



USAID | **AZERBAIJAN**
FROM THE AMERICAN PEOPLE

AZ SHIP PROJECT YEAR ONE ANNUAL REPORT SEPTEMBER 27, 2011 – SEPTEMBER 30, 2012



This publication was produced for review by the United States Agency for International Development. It was prepared by the Azerbaijan Strengthening Health Systems through Integrated Programs (AZ SHIP) project.

Recommended Citation: *AZ SHIP Project Year One Annual Report*. Bethesda, MD. Azerbaijan Strengthening Health Systems through Integrated Programs (AZ SHIP) project, Abt Associates, Inc.

Cooperative Agreement No.: I12-A-11-00001

Submitted to: Mehriban Mammadova
Health Project Management Specialist
USAID/Azerbaijan



Abt Associates Inc. | 4550 Montgomery Avenue | Suite 800 North
| Bethesda, Maryland 20814 | T. 301.347.5000 | F. 301.913.9061
| www.abtassociates.com

In collaboration with:

Assistance to Healthcare Development | Save the Children

AZ SHIP PROJECT

YEAR ONE ANNUAL REPORT

SEPTEMBER 27, 2011 – SEPTEMBER 30, 2012

DISCLAIMER

The author's views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development (USAID) or the United States Government

CONTENTS

- ACRONYMS..... vi**
- 1. EXECUTIVE SUMMARY..... 10**
- 2. COMPONENT SUMMARIES..... 12**
 - 2.1 COMPONENT 1: Strengthen Governance Capacity of the Ministry of Health to Direct and Implement Reform Initiatives..... 12
 - 2.2 COMPONENT 2: Improve Mobilization, Allocation, and Use of Health Care Resources 14
 - 2.3 COMPONENT 3: Improve Quality of Health Care Services 16
 - 2.4 COMPONENT 4: Individuals and Communities Empowered to Exercise their Health Care Rights and Responsibilities..... 18
- 3. LESSONS LEARNED..... 20**
 - 3.1 Lesson #1: Clinical Practice Guidelines have proven essential to improving the quality of health care services and ensuring the sustainability of that improvement..... 20
 - 3.2 Lesson #2: Health care in rural Azerbaijan remains severely under-resourced. As a result, stand-alone provider training has limited impact. It must be paired with advocacy and, at times, basic supplies. 20
 - 3.3 Lesson #3: Health care providers in Azerbaijan are enthusiastic about training if they are sure that the training will be useful..... 21
 - 3.4 Lesson #4: Improving the health policy environment requires steady engagement and constant responsiveness. 21
- 4. SUCCESS STORIES..... 24**

ACRONYMS

ACSM	Advocacy, Communication, and Social Mobilization
AECM	Analytical Expertise Center for Medicines
AHCA	Azerbaijan Health Communication Association
AHD	Assistance to Healthcare Development
ALSO	Advanced Life Support in Obstetrics
AMTSL	Active Management of the Third Stage of Labor
AMU	Azerbaijan Medical University
ARI	Acute Respiratory Infection
AZ SHIP	Azerbaijan Strengthening Health Systems through Integrated Programs
BOD	Burden of Disease
BBP	Basic Benefits Package
BTRP	Biological Threat Reduction Program
CAG	Community Action Group
CCM	Country Coordinating Mechanism
CHAG	Community Health Activists Group
COP	Chief of Party
CPG	Clinical Practice Guideline
CQI	Continuous Quality Improvement
DCOP	Deputy Chief of Party
DHCPR	Department for Health Communication and Public Relations, NCPHR
DMT	District Monitoring Team
DOT	Directly Observed Treatment
DRG	Diagnostic Related Groups
DST	Drug Sensitivity Testing
DTRA	Defense Threat Reduction Agency
EBM	Evidence-Based Medicine
EIDSS	Electronic Integrated Disease Surveillance System
FM	Family Medicine
GDP	Gross Domestic Product
GLC	Green Light Committee
GOA	Government of Azerbaijan

HF	Health Financing
HIC	Health Information Center
HMIS	Health Management Information System
HSRP	Health Sector Reform Project
ICME	Institute for Continuous Medical Education
ICRC	International Committee of the Red Cross
ISC	Innovation and Supply Center
IUD	Intrauterine Device
IWG	Interagency Working Group
KAP	Knowledge, Attitudes, and Practices
MDR TB	Multi-Drug Resistant Tuberculosis
MNCH	Maternal, Neonatal and Child Health
MOF	Ministry of Finance
MOH	Ministry of Health
MOJ	Ministry of Justice
MSD	Medical Statistics Department of the Ministry of Health
NAR	Nakhichevan Autonomous Republic
NCD	Non-communicable Diseases
NCPHR	National Center for Public Health and Reform
NDP	National Drug Policy
NGO	Non-Governmental Organization
NHA	National Health Accounts
NPP	National Perinatal Program
NRHO	National Reproductive Health Office
NTP	National Tuberculosis Program
ODB	Outpatient Drug Benefit
OT	Outreach Team
PC	Perinatal Center
PGIM	Postgraduate Institute of Medicine
PHC	Primary Health Care
PHCS	Primary Health Care Strengthening Project
PIU	Project Implementation Unit
PMP	Performance Monitoring Plan
PPS	Provider Payment System
PSP-One	Private Sector Partnerships for Better Health-One

QI	Quality Improvement
RDU	Rational Drug Use
RH/FP	Reproductive Health/Family Planning
RILD	Research Institute for Lung Disease
RIOG	Research Institute for Obstetrics and Gynecology
RPC	Republican Perinatal Center
SAMHI	State Agency for Mandatory Health Insurance
SC	Save the Children
SES	Sanitary and Epidemiological Service
STTA	Short-term Technical Assistance
TB	Tuberculosis
TBCTA	Tuberculosis Coalition for Technical Assistance
TOT	Training of Trainers
USAID	United States Agency for International Development
WB	World Bank
WB HSRP	World Bank Health Sector Reform Project
WG	Working Group
WHO	World Health Organization

I. EXECUTIVE SUMMARY

The two-year USAID-funded Azerbaijan Strengthening Health Systems through Integrated Programs (AZ SHIP) project was initiated on September 27, 2011. The project team is led by Abt Associates with partners Save the Children (SC) and Assistance to Healthcare Development (AHD). AZ SHIP builds on and continues the work of the USAID-funded Azerbaijan Primary Healthcare Strengthening (PHCS) project, which was implemented from 2007 to 2011.

