its habitat;
- Radical reformation of the healthcare system on the basis of introduction of market principles and mechanisms;
- Establishment of effective system of maternal and child health protection;
- Prioritizing the development of preventive healthcare services, wide promotion of healthy lifestyles, healthy nutrition, physical training;
- Combination of free-of-charge emergency medical services with gradual transition of specialized and general-purpose healthcare facilities to chargeable services, development of medical insurance system;
- Stimulating private medical practice;
- Increasing the effectiveness of budget spending for healthcare.

The main objectives of healthcare system reforms are:

- Provision of guaranteed level and quality of primary medical care to population by the State (government);
- Strengthening the system of emergency medical aid;
- Improvement of the system of organization and allocation of healthcare network, gradual transition to GP system;
- Establishment of a market of healthcare services;
- Increasing the effectiveness of the healthcare management system by simplifying it, granting more flexibility to healthcare facilities, development of non-governmental and private healthcare sector;
- Improvement of the financial base of the healthcare system by increasing the effectiveness of budget spending for free medical services, development of various forms of mixed and private financing;
- Establishment of a legal base for the healthcare reforms;
- Improvement of the process of training, re-training and advanced training of medical workers;
- Integration of development of physical training and other forms of prevention measures for population;
- Development of international cooperation and attraction of foreign investments;

The objectives of improvement of the financial base of healthcare system will be realized by splitting the healthcare services into free-of-charge services, financed from the state budget and chargeable services, financed at the expense of legal and physical persons.

The system of free-of-charge medical services

The government will ensure the availability of free healthcare services in the limits of the guaranteed scope of medical services, which includes:

- Rendering the emergency aid;
- Rendering primary healthcare services in primary healthcare facilities and in some governmental healthcare facilities, particularly in rural areas;
- Immunization and vaccination of population against a number of infectious diseases;
- Specialized medical care for socially significant diseases and for diseases which are jeopardizing for the surrounding people (TB, oncological, psychiatric, drug and alcohol abuse, endocrinological and professional diseases);
- Examination and treatment of children (except chargeable hospitals);
- Examination and treatment of adolescents of 15-17 years and army recruits (18-27 years) if referred by recruitment committees;
- Deliveries (except chargeable hospitals);
- Treatment of benefited groups of population (disabled, veterans of war, orphans) in governmental healthcare facilities;

Above that, the government will finance the following:

- Rendering of governmental financial support to programs with mixed type of financing;
- Organization and implementation of activities in prevention of diseases, environmental protection, anti-epidemic activities according to state program;
- Preparation of medical professionals in the limits of state grant;
- Fundamental and separate applied scientific researches according to special national programs;

During the period of 1999-2000 it is planned to move gradually to the following system of healthcare financing from the state budget:

- For emergency and essential medical aid, immunizations and vaccinations – depending on per capita normative for the population of the given territory;
- Deliveries, ambulatory examination and treatment of benefited patients, specialized aid in cases of socially significant diseases and for diseases which are jeopardizing for the surrounding people – depending on allocation of funds for patients being treated according to the established normative;
- Organization and implementation of activities in prevention of diseases, environmental protection, anti-epidemic activities according to state programs – according to the established state programs, depending on per capita normative for the population of the given territory;
- Financing of medical science and education – according to the approved scientific and technological programs and government plans of staff training;
- Finances being saved in state-financed healthcare sector will be used for creating incentives for medical personnel and for strengthening of the material and technical base of the state healthcare system.

In order to improve the system of free medical services the following is planned:

1. To create a system of emergency healthcare with the establishment of the Republican Center of Emergency Medical Center in Tashkent and its regional branches as well as Emergency Medical Care Departments in rural areas in 1999.

Emergency Medical Care service at all levels will incorporate hospital emergency medical care departments, ambulance and medical evacuation aircraft facilities. These services in Tashkent, Nukus, oblast centers, cities and rayons will receive the most well-equipped healthcare facilities (medsanchast, city and central rayon hospitals) with high-skilled medical personnel.

The main tasks of the system of emergency healthcare are : fast reaction to all cases requiring an emergency medical aid, rendering timely and high-skilled medical aid at a site, transportation of a patient to a healthcare facility, precise diagnostics and ensuring the recovery of functions of vital organs in the limits of the established norms for the length of stay, with consequent transfer of patient for further treatment in another healthcare facility or at home.

2. To finalize the global shift to the two-stage form of primary and other healthcare services according to the following scheme by year 2005:

- In rural areas : SVP – CRB and polyclinics. In some cases specialized oblast or republican facilities may be used. Standalone FAPs and SUBs will be preserved only in desert areas, cattle-farming and mountain areas;
- In cities : consultation and diagnostic polyclinics (or diagnostic center) – city hospital. In some cases specialized city and oblast or republican medical facilities may be used.

In order to render the multi-profile high-qualified medical care at primary level, the primary healthcare will gradually shift to GP system. Mahalla physician posts could be created as branches of consultation and diagnostic polyclinics upon arrival of mahalla committees in order to bring primary medical aid closer to population.

3. To establish an order of the structure governmental healthcare facilities in oblast centers and at governmental level.

In oblast centers, except for emergency and essential healthcare facilities, the established volume of free medical services will be rendered also by state children multi-profile hospitals, maternity complexes, infectious diseases hospitals, hospitals of departments of specialized dispensaries (TB, skin and venereal diseases, oncology, psychiatric), which are ought to have outpatient department.

The modernization of the healthcare network incorporates the rationalization of bed capacities by intensifying the hospital care, comprehensive pre-hospital examination and qualified outpatient care during the rehabilitation period.

3. The system of chargeable medical services

The system of chargeable medical services will be formed on the basis of both private financing at the expense of physical and legal persons and mixed financing with partial budget financing.

Among facilities with the mixed financing will be multi-profile hospitals for children and adults, oblast and republican specialized centers and hospitals.

The mixed financing is intended for:

- Examination and treatment of patients (except benefited categories) in rayon, city and multi-profile healthcare facilities and scientific research institutes' clinics and hospitals, which are not included in the system of free medical care;
- Examination and treatment of benefited patients (disabled, war veterans, orphans) in specialized healthcare facilities;
- Separate multi-profile children hospitals;
- Implementation of applied scientific research works in the field of healthcare, hygiene and pharmacology;
- Training of medical staff above state grant limit.

The gradual transition to private financing is intended for all kinds of medical services being rendered by private practitioners, in non-governmental healthcare facilities and some maternity facilities at the expense of the followings:

- Funds of insurance companies, transferred according to the insurance contracts with patients;
- Direct payments for services from legal and physical persons.

The scale and the pace of introduction of private financing in cities and rural areas will be closely tied with the development of medical insurance system and with the increase of population's incomes.

The required legislative and normative documents will be developed starting from the year 1999 in order to introduce the medical insurance system. Introduction of medical insurance mechanisms will be carried out gradually, starting from the year 2001.

The State Medical Insurance Fund will be created in order to ensure the practical realization of the medical insurance mechanisms, as well as private voluntary medical insurance funds in organizations, acting under the appropriate licensing and government control.

The introduction of the private medical insurance system will be accompanied by the establishment of mechanisms intended to ensure the safety of funds, which are coming to the insurance funds.

In order to facilitate the development of private healthcare sectors and the market of healthcare services the following is planned:

1. To privatize and take out of under the government control the existing healthcare facilities in cases, when the principle of equal accessibility of free medical services guaranteed by the government is not being violated.

Selling the set of shares or the whole facilities on competitive basis to private buyers, including foreign investors, provided that the property being sold will be used exclusively for healthcare purposes, will carry out privatization and taking out of under the government control the healthcare facilities.

2. To create private healthcare facilities, constructed at the expenses of their founders, which were properly registered as required by current regulations. The network of private healthcare facilities will be developed simultaneously with the existing network of governmental healthcare facilities while being complementary to it in terms of the scope and quality of services.

The collectives of medical specialists and individuals will be supported in establishment of private healthcare facilities by renting or selling them the premises of the governmental healthcare facilities.

3. To create paid, including private, maternity care facilities in cities to work simultaneously with the existing governmental maternity care facilities.

