



HEALTHCAP

PROJECT NEWSLETTER No. 1/2014

HEALTH RESEARCH CAPACITY AND WATER-RELATED DISEASES

EDITORIAL

“Working Together”: Strengthening research communication for effective collaboration

If there is anything that the world will witness in the coming decades, it will be strengthening health research systems to attain better human health. The Center for Development Research (ZEF), University of Bonn, in cooperation with the Research Institute for Sanitary, Hygiene and Occupational Diseases (RISHOD), a research institute of the Ministry of Health, Republic of Uzbekistan, is undertaking a collaborative initiative between European and Uzbek partners. HEALTHCAP, a science-based capacity building initiative, is to address the growing threat. Facilitated by the Volkswagen Foundation, the HEALTHCAP aims to stimulate European scientists to engage in public health research with Uzbek scientist; and to ameliorate conditions for research and higher education for improved public health care in Uzbekistan.

The HEALTHCAP initiative began with a stakeholder workshop to bring together practitioners, government officials, public health researchers, international agencies and non-governmental organizations to harvest the ‘emerging wisdom’ for a collaborative public health research. Experts with strong international experience on integrated risk assessment, epidemiology, socio-institutional analysis, application of GIS and integrated modeling

are involved in the project activities. These activities are divided into three complementary research themes: disciplinary, interdisciplinary and health research capacity building themes. The overall goal is to close the gap between ‘research and practice’. Such a combination helps to interpret and communicate knowledge from diverse disciplines to allow a better understanding of the health risks from water-related diseases, and to create conditions for a Center



for Environmental and Health Research in Uzbekistan to foster future collaboration.

This newsletter is published to keep in touch with everyone concerned with public health, apprised about ‘emerging wisdom’ from our activities, invite contributions from concerned individuals and to stay together.

V.S.Saravanan and Dilorom Fayzieva

NEWSLETTER 1

Content list:

Editorial	1
Water and Health in Tashkent Province	2
News	3 & 4
Inception Workshop	5
RISHOD	6
Contact	6

JULY 2014

Special points of interest:

- * Uzbekistan’s National Health Strategy 2020
- * Upcoming events in Central Asia
- * The Inception Workshop



TASHKENT PROVINCE

Water and health scenario in Uzbekistan's rapidly urbanizing province

Tashkent Province is the fastest growing province in the Republic of Uzbekistan. It has around 4,450,000 inhabitants (as in 2011) and its density (including Tashkent city) is 297 people per square kilometre (as in 2006), following Andijan (567 per 1 square kilometre) and Ferghana (431). Tashkent Province consists of five towns and 15 districts. Excluding Tashkent City, which is governed as an independent administrative unit, the Province is divided into 15 administrative units called districts with a population about 2,610,900. The climate of the province is moderately continental with vertical zonation. It has a high daily and annual fluctuation in air temperatures and highly variable annual rainfall. Despite its proximity to Tashkent City, about 82% of the population (as in 2005) in the Province only is provided with water supply systems. The coverage has slightly increased from 79% in 2000 (Fig. 1), and is marginally lower than the national average (84%). Further, only about 70% of the population has access to sewage systems, septic tanks or other hygienic sewage disposal systems in place. This has a significant impact on human health.

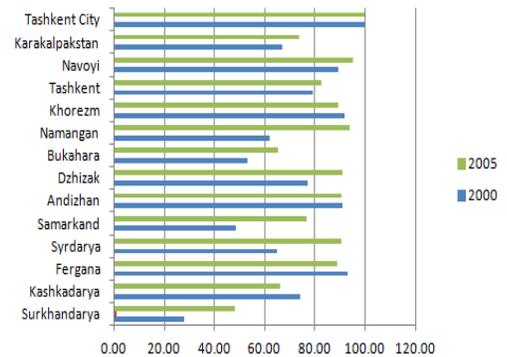


Fig. 1: Percentage of population whose homes are connected to water supply system (as of 2005)

In 2005, the Province has witnessed the higher incidence (167 per 100,000 population) of viral hepatitis A, B and C (Fig. 2) in Uzbekistan. Though the incidence has decreased from 309 in the year 2000, it continues to be highest in the country. Hepatitis A dominates with 151 incidence cases reported in 2005, compared to the national average of 105. In addition, the standardized death rate from infectious and parasitic diseases continues to be high in Tashkent Province, with 37 cases reported in 2005, compared to an annual national average of 21. HEALTHCAP aims to study two districts (one rural and one urban) in the Province to understand the global environmental factors influencing water-related diseases. This will enable the research team to build health research capacities for improved surveillance and monitoring of diseases in the districts.