Year 1 has been a year of learning and progress for AZ SHIP. The project has developed a capacity building technique that meets the demands of the Ministry of Health (MOH) and supports data-based decision-making and found an advocacy approach that resonates with health officials and health care providers. AZ SHIP has begun to see improvement in health care services as a result of project-supported quality improvement activities and seen communities expand their knowledge of health at educational events.

4,391 people, including 3,771 women, were trained with project support on a number of topics, including: 1,544 health providers in evidence-based clinical practice guidelines; 182 health personnel in standard Quality Improvement and Supportive Supervision monitoring tools; 25 medical trainers in updated, evidence-based clinical practice guidelines; 202 health providers in patient-provider communication; 662 Community Action Group members in community organization management; 129 community members in priority health topics, such as hygiene and rational drug use; and 190 professionals in areas from health management information systems to behavior change communication.

As a result of AZ SHIP's efforts, 122 hospitals are now using the new health management information system. 11 facilities are using the state of the art e-TB Manager tool to improve tuberculosis care. Four new clinical practice guidelines have been developed, and five training packages have been assembled to train providers on new guidelines.

Data collection systems such as the health information system and e-TB Manager improve the governance capacity of the Ministry of Health. Policy dialogue on topics like outpatient drug benefits and second-line TB drugs leads to better mobilization, allocation, and use of health care resources. Training physicians and developing clinical practice guidelines improves the quality of health care services. Educational campaigns and community mobilization efforts empower individuals and communities to exercise their health care rights and responsibilities. Taken as a whole, these efforts contribute to USAID Azerbaijan's strategic objective of increased use of quality health services and practices.

This project annual report summarizes achievements by project component, includes a series of project success stories, and describes a number of lessons learned from the project's first year.

2. COMPONENT SUMMARIES

2.1 COMPONENT I: Strengthen Governance Capacity of the Ministry of Health to Direct and Implement Reform Initiatives

Introduction

Health policymaking in Azerbaijan in the early post-Soviet period was not consistently evidence-based or participatory. Institutional capacity to collect and analyze information and to develop and present policy recommendations was limited, as was capacity to implement reform initiatives.

During its first year, AZ SHIP capitalized on the strong working relationships that had been developed with national counterparts under PHCS to further strengthen Ministry of Health (MOH) governance capacity in three areas:

- 1) Design and implementation of strategic plans;
- 2) Development of the legislation and regulations necessary to implement health reform initiatives; and
- 3) Collection and utilization of health data to inform decision-making.

Achievements

AZ SHIP continued the work of the PHCS project to further support the implementation of national perinatal care and TB/MDR TB strategies, while simultaneously building capacity to turn these broad strategies into concrete action plans and activities. This work included collaborating closely with the national institutions responsible for implementation to provide guidance on specific activities, timeframes, and next steps; supporting amendments to clinical practice standards and guidelines consistent with the directions of the new strategies; training and mentoring national trainers to roll out new approaches outside Baku; and providing technical assistance to monitor implementation.

The project advocated for changes to and/or the development of legislation and regulations by preparing policy and advocacy briefs. One brief advocated for passage of the Reproductive Health Law by Parliament which was developed in 2006 but not passed. The brief was shared with the Parliamentary standing committee on health for their consideration and use in bringing the law back onto the Parliament's agenda. A second brief, based on a projection of needs for and cost of TB drugs developed by the project, was shared with the MOH and advocated that the Government consider committing funding for second line drugs starting in 2014 as donor funding comes to an end. The project also initiated dialogue and advocacy efforts around concepts of basic benefits packages and the use of Burden of Disease and Cost-Effectiveness models and analyses to improve health system decision-making, by developing an advocacy paper and sharing it with stakeholders.

In addition, AZ SHIP worked with the National Center for Public Health and Reform (NCPHR) to help update several Ministry orders and regulatory documents on clinical practice guideline (CPG) development, revision, and implementation. In addition, the project began a series of discussions to explore public-private partnerships in health, including in the areas of breastfeeding and reproductive health and family planning. AZ SHIP also supported NCPHR to develop a code of ethical conduct for

health care workers, create an accompanying training program, and initiate training for 15 staff members of NCPHR.

AZ SHIP's presentation to the Minister of Health of a hospital health management information system (HMIS) based on Form #66 (patient discharge form), which had been piloted under PHCS, resulted in Ministry agreement to expand the system nationwide, starting in maternity hospitals. To date, the system has collected and begun to analyze more than 350,000 patient records. This data can be used to analyze hospital performance and continue to model hospital payment systems, including diagnostic related group (DRG)-based payments. AZ SHIP also provided hardware and technical assistance to implement e-TB Manager in a number of sites, with over 1,945 TB patient records from 14 facilities entered to date.

AZ SHIP also helped to organize a conference on TB and lung diseases in Nakhchivan Autonomous Republic, a geographically isolated republic of Azerbaijan. The success of the conference served as the foundation for future collaboration between USAID on TB and MNCH.