4. To promote the further development of private medical practice, which will be performed by medical workers both in certified and accredited private healthcare facilities and as private practitioners under licenses issued specially by the Ministry of Health.

During the first half of year 1999 it is planned to develop and approve the normative documentation on organization, accreditation and certification of private healthcare facilities, on licensing of private practitioners, on regulation of tariffs for chargeable medical services, quality standards, etc.

Non-governmental healthcare facilities under the mixed form of financing will render 205 of their services free-of-charge to benefited categories of population according to the list approved by the Cabinet of Ministers.

4. Improvement of healthcare management system

The Ministry of Health will perform the governmental management and regulation of the healthcare sector:

- Development of legal base for the healthcare and medical insurance, state quality criteria and controlling their observation by all healthcare facilities;
- Implementation of special state program in the field of healthcare;
- Budget financing of primary healthcare in the limits of the state-guaranteed volume
- Certification and accreditation of all healthcare facilities and pharmacies regardless of the form of property, issuing licenses to private practitioners;
- Regulating the level of tariffs for medical services. Before year 2005 governmental management bodies will define the equal limits of tariffs for medical services for the whole country. In those limits all healthcare facilities regardless of the form of property will be free to establish their own tariffs depending on the territorial and other conditions.
- Standardizing and certifying the pharmaceuticals being allowed for use on the territory of Uzbekistan Republic.

In order to protect the rights and to observe the interests of private healthcare facilities during the period of 2000-2005 it is generally planned to establish the public bodies for managing the private healthcare sector throughout the country (associations of private healthcare facilities, medical insurance organizations, funds, etc).

It is planned to carry out the restructuring of sanitarian-epidemiological system before year 2000. The Republican and territorial bodies of Gossanepidnadzor, Republican AIDS Center, Republican plague station, Republican disinfection station will be united into the Republican Center of Sanitarian-Epidemiological Monitoring with its territorial branches.

5. Development of the healthcare system potential

Further development of preventive work.

The concept of the healthcare reform incorporates the development of preventive work, formation of healthy lifestyles, growth of a healthy generation, determining the risk factors, reasons and consequences of diseases as a priority.

These tasks will be commended to the newly established Institute of Health, created on the base of the Republican "Health" Center. Its main functions will be as follows:

- Coordinating the researches and implementation of preventive healthcare;
- Active promotion of healthy lifestyles and rational nutrition;
- Education in hygiene and healthcare legal issues;
- Integration of physical training and sports into preventive healthcare;
- Sociological surveys, monitoring, analysis and forecasting of the nation's health condition;

Maternity and childcare

The further development of maternal and child care service includes:

- Integration of children and maternity facilities;
- Improvement of ensuring the safe motherhood and health condition of fertile age women;
- Improvement of primary healthcare services for women, pregnant women and children;
- Establishment of regional centers for "Mother and child screening" in order to facilitate the early diagnostics of inborn and other diseases of children and pregnant women, thus preventing the cases of inborn disabilities;
- Development of special medical genetics center for women and children examination;
- Restructuring and improving the quality of pediatric service;

Improving the quality of healthcare services

In order to increase the quality of healthcare services, a state standard of quality and comprehensiveness of medical services is planned to be established starting from the year 2000. It will take into account the level of services, the type of facility and will mirror the following:

- The comprehensiveness and relevancy of medical tactics according to standard criteria for different stages of treatment, groups of diseases and types of services, mentioning the tariffs limits as well;
- Availability of the necessary equipment and drugs in order to deliver the primary, emergency, qualifies and specialized medical aid;
- Availability of qualified specialists rendering the appropriate services;

Training, re-training and advanced training of medical personnel

It is planned to introduce the state educational standards based on the analysis of public demand in the quality and specialization of medical personnel. New progressive pedagogical and informational technologies will be introduced.

In order to elevate the level of professional training of medical professionals it is planned to carry out the following:

- Specialized high education at two levels : training of general specialization nurses (medical attendants) during 3 years; training of high-qualified nurses and narrow specialization nurses (for surgery, anesthesiology, obstetrics, etc), which will be conducted basing on special programs at the Medical Institutions;
- Higher education at two levels : preparation of GPs (bachelor degree) through 5-7 years of training according to the approved state standards and training of doctors-specialists and researchers through an additional postgraduate training program (Magistratura) with duration of not less than 2 years upon completion of the bachelor program;
- Postgraduate training through the system of internship (aspirantura), doctoral researches (doctorantura) as well as the advanced training and re-training for the development of GP

system through special professional education programs. The Institute for Advanced Medical Education will carry out professional education programs in order to train and re-train GPs and FM specialists.

It is planned to establish departments for education of high-qualified nurses at faculties of medical institutes, to reconstruct and change the profile of the existing professional nursing schools into colleges.

Improvements of the system of pharmaceutical supplies to population and into the healthcare system will incorporate the following:

- Determining of the general demand of pharmaceuticals, the volume of guaranteed (free-of-charge) pharmaceuticals supplies in state healthcare facilities as well as improvement of purchase and financial support mechanisms;
- Development of the national pharmaceutical industry and ensuring the comprehensiveness of its products by introduction of international GMP practices for ultra-clean medical production;
- Development of pharmaceutical market, creation of market infrastructure in the system of pharmaceuticals supplies;
- Establishment of equal state control system for quality, registration and certification of pharmaceuticals;
- Promotion of international contracts in the area of pharmaceutical industry;
- Improvement of the legislation acts regulating the relevant issues of pharmaceutical industry and pharmaceutical supplies in accordance with the international standards.

LIST
of types of healthcare facilities rendering free medical aid
to the population and are financed from the budget funds until the year 2005

Including regions:
Oblasts

Title	Total for 01.09. 98	Republic of Karakalpakstan	Andijan	Bukhara	Djizzak	Kashkadarya	Navoi	Namangan	Samar kand	Syrkhandarya	Syrdarya	Tashkent	Fergana	Khorezm	Tashkent city
Republican Center for emergency medical aid and its branches	13	1	1	1	1	1	1	1	1	1	1	-	1	1	1
Emergency and primary medical aid services in rayons and cities (CRH, CCH, facilities for emergency medical aid, others)	205	15	16	12	13	15	9	15	23	22	11	21	18	12	-
TB dispensaries and hospitals	98	9	9	2	9	6	4	9	8	6	3	6	6	5	9
Oncology dispensaries	20	1	1	1	1	1	1	1	1	1	1	2	2	3	3

**The list of health care facilities to gradually transferred
to the chargeable structure of medical care provision till the year 2005**

Self-financing in %

#	Designation	To be transferred to self-financing structure	1999	2000	2001	2002	2003	2004	2005
1	Urban hospitals	66	6	14,6	24,2	38,5	48,1	62,7	77,7
	In % to the total	55,5							
	<i>Including:</i>								
	In Republic of Karakalpakstan:								
	Urban hospital of nursery care (Nukus)	1	6	15	25	40	50	65	80
	Urban hospital (central) Nukus	1	6	15	25	40	50	65	80
	Urban hospital Khalkabad	1	6	15	25	40	50	65	80
	In Andijan oblast:								
	Urban hospital #4, Andijan	2	6	15	25	40	50	65	80
	Health facility owned by "Palvantash"	1	6	15	25	40	50	65	80
	Health facility owned by "Andijon"	1	6	15	25	40	50	65	80
	2nd hospital, Asaka	1	6	15	25	40	50	65	80
	In Bukhara oblast:								
	Central hospital, Bukhara	1	6	15	25	40	50	65	80
	2nd urban hospital, Bukhara	1	6	15	25	40	50	65	80
	In Djizzak oblast:								
	Central hospital, Djizzak	1	6	15	25	40	50	65	80
	1st urban hospital, Djizzak	1	6	10	15	20	25	35	50
	In Kashkadarya oblast:								
	Urban hospital #2 and central hospital, Karshi	2	6	15	25	40	50	65	80
	Urban hospital, Yakkabad	1	6	15	25	40	50	65	80
	Urban hospital, Mubarek	1	6	15	25	40	50	65	80
	In Namangan oblast:								
	2nd and 3rd urban hospitals and central hospital, Namangan	3	6	15	25	40	50	65	80
	1st urban hospital, Namangan	1	6	10	15	20	25	35	50
	Urban hospital, Chust	1	6	15	25	40	50	65	80
	Health facility owned by Textile Factory	1	6	15	25	40	50	65	80
	Health facility owned by Sewing Coporation	1	6	15	25	40	50	65	80
	Health facility owned by Electronical factory	1	6	15	25	40	50	65	80