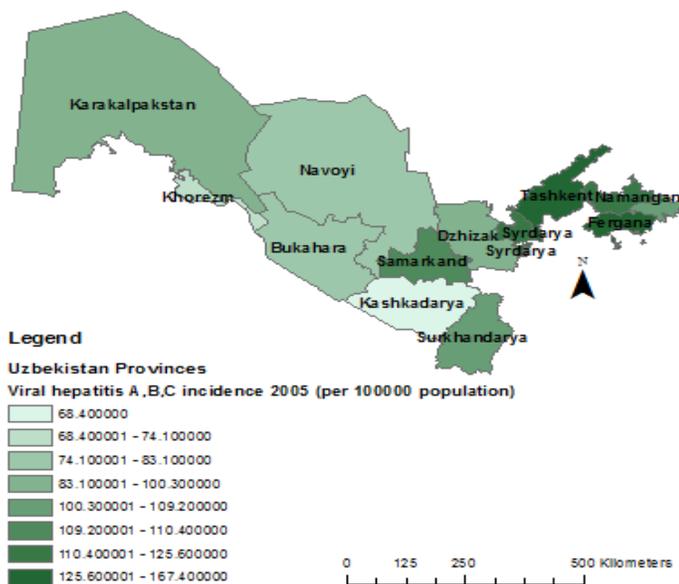


Fig.2: Viral hepatitis A,B,C incidence in Uzbekistan

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Note: Statistics illustrated in the text is drawn from the State Committee of the Republic of Uzbekistan on Statistics. 2006. Healthcare in Uzbekistan: Facts and Figures. Tashkent Uzbekistan.



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RESEARCH NEWS

HUMAN HEALTH AND THE WATER ENVIRONMENT: USING THE DPSEEA TO IDENTIFY THE DRIVING FORCES OF DISEASE

Science of the Total Environment 468-469
2014, Pages 306-314
J. Gentry-Shields, J. Bartram

There is a growing awareness of global forces that threaten human health via the water environment. A better understanding of the dynamic between human health and the water environment would enable prediction of the significant driving forces and effective strategies for coping with or preventing them. This report details the use of the Driving Force–Pressure–State–Exposure–Effect–Action (DPSEEA) framework to explore the linkage between water-related diseases and their significant driving forces. The DPSEEA frameworks indicate that a selected group of driving forces, including population growth, agriculture, infrastructure (dams and irrigation), and climate change, is at the root cause of key global disease burdens. Construction of the DPSEEA frameworks also allows for the evaluation of public health interventions. Ultimately, the DPSEEA frameworks offer a platform for constituents in both the health and environmental fields to collaborate and commit to a common goal targeting the same driving forces.

ENCYCLOPEDIA OF FOOD SAFETY

2014, Pages 287–294
Volume 1: History, Science and Methods

Foodborne Diseases: Prevalence of Foodborne Diseases in South East and Central Asia
R. Dewanti-Hariyadi, D Gitapratwi

Foodborne disease pathogens in South East and Central Asia are still influenced by inadequate hygiene. The two regions consist mostly of developing countries, some of them continue to struggle with basic hygiene programs. Knowledge on pathogens prevalent in South East and Central Asia is mostly derived from limited reports from clinical isolates of diarrheal patients. Shigella is the major causative agent for diarrhea shared in the two regions. Rotavirus and helminthic parasites are well documented in South East Asia but not in Central Asia. In contrast, brucellosis and botulism frequently reported in Central Asia are rarely recorded in South East Asia. Foodborne disease outbreaks in South East and Central Asia are generally underreported; as records and monitoring of foodborne diseases is often inadequate. This article summarizes and compares the current state of art concerning outbreaks and appearances of foodborne diseases in countries of South East Asia and Central Asia.



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NATIONAL HEALTH 2020 STRATEGY IN UZBEKISTAN

Uzbekistan is the latest country in the WHO European Region to embark on the process of developing a national Health 2020 strategy. With the support of the Deputy Prime Minister of Uzbekistan, Dr Adkham Ilkhamovich Ikramov, and the country's Minister of Health, Dr Anvar Valiyevich Alimov, a national inter-sectoral meeting was held in Tashkent on 14 May, 2014. The aim was to strengthen whole-of-government actions towards health and well-being, under the implementation of the European policy framework for health and well-being, Health 2020.

Promoting inter-sectoral action for health

Participants from the Ministry of Health, other government sectors, nongovernmental organizations and international organizations attended the event. There was a lively and constructive debate about how a national Health 2020 strategy could add value in Uzbekistan. Despite the country's great progress towards universal health coverage,

there was agreement that Uzbekistan's health challenges cannot be solved by the health care sector alone. Actions in all government sectors, and shape the health and well-being of the population. Participants agreed that an overarching national whole-of-government strategy for health is required to improve the health of the people. It was also clear that many of the building blocks of a Health 2020 strategy for Uzbekistan already exist. These mainly include the recent developments of a national non-communicable diseases action plan, and maternal and child health strategy. In this context, Uzbekistan's Health 2020 strategy will act as a framework with the objective to unite and reinforce the existing health strategies and plans, as well as reach beyond the health care sector.