Sustainability

Strengthened health governance capacity will lead to long-term improvement in health care as a result of better decision-making and implementation. AZ SHIP has built strong relationships with and increased the technical and management capacity of the MOH and national institutions charged with developing and implementing strategies for TB, MNCH, and RH/FP, including the Republican Institute for Lung Disease and Republican Institute for Obstetrics and Gynecology. The project has accomplished this through provision of external technical expertise, joint annual planning and implementation, and collaborative development of tools and indicators to measure implementation progress. AZ SHIP works particularly closely with NCPHR on introducing evidence-based medicine concepts into Azeri clinical care and developing CPGs. These functions were institutionalized within NCPHR even prior to the start of AZ SHIP, and will undoubtedly continue after USAID assistance comes to a close.

Challenges and Risks

Improving health policy is a slow process, and better policy then takes time to begin improving delivery of health care services, particularly when implementation capacity is weak. While a certain level of decision-making on technical issues in Azerbaijan has been delegated, many broad health policy decisions remain the purview of the Minister or higher levels of Government. While data can certainly be helpful in informing policy and decision-making, it also may highlight deficiencies in past strategies and approaches that some may not wish to acknowledge or accept. The project also has found that FP issues are not a high priority for the Government which has influenced progress on this topic.

Priorities for the Future

The Government of Azerbaijan has a strong desire to modernize and has sufficient resources to invest in bringing the health care system closer to international standards and best practices, should the Government choose to do so. While technical experts in the MOH and national institutes are open to implementing evidence-based strategies and approaches, further policy dialogue and advocacy may be required at higher levels of decision-making in order to continue to make progress in improving health sector efficiency and the quality of care, and adequately addressing public health threats like MDR TB.

As the active presence of development partners wanes in Azerbaijan, it will be increasingly important that partners closely coordinate efforts for maximum impact given shrinking resources, and speak to the Government with one voice on critical health system and health care delivery issues.

2.2 COMPONENT 2: Improve Mobilization, Allocation, and Use of Health Care Resources

Introduction

Limited Government investment in the health sector (1.2% of gross domestic product in 2009) has contributed to a decline in coverage and quality of health services in Azerbaijan. As in other post-Soviet settings, health sector funding is distributed inequitably across the country, the hospital sector is particularly inefficient, and insufficient funds are allocated for primary health care (PHC) and preventive health services. Much of the burden of health care costs falls on individuals and families who pay out of pocket, which accounts for an estimated 50-60% of total health spending.

Based on the advice of USAID, the World Bank, and WHO, the Government of Azerbaijan (GOA) developed plans to improve health financing and establish a national health purchaser in 2007. PHCS provided technical assistance to help the GOA draft regulatory documents in health financing, including a national strategy and an organizational plan and functional specifications for a health purchaser. While the political decisions necessary to establish the health purchaser or fully implement health financing reform have not been taken, the GOA has supported development of narrowly focused provider payment systems with USAID and World Bank technical assistance. PHCS supported efforts to collect clinical and cost data through a new health management information system (HMIS) and use the data to model a case-based hospital provider payment system based on diagnosis-related groups (DRGs).

During its first year, AZ SHIP built on these achievements through activities to:

- 1) Advocate for increased health sector funding, including for PHC, priority programs, and preventive care;
- 2) Support efforts to establish a strategic purchaser and to introduce provider payment systems that create incentives for increased efficiency; and
- 3) Increase management autonomy and capacity at all levels of the system.

Achievements

AZ SHIP continued dialogue and advocacy efforts with national counterparts around basic benefits concepts and the use of Burden of Disease and Cost-Effectiveness models and analyses to improve health system decision-making, developing an advocacy paper and sharing it with stakeholders for discussion. If they are taken up by the Government, these models can help determine how best to allocate existing health sector resources and where to target additional health sector resources if they become available. At MOH request, AZ SHIP developed a tool that allows the MOH to estimate the country's annual need for and cost of first and second-line TB drugs and developed an advocacy paper calling for additional government funds to purchase second-line drugs to treat MDR-TB patients, particularly after development partner assistance comes to an end.

AZ SHIP also continued to support implementation of the hospital information system based on Form #66 (patient discharge form) and advocated for introduction of new provider payment systems, including a case-based hospital payment system based on DRGs. The project provided support to MOH to act as a strategic purchaser, focusing on development of appropriate pharmaceutical policies, rational drug use, and advocating for introduction of an outpatient drug benefit program (ODB) which would provide a set of free or subsidized medicines at PHC level to the majority of the population. ODB programs in other countries have reduced population out-of-pocket payments, increased the use of appropriate drugs (tied to evidence-based clinical guidelines), and increased the use of lower cost generic drugs. AZ SHIP has completed a draft simulation model and literature review on ODB programs, including case studies from Estonia, Hungary, Kyrgyzstan and Turkey, where ODB programs were introduced. The four case studies provide an introduction to the variety of policy tools that may be considered and the scenarios that may occur when a country prepares to introduce an ODB package. AZ SHIP also worked with the Innovation and Supply Center under MOH to review the list of medicines procured by the MOH for hospitals and recommended removing 16 inappropriate items.

The project's support of implementation of the hospital HMIS provides hospital managers with information about their workload and performance. The HMIS is being introduced in 122 hospitals across the country, guided by an implementation plan. Two reports have been developed using data from the HMIS focused on performance monitoring for inpatient care and shared with hospital directors as a basis for discussion of hospital management in order to continuously improve performance indicators within the constraints of current levels of facility autonomy.

Sustainability

Supporting GOA to improve health financing is critical to the institutionalization and sustainability of interventions that increase access to health care services and improve the quality of care for priority services. Efforts to improve health sector resource use by the government of Azerbaijan have focused on advocacy and capacity building with the MOH. The increased ability of the MOH to make data-based health financing choices and its increased ability to do so are fully sustainable, barring major political change.