	Health facility owned by Cotton Refining Factory	1	6	15	25	40	50	65	80
	Health facility owned by Remzodstroy	1	6	15	25	40	50	65	80
	Hospital "Chodak"	1	6	15	25	40	50	65	80
	Hospital of nursery care, Pap	1	6	15	25	40	50	65	80
	In Samarkand oblast:								
	3,4,5,7 and central hospitals, Samarkand	5	6	15	25	40	50	65	80
	Urban hospital, Kaltakurgan	1	6	15	25	40	50	65	80
	Nursery care hospital, Samarkand	1	6	15	25	40	50	65	80
	In Syrkhandarya oblast:								
	2 and 3 urban hospitals and central hospital, Termez	3	6	15	25	40	50	65	80
	In Syrdarya oblast:								
	Central hospital, Gulistan	1	6	15	25	40	50	65	80
	In Tashkent oblast:								
	Oblast (central) hospital, Tashkent	1	6	15	25	40	50	65	80
	Hospital of "Ammofos" Enterprise	1	6	15	25	40	50	65	80
	Hospital "Karabag", Angren	1	6	15	25	40	50	65	80
	In Fergana oblast:								
	2nd urban hospital, Fergana	1	6	15	25	40	50	65	80
	4th urban hospital, Kokand	1	6	15	25	40	50	65	80
	Rehabilitation hospital, Fergana	1	6	15	25	40	50	65	80
	Health facility owned by "Ipakchi"	1	6	15	25	40	50	65	80
	Health facility owned by "Azot"	1	6	15	25	40	50	65	80
	Health facility owned by "Vodstroy"	1	6	15	25	40	50	65	80
	Health facility owned by "Aktyarek"	1	6	15	25	40	50	65	80
	Health facility owned by FNZ	1	6	15	25	40	50	65	80
	Health facility owned by Textile factory	1	6	10	15	20	25	35	80
	In Khorezm oblast:								
	Central hospital, Urgench	1	6	15	25	40	50	65	80
	Nursery care hospital, Khiva	1	6	15	25	40	50	65	80
	In Tashkent city:								
	1,2,15 and 17th urban hospitals, CCH of Tashkent	5	6	15	25	40	50	65	80
	Health facility owned by Textile factory	1	6	15	25	40	50	65	80

	Health facility owned by TAPOICH	1	6	15	25	40	50	65	80
	Health facility owned by "Uzselmash"	1	6	15	25	40	50	65	80
	Nursery care urban hospital	1	6	15	25	40	50	65	80
	Health facility owned by "Tashselmash"	1	6	15	25	40	50	65	80
	Health facility owned by TTPY	1	6	15	25	40	50	65	80
	Health facility owned by Tashkent Tractor Factory	1	6	15	25	40	50	65	80
	Clinical hospital of urgent medical care	1	6	10	15	20	25	35	50
2	Rayon hospitals	23	6	15	25	35	70	80	80
	In % to the total	100							
3	Specialized Centers (urology, neurological, allergy, scientific surgery centers, etc)	10	6	20	50	80	80	80	80
	In % to the total	100							
4	Specialized hospitals (ophthalmology, traumatology, rehabilitation care, etc)	67	6	15	25	45	70	80	80
	In % to the total	100							
5	Medical-sanitarian facilities	48	6	15	25	50	70	80	80
	In % to the total	100							
6	Maternity hospitals in urban	11							
	In % to the total	24.4							
	Andijan city:								
	City maternity complex #2	1		100	100	100	100	100	100
	Bukhara city:								
	Oblast center "Mother and child"	1		100	100	100	100	100	100
	Djizzak city:								
	Maternity department under Oblast hospital	1	100	100	100	100	100	100	100
	Karshi city:								
	City maternity hospital	1	100	100	100	100	100	100	100
	Namangan city:								
	City maternity complex #2	1		100	100	100	100	100	100
	Samarkand city:								
	City maternity complex #1	1		100	100	100	100	100	100
	Termez city:								
	City maternity hospital	1		100	100	100	100	100	100
	Gulistan city:								
	City maternity hospital	1	100	100	100	100	100	100	100
	Tashkent city:								
	Maternity complex #3	1		100	100	100	100	100	100
	Maternity hospital #6	1		100	100	100	100	100	100
	Maternity hospital #7	1	100	100	100	100	100	100	100

7	Urban children's hospitals	7							
	In % to the total	22,6							
	Nukus city:								
	City Children's hospital	1	6	30	50	50	50	50	50
	Andijan city:								
	City Children's Hospital #2	1	6	30	50	50	50	50	50
	Djizzak city:								
	City Children's hospital	1	6	30	50	50	50	50	50
	Namangan city:								
	Hospital "Mother and child"	1	6	30	50	50	50	50	50
	Samarkand city:								
	City Children's Hospital #1	1	6	30	50	50	50	50	50
	Fergana city:								
	City Children's Hospital	1	6	30	50	50	50	50	50
	Tashkent city:								
	City Children's hospital #4	1							
8	Republican hospitals	2							
	In % to the total	50							
	Including:								
	Republican Clinical hospital #1	1	6	50	80	80	80	80	80
	Republican ophthalmology hospital	1	6	80	80	80	80	80	80
9	Clinics of Medical Institutions and Scientific Research Institute	15	6	15	25	40	50	65	80
	In % to the total	100							
10	Oblast multi-profile hospitals	13	6	15	25	40	50	65	80
	Oblast multi-profile hospital, Tashkent	1	6	15	25	40	50	65	80
	In % to the total	56							
11	SUB's	200	30	40	70	80	80	80	80
	In % to the total	62,3							
12	Narcological dispensaries without beds (for treatment of alcoholism and toxicomania)	4	6	25	50	75	100	100	100
	In % to the total	100							
	Total:	467							
	In % to the total	65,6							

Addendum : the Republic committee according to the received practical results defines the list and terms for transferring health care facilities into self-financing structure and terms of their privatization.

The Program of SVP development in 2001-2005

Regions	Availability on 01.09.98	Scheduled to be established according to the program for 1998-2000	Total	At the expense of new construction	At the expense of reconstructing of FAP, SUB, SVA, etc	Total	At the expense of new construction	At the expense of reconstructing of FAP, SUB, SVA, etc	At the expense of new construction	At the expense of new construction	At the expense of new construction	At the expense of new construction	Availability for 01.01.2000
Republic of Uzbekistan	659	1030	1111	920	191	371	180	191	188	197	130	175	2800
Republic of Karakalpakstan	19	66	42	32	10	20	10	10	10	12	-	-	127
Oblasts:													
Andijan	72	130	149	119	30	53	23	30	24	25	24	23	351
Bukhara	195	64	68	54	14	24	10	14	11	12	11	10	327
Djizzak	18	59	81	76	5	20	15	5	15	16	15	15	158
Kashkadarya	15	82	93	83	10	26	16	10	16	17	17	17	190
Navoi	17	52	58	53	5	15	10	5	10	12	11	1	127
Namangan	47	90	78	57	21	32	11	21	12	12	11	11	215
Samarkand	116	118	150	128	22	46	24	22	25	25	27	27	384
Syrkhandarya	35	68	82	73	9	23	14	9	15	15	15	14	125
Syrdarya	25	69	85	75	10	25	15	10	15	15	15	15	179
Tashkent	45	89	89	69	20	33	13	20	14	15	14	13	223
Fergana	33	81	74	49	25	34	9	25	10	10	10	10	189
Khorezm	22	62	62	52	10	20	10	10	11	11	10	10	146

Forecast of the additional training of physicians and mid personnel in 1999-2005

Additional training in 1999-2005

* Educational Institutions - ed.ins.

* Retraining - Retr.

