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Commentary

COVID-19 in Central Asia: Uzbekistan's new approach to international cooperation

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The COVID-19 pandemic is not only a challenge to public health structures and economies but also a touchstone for international solidarity. Due to the implicit cross-border nature of the outbreak, the international health imperative of “Leaving No One Behind” has become more categorical than ever before. Central Asia, however, still seems to be a white spot on the map of Coronavirus response activities, with sparse international media coverage and few, if any, scientific publications. Geographically and culturally remote, the five countries Kazakhstan, Kirgizstan, Tajikistan, Turkmenistan, and Uzbekistan of ex-Soviet Asia have often been overlooked and are indifferently considered to be among the most repressive and self-isolating countries in the world. While the pandemic ruthlessly unveiled many weaknesses of public health systems globally, it also disclosed hitherto unrecognised positive changes in foreign policy, including new affirmative approaches to international cooperation in COVID-19 outbreak response. With more than 33.5 million people, Uzbekistan is the region's most populous state and one example of a country in transition. Since the election of Shavkat Mirziyoyev as president in December 2016, it signalled not only its intention to improve relations with its neighbouring countries, but also a commitment to open Uzbekistan to the international community.

Following an invitation from the Ministry of Health in Tashkent, a team of experts led by the Robert Koch Institute from Berlin and complemented by experts from the WHO Regional Office for Europe visited Uzbekistan on August 21–28, 2020. As a lower-middle-income economy with a relatively young population (median age in Uzbekistan is 27.8 years), the country has been strongly affected by the pandemic, with 70,921 reported cases and 601 reported deaths as of

November 20, 2020. After a relatively slight increase in new infections in April 2020, a second, more severe wave commenced at the end of May 2020. Like most countries worldwide, the health care system was initially overwhelmed.

The need to provide a solution for a large number of patients led to the construction of a 3139-bed stationary COVID-19 hospital in Tashkent, following the example of the Chinese emergency specialty hospitals. In the Republic of Karakalpakstan, Samarkand, and Namanagan, rapid response capabilities and critical care services were successfully established in sport halls within a week. The facility in Samarkand, which our mission has visited, includes an ICU with approximately 100 beds, a small PCR laboratory, and a triage centre. Modular infectious diseases hospitals with the total number of 23,168 beds and triage and treatment centres with the total number of 8,994 beds have been established in all regions of the country.

Nationwide, the number of COVID-19 laboratories was increased from 3 to 111 with a capacity of 35,000 tests per day. These laboratories are equipped with 150 sets of laboratory equipment for conducting PCR tests and are staffed with 510 laboratory workers, including doctors and laboratory technicians.

A second lockdown and campaigns to promote physical distancing and wearing of masks contributed to a decrease in cases since the beginning of August. However, challenges exist with regard to integrated surveillance and limited staff capacities in all areas of response.

To give a situation overview and inform decision-making during outbreak, the country presents a functional basic surveillance system that provides daily regional data published as a dashboard. The WHO regularly distributes COVID-19 situation reports for Uzbekistan. In addition, there is an ongoing self-assessment for the Joint External Evaluation (JEE) of International Health Regulations (2005) implementation in the country.

Since the beginning of the pandemic, the government of Uzbekistan has demonstrated its commitment to international cooperation and exchange of experience on the matters of outbreak response and patient treatment. Missions from Germany, Russia, South Korea, and Turkey have visited the country. The initial assessment mission of the Robert Koch Institute was followed by the second clinical mission on October 29–November 12, 2020 to support the healthcare workers in COVID-19 treatment centres across the country. Furthermore, Uzbekistan joined as a partner in a forthcoming international serological study on the

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burden and risk factors for COVID-19 among healthcare workers. Several clinical training programmes are in development together with German colleagues, including the strengthening of intensive care capacity for treatment of COVID-19 patients as well as the telemedicine project between Germany and Uzbekistan.

During both RKI missions, the teams were invited to move freely between cities and within institutes and facilities. Many open and critical discussions with Uzbek colleagues from all levels of the healthcare system informed the team about the current status of response and provided an evidence base for recommendations given directly to the Minister of Health. Uzbekistan's new era of openness puts a spotlight on the self-conception and the integrity of supranational organisations and western states as the main propagators of international solidarity. Corresponding commitments and initiatives are incremental, and deeds should follow words, e.g., when it comes to equal distribution of vaccines or access to research activities – not just for Uzbekistan, but for all countries that have freely chosen to be part of the international community.

Contributors

AJ and EB conceived the commentary. AJ produced the first draft of the manuscript. AS provided the data. All authors

contributed to critical revision of the manuscript for important intellectual content. EB drafted the final version and submitted the manuscript. All authors have read and approved this version.

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Declaration of Interests

We declare no competing interests.