As a result of AZ SHIP assistance and advocacy, MOH order #108/2011 was drafted to introduce this system to all hospitals in Azerbaijan and to define functions of the system maintenance and use among MOH institutions such as HIS Center, Medical Statistic Center, NCPHR and MOH clinical department. In addition, a working group was established under MOH to facilitate implementation process.

Challenges and Risks

While advocacy efforts have led to changes in MOH policy, that change has been incremental. For example, the GOA has not committed to establishing a health purchaser and formally introducing new provider payment systems. While initial discussions on basic benefits package concepts have been welcomed by technical staff, further policy dialogue and advocacy work may be needed at higher levels of Government in order to influence decisions regarding the level of investment in the health sector and how health care resources may be better allocated.

Priorities for the Future

Advocacy efforts must continue in order to drive change. Continued coordinated donor dialogue with the Government on health financing issues is one option. While the introduction of hospital information systems is supported and relatively well institutionalized, further advocacy work and technical

assistance may be needed to drive its use, both in terms of monitoring and improving hospital performance and in implementing a case-based, hospital provider payment system.

2.3 COMPONENT 3: Improve Quality of Health Care Services

Introduction

Like other countries in the former Soviet Union, Azerbaijan faced serious challenges with regard to the quality of primary health care services following 1991. During the Soviet period, medical standards were traditionally defined centrally by experts rather than being based on and updated in line with evidence-based medicine and international best practices. The knowledge and skills of health providers stagnated due to decreased budgets and fewer offerings for routine training and continuous medical education.

Since 2007, with USAID support, Azerbaijan has put in place key building blocks to improve the quality of priority health care services, particularly in PHC and maternity facilities. A policy framework has been adopted specifying the qualifications of health care personnel and creating a foundation for evidence-based medicine (EBM). An institutional structure and process have been established to introduce EBM principles and develop and approve evidence-based clinical practice guidelines.

Fifty-nine CPGs on priority health conditions have been developed and approved; 30 more are in the process of development. Key CPGs have been implemented through quality improvement (QI) activities in pilot PHC facilities and incorporated into family medicine retraining programs. AZ SHIP is tracking and expanding the positive results of the facility-level QI processes in target districts which were begun by PHCS. Progress has also been made to strengthen supporting health system functions; certain conditions must be in place in the health system to allow quality of care to improve.

AZ SHIP's approach to improving quality of care for priority health services builds on the foundation of national acceptance of EBM achieved under PHCS, as well as achievements in improving policies, guidelines, and clinical care for TB and MNCH. Activities focus on:

- 1) Institutionalizing QI roles, responsibilities, and processes at the national level, including integrating evidence-based practices into undergraduate and postgraduate medical education for sustainability;
- 2) Improving the quality of MNCH, RH/FP, TB, and PHC-sensitive conditions/NCD/preventive care services at the facility level in targeted districts.

Achievements

At the national level, AZ SHIP successfully advocated for the establishment of a Monitoring and Evaluation (M&E) Department in NCPHR which will further strengthen (and institutionalize) their role in leading QI processes in the country. The project also collaborated with academic institutions to develop plans to improve medical education and trained 25 faculty members on EBM and epidemiology and biostatistics. AZ SHIP also conducted clinical trainings for the faculty and students of medical colleges and the Medical University in Baku. The project supported the development of four new CPGs on the topics of TB in children, Respiratory Disorders in Neonates, Immunological Conflicts in Pregnancy, and TB during pregnancy and helped develop training materials for six existing CPGs (TB Treatment, TB Prevention, TB Detection, Postpartum Hemorrhage, Hyperbilirubinemia in Newborns, and Hypoglycemic and Hyperglycemic Conditions in Newborns).

AZ SHIP conducted trainings for PHC and TB doctors from Baku and the project's seven pilot districts on TB CPGs, training 132 doctors over the course of the year. In addition, to begin to institutionalize new clinical standards and practices in the next generation of doctors, AZ SHIP conducted a two-day training course on Prevention, Case Finding, Diagnosis, and Treatment of TB for 45 students and faculty members at the Azerbaijan Medical University.

AZ SHIP successfully expanded QI activities to 10 facilities, setting up new District Monitoring Teams (DMTs) in two districts, and training 182 health providers on QI and supportive supervision. In total, the project is supporting DMTs to implement QI activities in 25 PHC facilities in 7 districts. Implementation of CPGs at PHC level through health worker training and facility-based QI activities demonstrated impressive results in a number of key indicators in priority health topic areas.

Project partner Assistance for Healthcare Development (AHD) adapted a service readiness tool to evaluate the capacity of PHC facilities and surveyed 50 PHC facilities using the tool. The results highlight areas for continued improvement of PHC facilities and service delivery, such as the availability of basic equipment and other critical inputs required for the provision of quality PHC services. Areas of particular concern include chronic disease care, antenatal care, family planning, and infection prevention.

The project monitored implementation of MNCH CPGs in maternity hospitals revealing a number of issues and barriers to improving perinatal and neonatal care. AZ SHIP continued to build the capacity of the Republican Institute of Obstetrics and Gynecology (RIOG) as a national training center for doctors and midwives, supporting RIOG to train 28 obstetricians/gynecologists and 18 midwives in Advanced Life Support in Obstetrics (ALSO) and 59 health care workers in neonatal care.

Sustainability

Sustainability is critical to AZ SHIP's quality of care activities. EBM approaches have been fully accepted by the Government. CPG development and revision processes have been wholly institutionalized within the NCPHR. NCPHR also created an M&E Department which will take a leadership role in quality assurance and improvement. Once the CPGs are approved and disseminated, these new evidence-based clinical practices are institutionalized throughout the entire health system, driving concrete improvements in clinical care over time. DMTs in pilot districts have the full capacity to continue to support facility-level QI processes; AZ SHIP has worked with local governments and district health departments to ensure they continue to support these processes after the project ends. Facility-level QI indicators and tools are empowering PHC facilities to develop their own systems for improving care over the long term. AZ SHIP has also worked with medical institutions to ensure that future generations of health care providers also follow the new evidence-based clinical practices.