Retraining - Retr.																		
	Total as of 01.09.98	1999		2000		2001		2002		2003		2004		2005	Total 1999-2005			Expected number for 01.01.2006
		ed.ins.	Retr.	ed.ins.	Retr.	ed.ins.	Retr.	ed.ins.	Retr.	ed.ins.	Retr.	ed.ins.	Retr.	ed.ins.	ed.ins.	Retr.	Total	
Physicians																		
Healthcare specialization	71483	3170	-	2500	-	1770	-	1353	-	1605	-	2042	-	2152	14595	-	14595	71014
General physicians	49573	2682	180	2202	180	1520	180	114	180	1334	180	1708	180	1835	12395	1080	13475	52015
Lab physicians	822	2160	600	1762	710	1209	810	875	910	1050	710	1353	700	1450	9859	4440	14290	12475
X-ray specialists	2350	330	350	271	400	186	400	134	400	162	400	210	350	225	1518	2300	3818	5089
Radiologists	885	96	75	70	75	55	70	40	65	50	70	60	145	65	436	500	936	1502
Psychologists	891	96	131	79	131	54	133	40	133	47	132	60	150	65	441	810	1251	1767
Other specialists	44624		-976	20	-1136	16	-1233	25	-1328	25	-1132	25	-1165	30	141	-6970	-6829	31182
Pediatricists	12800		-180		-180		-180		-180		-180		-180		0	-1080	-1080	9669
Medical preventive specializations	3650	300		210		170		85		80		82		170	1097		1097	3916
Dentists	5460	188		88		80		154		191		252		150	1103		1103	5414
High-qualified nurses								143		143		143		143	572		572	529
Mid personnel	243278	19176		23500		22073		24958		26880		28800		29760	175147		175147	345201
Feldshers (medical attendants)	18426	1561		491		547		528		528		528		480	4663		4663	19048
Mid wives	20789	1884		2361		2355		2304		2304		2304		2304	15816		15816	30199
Sanitarian feldshers	4501	279		81		86		86		86		86		86	790		790	4365
Pharmacists	814	299		454		1005		1006		1008		1008		1008	5788		5788	5447
Healthcare technicians	1725	372		815		613		576		576		576		576	4104		4104	4809
Lab workers	10836	425		137		253		240		240		240		288	1823		1823	10444
General nurses	186187	14356		19161		17214		20218		22138		24058		25018	142163		142163	270889
TOTAL	314761	22346	-	26000	-	23843	-	26454	-	28628	-	30985	-	32058	190314	-	190314	416744

* The retraining will be fulfilled in 1999-2004

- * Including the approximate annual 2.5% withdrawal of personnel from the healthcare sphere

Appendix 6
to the Decree of the President
of the Republic of Uzbekistan
dated November 10, 1998 # YP-2107

**The Program
of transferring professional medical schools into medical colleges in 1999-2004**

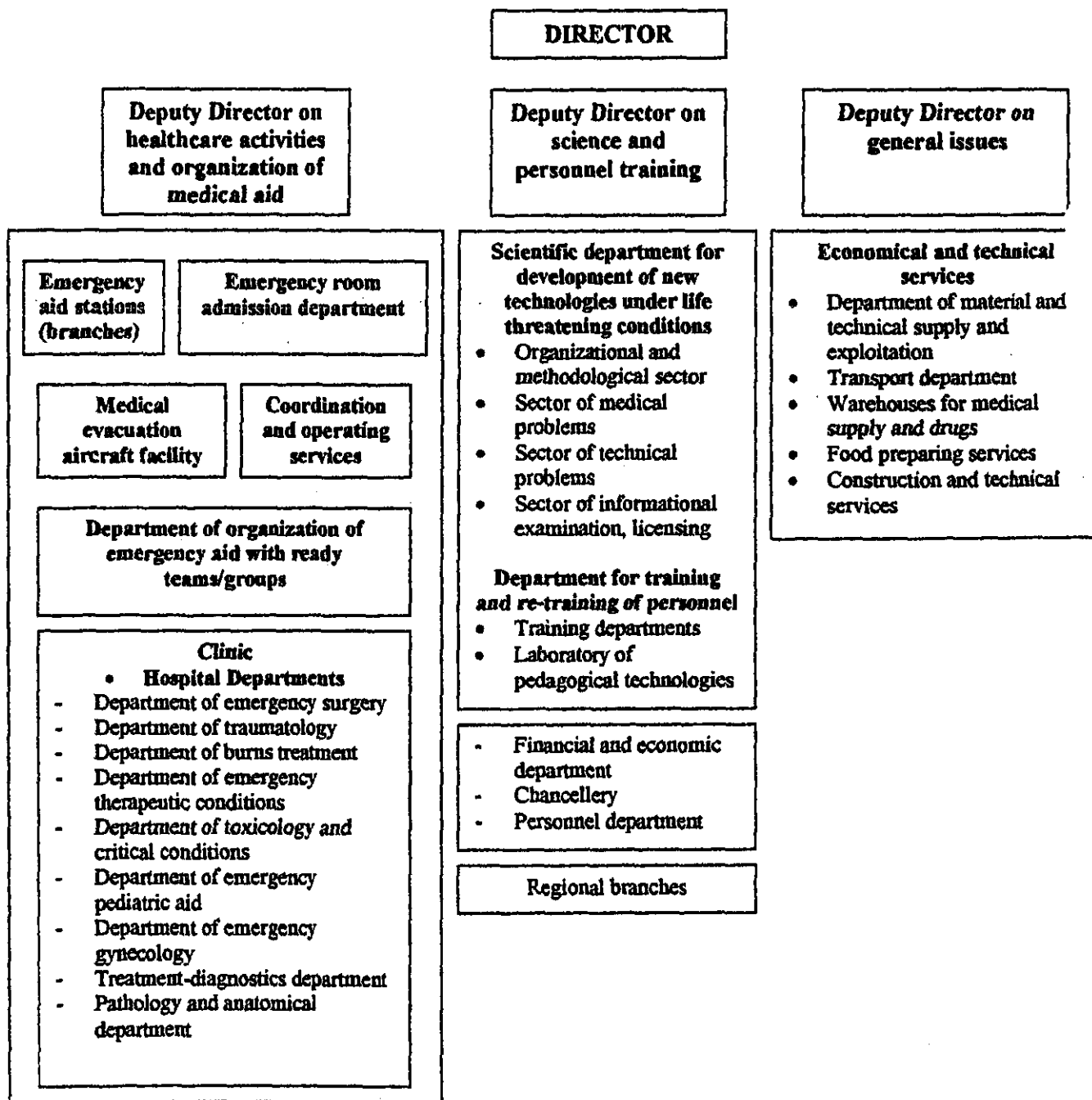
	Availability for 01.09.98	Scheduled to be reconstructed and transferred into colleges					
		1999	2000	2001	2002	2003	2004
Republic of Uzbekistan	49	10	5	6	12	12	4
Republic of Karakalpakstan	3	1	1			1	
Oblasts:							
Andijan	4	2	1		1		
Bukhara	2			1		1	
Djizzak	3		1		1	1	
Kashkadarya	3			1	1	1	
Navoi	2	1			1		
Namangan	4	1		1	1	1	
Samarkand	4	1			1	1	1
Syrkhandarya	3		1			1	1
Syrdarya	2			1	1		
Tashkent	5	1	1		2	1	
Fergana	3			2	1		
Khorezm	3				1		2
Tashkent	8	3			1	4	

**Healthcare facilities included in the Republican Center of Emergency Medical Aid
for the population of the Republic of Uzbekistan**