Note: Information is drawn from World Health Organization Europe, country news: <http://www.euro.who.int/en/countries/uzbekistan/news/news/2014/05/uzbekistan-moves-forward-to-develop-a-national-health-2020-strategy> (last access: 30/07/2014)

CONFERENCE NEWS

2nd International Conference on Global Public Health (GPH 2014) - Development Agenda at Crossroads

3rd– 4th of July 2014 at Negombo, Sri Lanka

The second GPH focuses on education, equality and economy and their interactions with the global health agenda.

The 2014 Asian Symposium on Water, Sanitation and Hygiene

27th to 29th August 2014 at Hiroshima, Japan

The three-day conference in August will provide an interdisciplinary platform, focusing on the theme; Global Challenges: Universal Water, Sanitation and Hygiene.

World Health Summit (WHS) 2014

19th – 22nd of October, Berlin.

The annual WHS has become the pre-eminent forum for addressing global health issues. Central topics will be (among others): Climate Change and Health, Universal Health Coverage, Physical Activity for Health & Healthy Ageing.



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THE INCEPTION WORKSHOP

ZEF launched its science-based capacity building project called HEALTHCAP with an inception workshop ‘Working Together’ in Tashkent on 3-4 April, 2014. The workshop aimed to reinforce trust, share responsibilities and establish transparency among the project partners. It highlighted the need for the partners from Europe and Uzbekistan (researchers, practitioners and public agencies) to strengthen research collaboration in order to solve the health problems confronting us.

The workshop was attended by partners and experts representing the Center for Epidemiology and Sanitary Surveillance (CESS) and the Ministry of Health, Republic of Uzbekistan. Dr. Dilorom Fayzieva (Project Advisor) welcomed the participants and highlighted the long-term collaboration between Uzbekistan and ZEF. She stressed the need to strengthen this through the HEALTHCAP ‘Visions and Strategies’. Prof. Roza Kamilova (Deputy Director, Research Institute for Sanitary, Hygiene and Occupational Diseases) provided an overview of the health scenario in Tashkent province and emphasized the need for an interdisciplinary research initiative that improves health research capacity. Prof. Islam Usmanov (Research Institute for Irrigation and Water Problems) outlined his decade-long experience in research on water quality and problems in Tashkent. Dr. Saravanan Subramanian highlighted the opportunities the project offers to Uzbekistan through the strengthening of research and higher

education capacities on integrated risk assessment. These overviews were followed by group discussions among partners to streamline the project’s activities and timeline. The doctoral candidates (Ms Lola Isakova on Epidemiology; Ms Anastasiya Utyatslaya) on Social Hygiene; Ms. Feruza Alimova on integrated risk assessment, Ms



Minjung Cho on health research system; Mr Shodiyor Usupov on health information system) presented their objectives and research questions, detailing how these are integrated in the project’s overall framework .

The expert from the Ministry of Health, Dr Baymetova Nasiba Xashimovna, provided an overall feedback on the framework, suggested to choose case study districts that offer moderate incidents of diseases and that have a combination of socio-economic groups. She highlighted the importance of examining and visualizing water-related diseases from an integrated spatial perspective. She believes the research and information generated from the project will strengthen the CESS and its frontline polyclinics in the surveillance and monitoring of diseases in the district.



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PARTNERS PROFILE

**The Research Institute of Sanitation,
Hygiene and Occupational Diseases
(RISHOD), Ministry of Health of
the Republic of Uzbekistan**

The Research Institute of Sanitation, Hygiene and Occupational Diseases (RISHOD) of the Health Ministry of the Republic of Uzbekistan was established in 1934. The Institute is one of Uzbekistan’s leading research organizations on environmental health. The specific research areas of the institute are Communal Hygiene, Labor Hygiene and Occupational Diseases, Children’s and Teenagers’ Hygiene, Food Hygiene, Hygiene and Toxicology of Pesticides.

RISHOD consists of hospital, scientific auxiliary units and four main research departments - the Department of Communal Hygiene, the Department of Hygiene and Toxicology of Pesticides, the Department of Labor Hygiene and Occupational Diseases and the Department of

Children and Teenagers’ Hygiene and Food Hygiene. The institute has carried out a number of national and international research projects under the aegis of the Ministry of Health, Republic of Uzbekistan. Currently, the institute has seven ongoing applied projects on the basic directions of hygiene under the Program – 11 “Health protection of population on basis of improvement available and creating a new methods and technology in medicine” of the Committee on Coordination of Science and Technology Development.



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Uzbekistan



RIIWP
Research
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Irrigation and
Water Problems (RIIWP) at Tashkent
Institute of Irrigation and Melioration



HRI
Hydrometeoro-
logical Research
Institute (HRI), UzHydromet



ICIS
International
Centre for Integrated Assessment and
Sustainable Development (ICIS),

www.zef.de/healthcap.html

HEALTHCAP newsletter is a half-yearly publication.
HEALTHCAP is funded by the Volkswagen Foundation.