Challenges and Risks

Further work may be needed to implement new CPGs and clinical standards through training and facility-level QI processes beyond AZ SHIP pilot sites, and to ensure they are incorporated into undergraduate medical education. When some clinical practices are deeply ingrained and health personnel may lack resources or incentives to continuously update their knowledge and skills, full implementation of new clinical care standards and approaches may require a generational shift.

Priorities for the Future

It will be necessary to continue to advocate for quality of care priorities, to ensure full commitment from the Government of Azerbaijan, including local governments and health departments. Further technical assistance may be required to reorient and build the capacity of the medical university and the Post-Graduate Institute of Medicine. Ongoing support for the implementation of a national QI strategy may also be needed, to implement mechanisms to measure and monitor quality, ensure new CPGs and clinical standards are incorporated into practice, and expand facility-level QI activities beyond the PHC level and AZ SHIP pilot districts. This will help to ensure that the health system in Azerbaijan is capable of continuously improving the quality of medical care.

2.4 COMPONENT 4: Individuals and Communities Empowered to Exercise their Health Care Rights and Responsibilities

Introduction

Individuals, families, and communities in post-Soviet societies typically played passive roles in the management of their health and health care. Health professionals were rarely questioned. The population had very limited knowledge of behavioral risks and disease prevention. Citizens were guaranteed universal access to health care services yet they had few rights or avenues of recourse if health care services proved inadequate, ineffective, or low quality.

To begin to address these issues, PHCS built the capacity of local institutions in health communication, including a newly established Department of Health Communication and Public Relations (DHCP) within the NCPHR and the Azerbaijan Health Communication Association (AHCA). The project helped facilitate the development of a National Health Communication Concept and built local capacity in social marketing, media relations, press release writing, and advocacy and lobbying. At the population level, PHCS linked quality improvement efforts at PHC facilities with health messaging for patients through the development and dissemination of patient education materials corresponding to new clinical guidelines, including rational drug use, acute respiratory infections, anemia, peptic ulcer, and seasonal flu.

PHCS efforts to empower individuals and communities to exercise their health care rights and responsibilities were based on better health communication for patients and the general population. AZ SHIP has broadened that focus to include community action groups and targeted training for health care providers, focusing on:

- 1) Continuing to strengthen health communication capacity at the national level and among the media;
- 2) Further fostering patient-provider communication; and
- 3) Educating and mobilizing individuals and communities to improve health.

Achievements

At the national level, AZ SHIP supported the National TB Program (NTP) to finalize its National TB Health Communication Strategy and supported the launch of a national TB awareness campaign that included mass media and community outreach activities, reaching approximately 850,000 people with key messages about TB prevention and treatment.

With NCPHR, AZ SHIP conducted a two-day behavior change communication (BCC) workshop and organized a briefing for journalists on breastfeeding and NCD risk factors. With partner Assistance for Healthcare Development (AHD), AZ SHIP developed training materials on effective patient-provider

communication and health rights. The project trained 202 providers in the project's seven target districts.

At the community level, AZ SHIP partner Save the Children took the lead in mobilizing communities around health issues. Communities were selected around targeted PHC and MNCH facilities in pilot districts. AZ SHIP began working with 40 communities; Save the Children community mobilizers supported the formation of an average of 5-6 community action groups (CAGs) per month. Where possible, AZ SHIP collaborated with other donors and projects, including the Azerbaijan Rural Investment Program, which works on community development and mobilization, to leverage resources and maximize local impact. Forty CAGs were formed and 280 CAG members were trained in participatory rapid appraisal and community funds and fundraising.

Sustainability

The DHCPR and the AHCA are examples of a sustainable public sector institution and non-governmental organization committed to improving health communication in Azerbaijan. The DHCPR has been delegated functions as well as human and financial resources to implement activities. The AHCA has a successful track record of grant writing and implementation to achieve its organizational goals.

The community action approach focuses on sustainability, but the long-term prospects will depend on the communities themselves. For some, the CAG will play an essential role and become a long-term part of community life. The project has made every effort to ensure that the CAGs truly represent – and meet – community needs, but these needs may not be static over time.

Trainings for journalists and health care providers build skills in those groups in appropriately communicating regarding health issues to the broader population and to individual patients, respectively. While the health work force is more or less stable, journalists reporting on health issues may turnover frequently, requiring ongoing training for new journalists.

Challenges and Risks

Empowering individuals to take responsibility for their own health and changing the patient-provider relationship may only be possible in the medium term. The success and sustainability of community activities in health are often inherently dependent on the initiative and resourcefulness of a few key individuals. Wide-scale behavior change activities are often costly, while government resources to support these activities may be limited.

Priorities for the Future

The capacity of the DHCPR needs to be strengthened continuously and additional technical assistance may be needed for the Department, particularly if they are to plan, implement, and monitor health communication campaigns and activities in the future. CAGs may require ongoing support and capacity building if they are to truly flourish and become sustainable.

3. LESSONS LEARNED

3.1 Lesson #1: Clinical Practice Guidelines have proven essential to improving the quality of health care services and ensuring the sustainability of that improvement.

A clinical practice guideline (CPG) is a protocol for diagnosing and/or treating a specific health condition. It provides detailed instructions for diagnosis and treatment according to world standards and adapted to local circumstances. CPGs in Azerbaijan are developed by an appointed working group for the topic and membership includes experts from the Medical University, the post-graduate institute, working doctors, and other technical specialists as needed. Once drafted, CPGs are approved by the MOH collegium.