Name and location	Created on the base of	Acquires
Republican Center of Emergency Medical Aid in Tashkent	Healthcare facility owned by Tashjilinveststroy* corporation	Tashkent city Ambulance station. Republican Medical evacuation aircraft facility Tashkent oblast medical evacuation aircraft facility
City of Nukus	Branches* City hospital	Republican Medical evacuation aircraft facility
City of Andijan	City hospital #2	Oblast medical evacuation aircraft facility City Ambulance station
City of Bukhara	City hospital	Oblast medical evacuation aircraft facility City Ambulance station
City of Djizak	City hospital #2	Oblast medical evacuation aircraft facility City Ambulance station
Kashkadarya oblast, city of Karshi	Oblast traumatology hospital	Oblast medical evacuation aircraft facility City Ambulance station
City of Samarkand	City hospital #1	Oblast medical evacuation aircraft facility City Ambulance station
Syrdarya oblast, city of Gulistan	City hospital #1	Oblast medical evacuation aircraft facility City Ambulance station
Surkhandarya oblast, city of Termez	City hospital #1	Oblast medical evacuation aircraft facility City Ambulance station
City of Namangan	City Emergency Aid hospital	Oblast medical evacuation aircraft facility City Ambulance station
City of Navoi	Healthcare facility owned by "Navoiyazot" chemical plant	Oblast medical evacuation aircraft facility City Ambulance station
City of Fergana	City hospital #3	Oblast medical evacuation aircraft facility City Ambulance station
Khorezm oblast, city of Urgench	City hospital #1	Oblast medical evacuation aircraft facility City Ambulance station

Appendix 8
to the Decree of the President
of the Republic of Uzbekistan
dated November 10, 1998 #YP-2107

STRUCTURE OF THE REPUBLICAN CENTER FOR EMERGENCY MEDICAL AID



**Regulation
of the Republican Center for Emergency Medical Aid**

1. GENERAL

- 1.1. The Republican Center for Emergency Medical Aid of the Ministry of Health of the Republic of Uzbekistan (hereinafter referred to as "the Center"), is established according to the Decree of the President of the Republic of Uzbekistan dated November 10, 1998 #YP-2107.
- 1.2. The Center is supervised by the Ministry of Health of the Republic of Uzbekistan, its activities are regulated by the Constitution of the Republic of Uzbekistan as well as by Decrees and Orders of the Cabinet of Ministers of the Republic of Uzbekistan, relevant legislative and normative acts and by current Regulation.
- 1.3. The Center is the leading medical, scientific and methodical establishment, rendering the emergency and essential medical aid to the population of the Republic of Uzbekistan.

2. THE PURPOSE AND TASKS OF THE CENTER

- 2.1. The purpose of activities of the Center is to organize and coordinate medical, scientific, methodical and educational works in the field of rendering of professional and in-time emergency aid to population.
- 2.2. The basic tasks of the Center are as follows:
 - Organization and management of activities of the state emergency medical aid services, which should match international requirements on efficiency and flexibility;
 - Management on organization and methodic, control and consulting Center branches in Karakalpakstan;
 - Rendering high-qualified and specialized emergency and essential medical aid to the population of Tashkent city and oblast;
 - Participation in working-out and implementation of programs for further development and improvement of emergency medical services and decreasing the level of physical inability and mortality;
 - Working-out and implementation of recommendations regarding the improvement of types and methods of organizing the emergency medical services;
 - Carrying out scientific researches in order to create new effective technologies on prevention, diagnostics and treatment of emergency conditions and introducing them into practice;
 - Re-training and advanced training of doctors and nurses, development of scientific and scientific-pedagogical personnel for rendering the emergency medical services;
 - Cooperation with the appropriate establishments and organizations in foreign countries as well as with international organizations;
 - Participation in health promotion activities related to prevention of emergency conditions and rendering the first medical aid together with other relevant organizations;
 - Organization of training courses of first pre-clinical medical aid in emergency situations for the employees of the Ministry of Emergency Situations, Ministry of Internal Affairs, traffic police, fire guards, rescue services and other interested establishments.

- 2.3. The Center is the main establishment of the Ministry of Health of the Republic of Uzbekistan in working-out theoretical and practical bases of rendering an emergency medical aid as well as scientific and research works, development of new methods, re-training and advanced training of medical personnel engaged into the rendering of emergency medical aid to population.
- 2.4. The Center is established as the legal individual, it has an independent balance, bank accounts, its own property and is able to act as the claimant and respondent in court.
- 2.5. The Center has its seal, document header stamp, forms with its name and emblem according to the approved sample as well as other relevant symbolic.
- 2.6. The Center is choosing the forms and methods of its organization and activities in order to achieve its goals, takes appropriate decisions and actions in coordination with the Ministry of Health.

3. MANAGEMENT STRUCTURE

- 3.1. The structure of the Center is approved by the Ministry of Health of the Republic of Uzbekistan.
- 3.2. The basic structural divisions of the Center, that ensure the implementation of tasks, stipulated in current Regulation, are as follows: ambulance station, medial evacuation aircraft facility, admission department for coordination and dispatching services, departments : organization of the emergency medical aid with quick-response brigades, hospitals, curative and diagnostics; pathological anatomy, department for the development of new technologies in handling emergency conditions, staff re-training as well as administrative and technical services.
Functions and order of structural activities of divisions are determined by the act confirmed by the Ministry of Health of the Republic of Uzbekistan.
- 3.3. The organizational structure of the Center incorporates the main office located in Tashkent and branches, that are to be located in the Republic of Karakalpakstan and oblasts of the Republic of Uzbekistan, established as independent legal entities.
The structure of Karakalpakstan and oblast branches incorporates the emergency and urgent medical aid facilities, ambulance stations, oblast medical evacuation aircraft facility.
- 3.4. The Director carries out the management activities of the Center and can be appointed and dismissed by the order of the Ministry of Health of the Republic of Uzbekistan.

The Director implements the following:

- Carries out activities on behalf of the Center, supervises financial and economic activities of the Center, concludes contracts and agreements on behalf of the Center, addresses other issues of current activities of the Center;
 - Brings-in proposals regarding the nominees for the posts of deputy directors to the Ministry of Health and forms up the Scientific and Methodical Council;
 - Organizes and supervises the work of employees, issues and orders, that are obligatory for implementation by the employees within the limits of his jurisdiction, hires and dismisses the employees in compliance with current labour legislation;
 - Bears the responsibility for activities of the Center.
- 3.5. The heads of regional branches of the Center are to be assigned and dismissed by the Director of the Center in coordination with the Ministry of Health of the Republic of Karakalpakstan, oblast Health Departments and Khokimiyats.

4. RIGHTS AND DUTIES OF THE CENTER

4.1. The Center has the following rights:

- To submit applications for financing from the state budget in order to implement its tasks according to current Regulation;
- To purchase the equipment, pharmaceuticals and other goods necessary for the Center's activities, provided that it performed the limits of resources available for the Center;
- To request and receive statistic and analytical information necessary for its activities from the appropriate ministries and departments through the Ministry of Health;
- To submit proposals to the Ministry of Health on improvements in emergency medical care, prevention and reduction of risk of emergency situations, entailing numerous cases requiring an emergency and ambulance medical aid;
- To carry out foreign trade activities in compliance with current regulations;
- To publish scientific, methodical and educational literature in the field of professional medical education;

4.2. The Center is obliged:

- To ensure the efficiency and high quality of curative and diagnostic works;
- To participate in elimination of medical consequences of natural and technological disasters in close interaction with divisions of the Ministry of Emergency Situations of the Republic of Uzbekistan;
- To render advisory, methodical and technical assistance to Karakalpakstan and oblast branches;
- To coordinate practical activities and scientific researches in the field of emergency medical aid in regional branches;
- To offer its clinical base for education, specialization and advanced training of medical personnel in the field of emergency conditions.

5. ORGANIZATION OF CENTER'S ACTIVITY

5.1. The Center:

- Organizes the work basing on coordination of activities of its divisions and branches;
- Organizes its clinical and research works basing on close interaction with other health management establishments and bodies;
- Coordinates scientific researches of correspondent departments of Uzbekistan scientific-research and educational institutes in emergency and ambulance medical aid issues;
- Carries out methodical management of work of regional branches, renders them an advisory aid in effective organization of their activities;
- Carries out a systematic health statistics analysis of activities in its divisions and branches in respect of emergency medical aid being rendered to population;
- Creates conditions and equips the divisions with stock, medicines as well as other resources ensuring their steady functioning and continuous work.

6. FINANCIAL AND ECONOMIC ACTIVITIES AND PROPERTY OF THE CENTER

6.1. The property of the Center consists of fixed and recurrent assets as well as other values included into its independent balance.

6.2. The fixed assets are buildings, equipment, vehicles and other types of property owned by the Center.

6.3. The assets of the Center include:

- Fixed assets, owned by the government;
- Budget and other funds used for its activities;
- Assets and funds coming with humanitarian, charity, sponsors', technical and other aid;
- Assets and funds from other sources, acquired in compliance with current legislation.

