



Uzbekistan

Immunization and PHC Workshop

Tbilisi, July 26-27, 2022



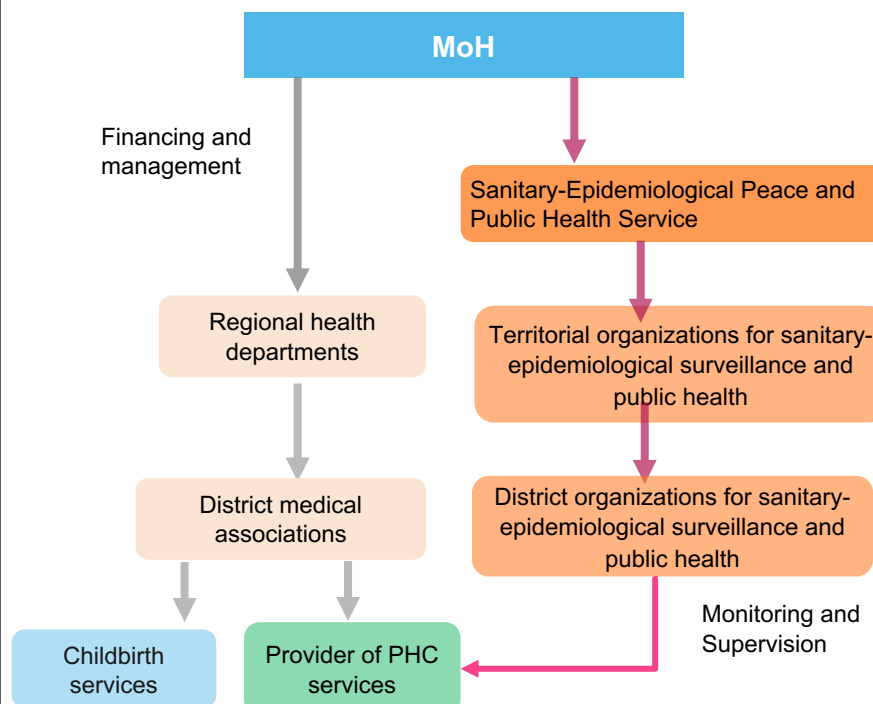
Министерство
здравоохранения
Республики Узбекистан

I. Key Measures

	2018	2019	2020	2021
Number of children under 1 year	743,980	795,627	834,521	889,569
Coverage with the first DPT dose under 12 m. (%)	99,7	98,8	98,8	98,4
Drop-out rate between the 1st and 3rd dose of DPT vaccine under 12 m. (%)	0,1	0,5	0,5	0,6
Coverage with the first DPT dose w/t age restriction (%)	99,7	99,9	99,7	99,9
Drop-out rate between the first and third DPT dose w/t age restriction (%)	N/A	N/A	N/A	N/A
Rota-1 coverage (%)	98,9	65,0	98,6	80,5
DPT-1 coverage* (%)	99,7	98,8	98,8	98,4
MMR-1 coverage timely (as per schedule) (%)	99,8	99,8	99,2	98,8
MMR-2 coverage timely (as per schedule) (%)	99,9	99,8	99,6	98,8
HPV full coverage (as per schedule) %	N/A	98,6	98,9	99,3
Zero dose children %	0,1	0,1	0,4	0,3

Source: National data
*at 4 months

II. Immunization Delivery Organogram



III. Service Delivery in Practice

Question	Yes/ Partially/ No	Example/ explanation
1. Immunization as part of integrated package of services	Yes	Part of the PHC service package
2. Integrated service delivery points	Yes	Preventive vaccinations are given at maternity hospitals, departments, health care facilities at the place of residence, emergency rooms, cons. centers and other private centers, as well as, in exceptional cases.
3. Integrated services from birth to adulthood	Yes	The organization of immunoprophylaxis involves the implementation of a set of measures to provide vaccines and toxoids in order to increase the coverage to the maximal level.
4. Integrated/coordinated referral system	Partially	
5. a) Integrated HMIS b) Identify child c) Screen vaccine status	a) No b) Partially c) Partially	b) The process of introduction of HMIS is underway. c) By a general practitioner through studying the relevant records in the outpatient card.
6. Motivation of HW	Fin. - Yes	Based on quarterly assessments of the quality of providing preventive immunization services by health care facilities various additional payments are made in the form of bonuses.
7. Sustainable capacity development of HW of PHC	Yes	Regional units organize a 3-day course on Safe Immunization on an annual basis. Specialized courses (1-3.5 months) have been introduced for general practitioners at the Tashkent Institute of Advanced Medical Education.
8. Immunization KPI for PHC performance measurement	No	1. Coverage by preventive vaccines; 2. Zero surveillance reports for measles, rubella and OPV.

IV. Key Challenges and Solutions

Challenges	Explanatory Factors	Possible Solutions	Way Forward
Fragmentation of immunization program depending on the level. At the national level, financing of the entire volume of vaccines (routine and epidemiological indications) is provided, however, the provision of syringes, safety boxes, fuel for cars, maintenance of equipment and cold stores is the responsibility of the local authorities. The amount of local funding depends on the loyalty of the local authorities.	There are no clearly defined expenditure items providing for the allocation of funds for each item of expenditure and funding sources.	Conducting a financial assessment of direct and indirect medical and non-medical costs associated with the immunization program, introducing standards for the workload of medical staff, use and maintenance of equipment.	
Lack of motivation among employees working at the PHC level (vaccinators and their backup)			
Health management information system in the field of immunization at the expense of donors, insufficient allocation of funds from the budget.			