CPGs play a number of roles in improving the quality of care, and their importance has become very clear over the last year. They are converted into training packages for providers who need to learn new skills, they serve as a basis for overseeing health care services, and they are used to develop monitoring tools for supervisors, such as checklists. Furthermore, specific practices from the CPGs serve as monitoring indicators for quality improvement efforts.

In addition to the quality of care role, developing CPGs builds the capacity of the Ministry of Health and its agencies to make effective decisions that optimize health for the population of Azerbaijan. The research and decision-making required to develop a CPG also build MOH capacity to form working groups and make decisions on other technical topics in health care. Because the CPG function is fully institutionalized into the MOH, it will continue once the AZ SHIP project is complete.

CPGs have proven to be one of the most effective interventions of AZ SHIP. The combination of improving service quality, building MOH capacity for oversight, and institutionalization for long-term impact has already begun to have a powerful impact on health care in Azerbaijan.

3.2 Lesson #2: Health care in rural Azerbaijan remains severely under-resourced. As a result, stand-alone provider training has limited impact. It must be paired with advocacy and, at times, basic supplies.

Despite the nation's oil wealth, the health sector in Azerbaijan receives a consistently low level of funding from the government budget. In 2009, for example, the health sector received 1.2% of gross domestic product. This places a heavy burden on individual patients in paying for care. It also means that infrastructure and major equipment – items that cannot be covered through out-of-pocket payments from patients – are in disrepair. As the project has discovered, this is especially evident in rural areas.

AZ SHIP has had to adapt to the limitations of supplies, equipment, and infrastructure in Azerbaijan's rural health care. In some cases, this limits the impact of training and there is nothing the project can do. For example, a training that focuses on basic hygiene may not be realistic in places without running water. In other cases, the project has been able to adapt training content to take limitations into account. For example, a prenatal training may help providers who do not have an exam table brainstorm alternative ways to take standard prenatal measurements of a pregnant woman's fundal height. AZ SHIP also made the decision to procure basic equipment for all project target facilities based on the results of a baseline needs assessment. The equipment included supplies such as adult and infant weight and height scales, sphygmomanometer and stethoscope, obstetric stethoscope, measuring tape, light source, and sterilization equipment.

This highlights the importance of ongoing advocacy for increased government spending in the health sector and for primary health care. The project takes a cross-cutting approach to advocacy at the national level. At the regional level, it seeks to involve district authorities in monitoring visits to illustrate to local officials how limited funding can affect health care access and quality.

3.3 Lesson #3: Health care providers in Azerbaijan are enthusiastic about training if they are sure that the training will be useful.

One of the challenges of global health is motivating providers to participate in training. Physicians and other medical professionals value their time and expertise highly, and are resistant to leaving work in order to attend trainings. Fortunately, this has not been an issue for AZ SHIP, largely because its predecessor, PHCS, proved the quality of USAID trainings.

Health care providers are consistently enthusiastic about AZ SHIP trainings. PHCS has provided enough training that it is now known that USAID-funded trainings are interactive and directly applicable to healthcare practice. The challenge for AZ SHIP is keeping the training size to a level where the trainer can effectively communicate. The project has had to add extra training sessions to accommodate demand, especially in MNCH.

Training review forms from participants regularly praise certain aspects of AZ SHIP's trainings. Training participants value hands-on practice as part of their training, trainers who are deeply familiar with the Azerbaijan practice environment, and interactive training sessions that make participant knowledge part of the training.

3.4 Lesson #4: Improving the health policy environment requires steady engagement and constant responsiveness.

In the last year, AZ SHIP has engaged in policy dialogue at the national level on topics that ranged from financing for TB treatment to a national concept on maternal, neonatal, and child health. Government response has been slow and complicated due to the range of MOH and Government of Azerbaijan bodies that engage on health topics. Policy initiatives can be slowed by changes in personnel and unexpected pressures from other branches of government.

AZ SHIP has found that a combination of continuous focus on priority issues such as government financing for MDR TB treatment and rapid response to needs identified by the MOH is the best approach

to achieving progress in policy goals. It is important that the project maintain a focus on specific policy goals in the face of slow-moving government decision-making. At the same time, providing rapid support upon MOH request builds partnership and goodwill. By prioritizing immediate MOH needs, AZ SHIP demonstrates competence to the MOH and increases MOH willingness to recognize the importance of AZ SHIP supported policies.

4. SUCCESS STORIES



Improving Quality of Care, Sustainably



It is not difficult to provide training for health care providers. The difficulty is in making sure that they use their new skills and continue to develop them over the long term. The AZ SHIP District Monitoring Team (DMT) approach has proven to be an effective way of building provider skills and improving the quality of health care services by supporting adherence to clinical practice guidelines.

At present, the DMTs support implementation of clinical practice guidelines (CPGs) on topics including hypertension, rational use of antibiotics, diabetes mellitus, and asthma. DMTs monitor quality improvement (QI)

processes in facilities that have received QI training and provide supportive supervision to health care providers. They ensure that QI training will be used in practice and make improving quality of care an ongoing effort among health facility staff. AZ SHIP currently works with seven DMTs. Five were launched under the PHCS project, and new teams started in Gabala and Zagatala with AZ SHIP support.

DMTs are made up of regional-level health care providers, including hospital directors and deputies, directors of polyclinics, pediatricians, heads of hospital departments, statisticians, and an AZ SHIP representative. Over time, the AZ SHIP representative's involvement with DMT activities will decrease as the activities become fully institutionalized.

In September, AZ SHIP sponsored a workshop for all seven DMTs. The teams shared their experiences using a monitoring tool which includes 25 indicators and providing supportive supervision. Every team reported improvements in adherence to CPGs and the rational prescription of drugs. AZ SHIP was able to report that health care facilities given QI training and supported by DMTs are more than twice as likely to correctly diagnose and appropriately treat hypertension.