6.4. The Center conducts accounting, operative and statistic reporting in order, determined by current legislation.

6.5. The control over financial and economic activities of the Center is to be carried out as required by current legislation.

MEMBERSHIP
Of the Republican Committee on organization and control for the
Fulfillment of the State Program of the Health Care System Reforms

Karamatov Kh. S.	Deputy Prime Minister of the Republic of Uzbekistan, Chairman of the Committee
Riskiev T.T.	State Advisor to the President of the Republic of Uzbekistan (on approval)
Karimov Sh. I.	Minister of Health, Vice Chairman of the Committee
Bakirkhanov K.F.	Chief specialist of the Cabinet of Ministers, Secretary of the Committee
Alimov A.V.	Leading consultant of the President's Office (on approval)
Djahangirova D.N.	Chairman of the Council of Professional Units Federation (on approval)
Nasritdinkhodjayeva Z.Sh.	Chief of Informational and Analytic department of the Cabinet of Ministers
Yuldasheva G.B.	Chairman of "Soglom Avlod Uchun" International Foundation
Khabibullayev P.K.	Chairman of the State Committee on Science and Technology
Abidov A.	Minister of Labour
Umurzakov B.Kh.	Minister for Social Protection
Mirsafoyev S.M.	Minister of Justice
Yuldashev D.G.	Minister of Public Education
Makhsitov B.M.	Chairman of State Committee for Sports
Khabibullaev A. Sh.	Chairman of State Committee for Nature
Shadiev K.K.	Chairman of "Uzpharmrom" state concern
Tokhtayev T.Z.	First deputy chairman of Goskminushestvo (State Committee for Property)
Sultanov R.T.	First Deputy Minister of Health
Baratov F.P.	Deputy Minister of Macroeconomics and Statistics
Abdullayev Sh.U.	Deputy Minister of Finance
Ubaydullayev A.M.	Director of Scientific and Research Institute of phthisiology and pulmonology
Asadov D.A.	Rector of Tashkent Pediatric medical Institute
Daminov T.A.	Rector first Tashkent medical institute
Menlikulov P.R.	Chief of GOUMP of the Ministry of Health
Atabekov N.S.	Chief of main sanitarian and epidemiological department of the Ministry of Health of the Republic of Uzbekistan
Khoshimov B.A.	Chief of Epidemiological Department of the Ministry of Health
Ziyaeva M.A.	Chief of main health care department of Tashkent city
Karimov Kh. Ya.	Rector of second Tashkent medical institute
Tashpulatov N.M.	Chairman of "Dori-Darmon" State Joint Stock Company
Khudaybergenov A.M.	Chief of Doctors Association of Uzbekistan

Deputies of the Chairman of the Council of Ministers of the Republic of Karkalpakstan, Khokims of Tashkent city and oblast controlling the social sphere.

“APPROVED”

Minister of Health of the RU

F.G.Nazirov

May 30, 1999

“APPROVED”

Chairman of “Uzfarmsanoat”

State Concern

K.K.Shadiev

May 30, 1999

Uzbekistan National Drug Policy

The Government of the Republic of Uzbekistan considers the health care system to be an essential element of the national development program, aimed at creating a society in which all citizens can lead a healthy lifestyle. Prescription drugs are an important element in the prevention, diagnosis, and treatment of various illnesses. Therefore, one of the vital tasks of the health care system is to provide the people safe and effective prescription drugs.

The Uzbekistan National Drug Policy should determine priority directions for developing the pharmacy system, as well as coordinate the work of all structures which provide prescription drugs to the populace, such as: developers and manufacturers of drugs, monitoring authorities, investors, and distributors in making prescription drugs available to all levels of society.

Goals and Tasks of Uzbekistan National Drug Policy

The main goals of the national drug policy are:

to provide the population with high-quality, effective, and safe drugs, and their proper prescription and use.

The main tasks of the national drug policy are:

- to provide the people with high-quality, effective and safe drugs;
- to establish a unified national system of quality control and registration of prescription drugs;
- to develop a domestic pharmaceutical industry, and to create jobs in the pharmaceutical sector;
- to promote the proper use of prescription drugs;
- to advance professional training programs for pharmaceutical personnel.

1. IMPROVING THE LEGAL FRAMEWORK

1.1 Regulating drug circulation

Legislative decisions regulating drug circulation are subject to improvement in accordance with international requirements.

For the purpose of supplying rural areas with prescription drugs, monitoring measures aimed at improving drug availability in such areas will be subject to constant improvement; the government will develop a priority-based system to support the maintenance of pharmaceutical care in rural areas.

Development and implementation of regulations based on ethical norms for promoting prescription drugs in the market place are provided for.

A state program for supplying prescription drugs, to include such issues as drug development, drug manufacturing, quality control, delivery, realization and utilization of prescription drugs will be developed.

Broadening of interregional and intergovernmental connections for the purpose of developing the manufacture, registration and quality control of prescription drugs is provided for.

In consideration of local market requirements and conditions, documents will be developed and implemented which regulate pharmaceutical activity, as will effective models of forms and mechanisms for caring for outpatients who have the right to prescription drugs and services,

1.2 Developing a system to regulate prescription drugs

To improve the system of regulatory documents on State quality control of prescription drugs in accordance with the law of the Republic of Uzbekistan "On Drugs and Pharmaceutical Activity".

The current system of quality control and state registration of prescription drugs will be improved in accordance with EU and WHO norms.

A unified state system of quality control and registration of prescription drugs will be created.

In order to provide timely and appropriate quality control of prescription drugs, the creation of regional branches for regulating prescription drugs is planned.

An independent system of security control and study of side effects of prescription drugs will be established.

The creation of the mechanisms, which will promote the establishment of the professional associations, in order to develop and set international practice standards.

Taking into account the recommendations of the WHO, the practice of increasing the qualifications of specialists in inspecting production, wholesales, and pharmacy facilities will be continued.

Aimed at preventing of the import and distribution of the non-standard and false prescription drugs, a range of activities, including the development of the legal documents is to be developed.

1.3 Inspection

In order to regulate the inspection authorities, the legislative frame work, that defines its activities will be improved.

To provide an independent control, the trading and control functions of entities involved in prescription drugs circulation will be divided.

1.4 Licensing

In order to implement gradually the international standards, regulating activity of importers, manufacturers, and wholesalers, the licensing and certification of pharmaceutical activities will be improved

With the purpose of gradual transmission to the proper pharmaceutical practice, standards required for licensing the pharmaceutical facility will be improved.

1.5 Advertising of prescription drugs

It is planned to establish the unified informational system in pharmaceutical sector.

Advertising and other marketing activity should not conflict with the legislation of the Republic of Uzbekistan and policy conducted on the proper use of prescription drugs.

Ethic norms of the promotion the prescription drugs to the market will be based on criteria developed by WHO.

1.6 Humanitarian aid regulation

In order to provide maximum benefit to beneficiaries, a procedure of humanitarian aid reception will be improved in accordance with WHO recommendations.

2. SELECTION OF PRESCRIPTION DRUGS

Access to the main prescription drugs

The list of the main prescription drugs will be constantly reviewed with the account of WHO recommendations, changing priorities in the work of the health care facilities and latest pharmaceutical achievements.

The standards (protocols) on rational pharmacy-therapy of diseases for the use of practicing physicians and pharmacists with the account of physiological parameters and age of patient will be improved.

In accordance with the list of the main prescription drugs, the standard schemes on diagnostics and treatment in health care system will be established and implemented.

3. DRUG PROVISION TO POPULATION

3.1 In the area of manufacturing

The mechanisms of the State support that facilitates the organization of the manufacturing of the main prescription drugs, including the prescription drugs of required range, will be improved.

In order to provide required quality of the manufactured prescription drugs the GMP standards will be gradually implemented into the prescription drugs manufacturing. The possibilities to increase the scope of the manufacturing and nomenclature of the main prescription drugs, medical supplies until they meet the requirements of the health care of the Republic of Uzbekistan will be defined to increase.

The production of substances, prescription drugs and supplementary medical means based on local raw materials will be increased.

In order to stimulate the development of the domestic prescription drugs production, the comprehensive suggestions to review existing tax system on import of raw materials and supplementary materials used in the production will be presented to the State authorities.

3.2 Purchasing of the prescription drugs

To provide an access to the prescription drugs for all levels of the populace the budget funds and the funds incoming due to intergovernmental agreements for the health care needs, will be allocated to the purchasing and production of the main prescription drugs.

4. RATIONAL USE OF THE PRESCRIPTION DRUGS

In order to improve the quality of the patient treatment and economic expediency, the proper prescription drugs therapy program will be developed in a form of the manual for the physicians and pharmacists as well as the action program for the health care authorities.

To implement the proper pharmacy-therapy the system of ongoing training in all levels as well as the professional training of physicians and pharmacists will be improved by various means, including an exchange of the information and experience with other countries members of WHO.

The possibilities for implementation of the obligatory trainings for the doctors-clinical pharmacologists, and clinical pharmacists in post-diploma educational institutions will be identified in order to provide the participation of the specialist-clinical pharmacologist/pharmacist in the team of the physicians and pharmacists.

In order to implement the proper pharmacy-therapy the permanent monitoring over the effective treatment, analysis of received results for the correction of doses and frequency of use of the prescription drugs or cancellation of the prescription drugs will be realized; the long-term monitoring of the patients' condition; in selecting the prescription drugs following factors will be taken into account: cost of drugs, how much information on the availability of the medicines has the physician and approximate cost of drugs treatment.

5. ECONOMIC POLICY REGARDING THE PRESCRIPTION DRUGS

Financing

The prescription drugs will be purchased at the financing of the following sources: budget and non-budget resources, resources coming from the social medical insurance funds and at the patients' expenses.

The amount of the budget funds, allocated by the government, should be aimed at providing a sufficient level for the patients that have a free treatment in governmental health care facilities in required scope, free and privileged treatment in the outpatient facilities of the certain group of population according to the List, approved by the Ministry of Health of the Republic of Uzbekistan.

In order to provide the population with the main prescription drugs, the review of the tax policy regarding the manufacturing and distribution of the prescription drugs listed in the List of main drugs needs to be achieved.

To identify the stimulating opportunities of the wholesalers work of all forms of property by means of concessionary import duty of the drugs and other medical materials.

6. SCIENTIFIC-RESEARCH WORK, MONITORING AND EVALUATION

The development of the National drug policy will be based on the results of the scientific researches and will be oriented to the international technical cooperation.

The scientific-research works in priority directions will be continued and the state support to the scientific researches aimed at development and manufacturing of the new effective prescription drugs will be provided.

The issues concerning improving the qualification of the researches, an information and experience exchange with other countries will be considered;
Scientific-research works, aimed at the developing of the prescription drugs with the maximum use of the domestic resources to decrease their cost, drug availability and increase their number will be implemented within the framework of "Health for all" program.

7. PERSONNEL POLICY

In accordance with the modern requirements for the production and quality control of the prescription drugs, the level of training standards of higher and mid level pharmaceutical personnel (development of new training curriculum, introduction of the courses selected by the trainees, introduction of new subjects) will be improved.

In order to provide necessary information on the proper use of the prescription drugs on the basis of the technical access means to the international information of Tashkent Pharmaceutical Institute an Informational Center will be established.

To improve the equipment for the training process of the Tashkent Pharmaceutical Institute a center for the professional training and retraining of the pharmaceutical personnel a range of the resources of financing will be identified.

With the purpose to improve the quality of the post-diploma training on the basis of the Tashkent Pharmaceutical Institute the trainings on the study of the international standards in order to increase the personnel qualification will be organized.

The project was developed at International conference "Development of National Drug Policy in Uzbekistan – Opportunities and Problems"
May 12-14, 1999 Tashkent

World Health Organization,
Ministry of Health of the Republic of Uzbekistan

Main activities for implementation of the State Healthcare Reform Program during 1999-2005

#	Activities	Due	Deliverables	Responsible people/organizations
I. Improvement of the legislative basis of healthcare reforms				
1	Introduction of amendments to the current legislation of the Republic of Uzbekistan		Draft Laws and Decrees	
1.1	"On Public Healthcare"	Q3, 1999		MOH, MOJ, Council of the Federation of Trade Unions
1.2	"On State Sanitarian Supervision"	Q2, 1999		MOH, MOJ, Council of the Federation of Trade Unions
1.3	"On AIDS prevention"	Q2, 1999		MOH, MOJ, Council of the Federation of Trade Unions
1.4	"On drugs" and "On pharmaceutical activities"	Q3, 1999		MOH, SSC "Dori-Darmon", Uzpharmprom, MOJ
1.4	"On obligatory treatment of alcohol and drug abusers"	Q3, 1999		MOH, MOJ, Council of the Federation of Trade Unions, Ministry of Internal Affairs
2	Development of draft Decrees			
2.1	"On medical insurance"	Q1, 2000		MOH, MOJ, MOF, Council of the Federation of Trade Unions, MOL
2.2	"On blood transfusions / donors"	Q1, 1999		MOH, Academy of Sciences
2.3	"On tuberculosis"	Q1, 1999		MOH, Ministry of Social Maintenance, Academy of Sciences
2.4	"On psychiatric aid"	Q2, 1999		MOH, Ministry of Social Maintenance
II. Improvement of the healthcare organizational system				
3	Gradual development of General Practice in urban and rural areas	From Q4, 1998	MOH order	MOH, MOH of Karakalpakstan, Healthcare Departments of Tashkent and oblast Khokimiyats (Mayor offices)
4	Development and implementation of standards of emergency medical aid, including standards for diagnostics, treatment and length of patients' stay in hospitals, divided by groups of diseases	dek.98	Standards	MOH
5	Development and introduction of government standards for the quality of medical services and for control in the Republican Healthcare	Q2, 1999	Decree of the Cabinet of Ministers	MOH, State Committee of Science and technology, Council of the Federation of Trade Unions
6	Development and approval of the list of groups of patients, eligible for free medical servicing in chargeable healthcare facilities	Q1, 1999	Decree of the Cabinet of Ministers	MOH, MOF, Ministry of Social Maintenance, Council of the Federation of Trade Unions
7	Establishment of Republican Center of Emergency Medical Aid and its regional branches	According to schedule		
7.1	Transfer of the material and technological base of the established healthcare facilities into disposal of the Center and its branches		Order of MOH and decisions taken in	
7.2	Registration of the Center and its branches according to the current legislation		Coordination with other responsible executives	MOH, Tashjilinveststroy corporation, Council of Ministers of Karakalpakstan, Tashkent and oblast Khokimiyats
7.3	Measures of staffing the Center and its branches with high-skilled personnel			
7.4	Strengthening the material and technical base of Center and its branches			