At the end of the workshop, the teams began planning for their future after the AZ SHIP project comes to an end. Health authorities in Gabala, Agdash and Ismayilli rayons, have issued government orders that provide a permanent place for DMTs in the health system. The other DMTs, with AZ SHIP support, plan to advocate for similar orders.

Preventing Postpartum Hemorrhage and Saving Mothers Lives

Picture this: a baby girl a few minutes old lies on her mother's breast, meeting her mother and the world for the first time. The pregnancy was uncomplicated; the delivery was quick. Everything seems to be perfect. But then things go bad – rapidly. The mother's normal bleeding after delivery turns strong and unstoppable, and the woman's vital signs worsen dramatically.

This is what every provider attending deliveries fears most – postpartum hemorrhage (PPH). It is unpredictable and very often fatal for the mother unless the correct treatment is given immediately. Luckily there is a way to prevent it. The Active Management of Third Stage of Labor (AMTSL) strategy is simple to implement and very effective in preventing postpartum hemorrhage.

Alvina D., a midwife working in Gabala district, worried about postpartum hemorrhage every time she was called for a delivery. Alvina was known for her compassion and she tended to get emergency calls for unexpected home deliveries. Her love for delivering babies was tempered by her fear of losing a mother. She didn't know how to prevent hemorrhages, and there was no functional emergency care system to back her up.

This year, though, Alvina was one of the 338 health care providers who attended AZ SHIP's training on perinatal care. AMTSL was one of the main training topics. Shortly after the training, Alvina was called to attend a home delivery and used her AMTSL skills for the first time.

After the birth, Alvina sought out her trainer to offer thanks. Knowing she had the skills to reduce the risk of hemorrhage, she said, made her feel confident and safe during the delivery. "AMTSL is easy to implement and reassures me during delivery." She will follow the AMTSL protocol every time a baby is born and help save mothers' lives.



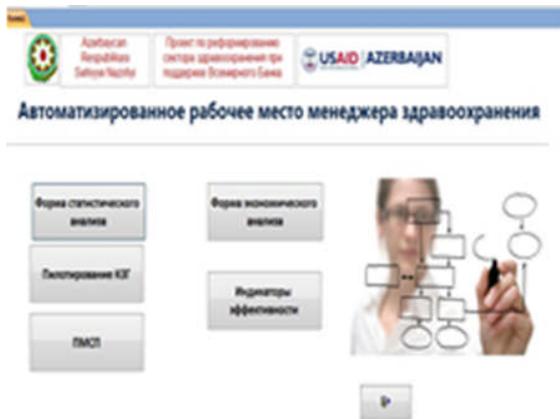
It is estimated that AMTSL can eliminate more than half of postpartum hemorrhage cases—potentially saving thousands of women's lives.

Active management of the third stage of labor consists of three inter-locking components:

- Administering an uterotonic drug (oxytocin being the drug of choice).
- Assisting with the delivery of the placenta by "controlled cord traction" (CCT).
- Massaging the uterus after the placenta has been delivered.

WHO Recommendations on the Prevention of Postpartum Hemorrhage:
http://www.pphprevention.org/files/who_summaryofOct.2006techconsult.pdf

Improving Hospital Efficiency and Quality



Following a successful pilot supported by USAID in 31 hospitals, the Ministry of Health (MOH) of Azerbaijan approved the roll-out of a new information system to all hospitals across the country. 122 hospitals are now using a new health management information system (HMIS), which will provide the MOH with the data needed to implement new hospital payment and monitoring systems. This will lead to improvements in the efficiency and quality of the country's hospitals.

Reliable and up-to-date information is critical for increased hospital efficiency as it will enable the MOH to pay hospitals according to diagnosis related

groups (DRGs) instead of inputs such as number of beds and staff. By paying hospitals according to the average costs of cases, DRGs create incentives to minimize costs for each case. The new HIS also allows the MOH to monitor hospital performance according to a set of effectiveness and efficiency indicators.

AZ SHIP has played a vital role in the roll-out. The project conducts regular assessments of the implementation process and provides updated recommendations on the roles and responsibilities of the Health Information Center (HIC), Health Statistical Department, and National Center for Public Health Reform (NCPHR) in order to avoid duplication of responsibilities. It provided the MOH with technical input for discussions with the contractor providing the HIS software, including technical recommendations on filters for data entry to reduce mistakes in statistical and clinical information.

In August, MOH procured 150 computers to be distributed among hospitals in the country that to introduce HMIS (form 66) to those not using it. HIC installed HIS software on all computers. AZ SHIP, in collaboration with HIC and the World Bank, is now supporting trainings for these new hospitals. The project also assisted with the development of training materials for further trainings and will support implementation of trainings on ICD coding for hospitals in Baku city.

Nakhchivan: New Horizons of Cooperation

Nakhchivan Autonomous Republic is unique. Not only is it geographically separated from the rest of Azerbaijan, but as an autonomous republic, Nakhchivan has its own government institutions, including an elected parliament and Ministry of Health (MOH).

In spite of the area's geographic isolation, USAID and Nakhchivan recently established a foundation for cooperation on priority health issues. In collaboration with the Research Institute for Lung Diseases, USAID and the Nakhchivan MOH organized a conference on tuberculosis (TB) and lung diseases June 6-7, 2012 for over 100 participants.

In addition to organizing the conference, USAID taught local health personnel to use e-TB Manager, a comprehensive TB registration and monitoring software program that will strengthen the area's TB recording and reporting system. The health workers immediately began to enter patient data into the program following the training.

Based on this successful collaboration, USAID and the Minister of Health for Nakhchivan, Dr. Niyazi Novruzov, agreed that AZ SHIP will provide technical assistance to improve TB and maternal, neonatal, and child health (MNCH) services in Nakhchivan. An activity plan was prepared and agreed upon with the Minister in August 2012.