8	Carrying out an inventory of the primary healthcare network and buildings getting freed-up in rural areas, development of the program for their transformation into SVPs	Before Jul 1, 1999	Regional programs	MOH, Council of Ministers of Karakalpakstan, oblast Khokimiyats
9	Development and implementation of measures of healthcare network restructuring	1999-2005	MOH order	MOH, MOF, Council of Ministers of Karakalpakstan, oblast Khokimiyats, ministries, departments
10	Development of a regulation of mahalla (city) physician sectors	Q2, 1999	MOH order	MOH, MOF, Council of Ministers of Karakalpakstan, oblast Khokimiyats, "Mahalla" foundation
11	Organization of mahalla (city) physician sectors	upon availability of proper conditions	Joint decisions of MOH and other relevant establishments	MOH, Council of Ministers of Karakalpakstan, oblast Khokimiyats, "Mahalla" foundation
12	Development and introduction of the Package of essential medical services, guaranteed by the Government	1999	MOH order	MOH, MOF
III. Improvement of the healthcare management system				
13	Development of an order of licensing the state and private healthcare facilities in the Republic of Uzbekistan	Q1, 1999	Decree of the Cabinet of Ministers	MOH, MOJ, Ministry of Macroeconomics and Statistics
14	Development of measures for supporting the development of non-governmental sector and private medical practice, public forms of management and control on the healthcare system	Q4, 1999	Decree of the Cabinet of Ministers	MOH, State Committee for Property, MOJ, MOL, "Soglom Avlod Uchun" foundation, Association of Physicians
15	Attestation of healthcare, educational and scientific-research facilities			Physicians
16	Development of the list of healthcare facilities due to privatization (transfer into private property or joint ventures)	Q4, 1999	Special Program	MOH, State Committee for Property
17	Development and introduction of tariffs for medical services and the order of their regulation	Q2, 1999	Decree of the Cabinet of Ministers	MOH, MOF, MOL
18	Organization of the State Sanitation and Epidemiological Supervision Department and State Sanitation and Epidemiological Supervision Centers	Q4, 1999	Decree of the Cabinet of Ministers	MOH
19	Development of normative acts for the Republican and territorial State Sanitation and Epidemiology Supervision Centers	Q4, 1999	Decree of the Cabinet of Ministers	MOH
20	Attestation and accreditation of laboratories of the Republican and territorial State Sanitation and Epidemiology Supervision Centers	Q4, 1999	Decree of the Cabinet of Ministers	MOH
21	Implementation of measures on improvement of the network and infrastructure of healthcare facilities regardless of their branch offices	1999		MOH, Tashkent Khokimiyat, Ministry of Macroeconomics and Statistics, MOF
22	Organization of the Institute of Health on the base of the Republican "Health" Center	2000	MOH order	MOH, MOF
23	Preparation of the program of healthcare system material and technical base development for 2001-2005	Q1, 2000	Program	MOH, MOF, Council of Ministers of Karakalpakstan, Tashkent and oblast Khokimiyats
24	Preparation of the program of international cooperation and attraction of foreign investments and funds for the development of healthcare system in the Republic	Q1, 1999	Program	MOH, MOF, Ministry of Foreign Affairs, Ministry of Foreign Economic Relations

IV. Improvement of the healthcare financing system				
25	Development of healthcare financing mechanism	Q3, 1999	Decree of the Cabinet of Ministers	MOH, MOF, MOL, Council of Ministers of Karakalpakstan, Tashkent and oblast Khokimiyats, Council of the Federation of Trade Unions
26	Development of an financing order for healthcare facilities with mixed type of financing	Q1, 1999	Joint decision	MOH, MOF
27	Shifting to the financing of healthcare facilities, depending on quantity of hospital patients and population being provided with services	Since 2000	Joint decision	MOH, MOF
28	Introduction of new forms of material incentives for healthcare personnel, depending on scope and quality of performed services	Since 2000	Joint decision	MOH, MOF, MOL
29	Development of a legislative basis for shifting to medical insurance	2000	Decree of the Cabinet of Ministers	MOH, MOF, Ministry of Macroeconomics and Statistics, MOL, MOJ
30	Gradual transition to medical insurance	According to the transition program	Transition program	MOH, MOF, Council of Ministers of Karakalpakstan, Tashkent and oblast Khokimiyats
31	Gradual transition of some healthcare facilities to self-insurance system	since 1999	MOH order	MOH, MOF, Ministry of macroeconomics and Statistics, State Committee for Property
32	Partial shifting of some multi-profile child hospitals in big cities to chargeable services	since 1999	MOH order	MOH, MOF
V. Improvement of pharmaceutical supplies <i>YHC</i>				
33	Development of mechanism of pharmaceuticals provision to population and healthcare facilities	Q2, 1999	Decree of the Cabinet of Ministers	MOH, MOF, Ministry for Social Maintenance, Dori-Darmon, Uzpharmprom
34	Development of the list and mechanism of purchase of pharmaceuticals for state needs	Annually, before Jan 10	Decree of the Cabinet of Ministers	MOH
35	Development of production of essential medicines, vaccines, immunological and other types of pharmaceuticals	1999-2000	Program	MOH, MOF, Uzpharmprom
36	Improvement of licensing system for pharmaceutical activities	Q1, 1999	MOH order	MOH
37	Development and approval of a formulary of pharmaceuticals due to free distribution in ambulatory settings	Q1, 1999	MOH order	MOH, MOF
38	Development of system on controlling the flow of pharmaceuticals, distributed free-of-charge	Q2, 1999	MOH order	MOH, Council of Ministers of Karakalpakstan, Tashkent and oblast Khokimiyats
39	Development of measures for improvement of mechanism of state control over prices for pharmaceuticals	Q2, 1999	MOH order	MOH, MOJ, Uzgosstandart
40	Development of the unique state system of quality control, registration and certification of pharmaceuticals	Q2, 1999	Decree of the Cabinet of Ministers	MOH, MOF, Dori-Darmon
VI. Refining of the sanitarian and epidemiological situation <i>Pharm</i>				
41	Development and implementation of the system of sanitation and epidemiology monitoring and epidemiological situations monitoring in the Republic	Q4, 2000	MOH order	MOH, Ministry of macroeconomics and statistics, State Committee of Nature

42	Development and implementation of the state sanitation and epidemiology programs in order to insure the urban and epidemiological well-being of cities and settlements	1999	MOH order	Ministry of Social Services, State Committee of Nature, Ministry of Agriculture and water management, "Ecosan" foundation
43	Development of the program on improving the quality of medical training and re-training	Q2, 1999	MOH order	MOH, Ministry of Higher Education
44	Ensuring the transition to two-level education of physicians - GP with 5-7 years of education -Narrow specialists - 2 years on the bachelor base	1999 and the following years	MOH order	MOH, Ministry of Higher Education
45	Gradual transformation of professional medical schools into colleges due to restructuring the existing ones and building new ones	1999-2005	Schedule of implementation of the Decree of the Cabinet of Ministers	MOH, Ministry of Higher Education, Council of ministers of the Republic of Karakalpakstan, oblasts and Tashkent city Khokimiyats
46	Development and implementation of new state educational standards and standard training plans and programs	Q4 of 1999	Sectorial standards	MOH, Ministry of Higher Education, Institute for settlement of high schools issues
47	Development of rules and state educational standards, programs and plans to train high-qualified nurses (anesthesiologists, mid wives, managers, trainers at professional medical schools, etc)	Q2 of 1999	Sectorial standards	MOH, Ministry of Labor, Ministry of Justice
48	Development of structure of personnel training and re-training (students, young specialists) by referring them to the leading medical institutions of developed countries	1999 and the following years	Agreements on cooperation with foreign educational institutions	MOH, Medical Institutions
49	The ration indicator of physicians to the mid personnel should be 1:6	To the year 2000	Personnel training plan	MOH, Ministry of Higher Education, Ministry of Finance, Ministry of Macroeconomics and Statistics
VIII. Improving the organization and level of scientific researches				
50	Refining of the system of scientific and research institutions	1999-2000	Decree of Cabinet of Ministers	MOH, MOF, Ministry of Macroeconomics and Statistics
51	Improving the mechanism of competitive distribution of funds to the fundamental and applied scientific medical researches	Q2	Regulation and joint decision	State Committee on Science and Technology, Academy of Sciences, MOH, MOF
52	Transfer of scientific researches to the competitive (grant) financing	Q3 of 1999	Regulation and joint decision	State Committee on Science and Technology, Academy of Sciences, MOH
IX. Improving the preventive care activities				
53	Development of measures to improve preventive care activities, health promotion and raising the harmoniously developed generation	Q2 of 1999	Program of the Decree of Cabinet of Ministers	MOH, Ministry of Education, State Sports Committee, State Committee on Environment, Establishment of trade unions federation, "Mahalla" foundation, "Sog'lom Avlod Uchun" foundation, Red Crescent Society, State Committee on Press, TV and Radio Company, ministries and authorities, Establishment of the Republic of Karakalpakstan, oblasts and Tashkent city Khokimiyats
54	Promotion of the necessity of physical development; systematic work on promotion of physical training and healthy life style among population as well as the development of national and traditional sports and games	Constantly	Intersectorial program	State Sports Committee, ministries, bodies, Democratic Federation of Sports Organizations
55	Establishment of the centers for physical training labor collectives, educational facilities and places of residence	2000	Decisions of ministries, bodies and local government authorities	Ministries, Council of Ministers of Karakalpakstan, oblasts and Tashkent city Khokimiyats