In September, AZ SHIP supported the first activity from that plan - training on "TB Treatment," "TB case finding" and "TB Prevention" for PHC providers in Sharur, Sederek, Kengerli and Sherurs villages in Nakhchivan. The training went beyond clinical diagnosis and treatment issues to cover primary health care management and its role in the continuum of TB care.

Over the next year of AZ SHIP, additional activities are planned for Nakhchivan, including further TB training and a series of in-depth trainings on MNCH.



USAID provides the Nakhchivan Minister of Health and local stakeholders with updates on TB control at a conference on TB and lung diseases in Nakhchivan.

Clinical Practice Guidelines that Fight Tuberculosis



The use and development of clinical practice guidelines (CPGs) are key to AZ SHIP's approach to health. CPGs are protocols developed by the Ministry of Health for the prevention, diagnosis, management and/or treatment of a specific health condition, based on international best practice and adapted to the Azerbaijani context. CPGs not only improve the quality of health care services, but also build the capacity of the health sector at the national and local levels.

Tuberculosis is one of the most serious health threats facing Azerbaijan, in particular drug-resistant tuberculosis. Multi-drug resistant tuberculosis (MDR TB)

is difficult and expensive to treat and cure and can evolve into nearly incurable forms of the infection. It generally results from poor medical care for TB.

22% of TB cases in Azerbaijan are drug-resistant; one of the highest rates of MDR TB in the world. The country's treatment success rate is 70-77%, below the WHO target of 85%. Unfortunately, many physicians, even TB specialists, continue to use old techniques to diagnose and treat TB.

Over time, as TB care is brought up to world standards, treatment success rates will increase and Azerbaijan will be able to reduce the scourge of MDR TB.

CPGs are a major weapon in the fight against MDR TB. Adherence to CPGs eliminates the old methods of treatment that breed MDR TB and helps increase the successful treatment rate for the disease. In addition to their clinical purpose, CPGs will soon be used in exams to certify TB specialists.

AZ SHIP has supported the development of one TB CPG and accompanying training package, as well as training packages for an additional six TB CPGs developed during the predecessor project PHCS. The project also supports trainings on TB CPGs for providers and medical faculty, and has assisted the MOH in developing a process to update existing CPGs. To encourage adherence to TB CPGs by the next generation of health workers, the project has worked with the Medical University to integrate TB CPGs into the curriculum for medical students. At the end of Year 1, the project had trained 157 providers and 14 medical faculty members on TB CPGs.

Teaching Children Oral Hygiene

Oral hygiene is not part of public sector health care in Azerbaijan. A medical culture that ignores preventative care extends to dental care, and dental care is expensive. As a result most people see a dentist only for extreme pain. There is limited knowledge of oral hygiene, and brushing teeth is not a standard practice among rural Azerbaijanis.

Neglected care for teeth means more than just dentures. Poor oral hygiene has been linked to serious health conditions such as cancer, premature birth, and heart disease.

AZ SHIP has been working to improve that situation, in partnership with Procter and Gamble, through oral hygiene events for schoolchildren in 5 villages in Ismayilli, Gabala, Sheki and Gakh regions. Each event featured a short educational session that included a practical tooth brushing skills session and educational videos that explained the importance of oral hygiene. All participating children received free toothbrushes, toothpaste, and copies of a children's book about healthy living.



The oral hygiene events were very popular with participating children, who were engaged and engrossed throughout. They enthusiastically practiced brushing on the giant teeth model, watched the videos attentively, and were delighted by their toothbrush and toothpaste gifts.

In addition to organizing the events, AZ SHIP developed a poster to help children remember to brush their teeth in the morning and evening these kinds of tangible memory aids have been proven to help instill good habits. Procter and Gamble provided the gifts and visual aid

for the demonstrations. It is hoped that this is the beginning of a longer collaboration with Procter and Gamble for health in Azerbaijan.

Evidence in Medicine Winning Hearts and Improving Care



Two months after a USAID training on evidence-based medicine (EBM), Gulara Akhundbeyli is passing on her newly gained knowledge and skills to fourth-year medical students. Gulara, a teacher at the State Medical University of Azerbaijan, says the new tools have motivated her students. “I explained Medline [a bibliographic database of medical information] to them. We didn’t have this knowledge and weren’t taught these skills in the past. But now I can critically analyze what I read and am teaching my students to do the same.”

Twenty-four instructors from the Postgraduate Medical Institute and State Medical University participated in the five-day training conducted by experts from Moscow. The experts conducted the course using a highly interactive format, with participants conducting research and

delivering presentations each day. The participants learned how to use Medline, how to critically appraise medical and scientific journal articles and evidence, and learned to understand the criteria that international medical and scientific journals expect them to meet when submitting articles themselves.

The course also covered basics of epidemiology and biostatistics which form the foundation of medical research. Gulara was extremely grateful for the accessibility of the training format and materials. “I was never interested in statistics and never understood them. But the lecturers made it all so easy to understand and clear!”

The training was designed to integrate EBM principles into undergraduate and postgraduate medical education. The Head of the Department of International Relations at the State Medical University, Associate Professor Rahima Gabulova, remarked on the imperfections of the medical education system inherited from the Soviet Union. “EBM is a very serious subject that needs to be constantly reviewed. I now realize how important it is for our instructors to be able to explain to students why certain methods of treatment are more effective than others.”

Working with the medical education system ensures that future generations of Azeri doctors are trained from the outset in EBM and modern clinical practices. Inspiring a culture of lifelong learning will enable health care workers to continuously keep abreast of the latest medical advances so that evidence-based prevention, diagnosis, and treatment are available for Azeri citizens for generations to come.

Making Health Care Services More Effective in Rural Areas

Aydin, the 27-year old son of the municipality leader of Leki village in Agdash district, had suffered from a stomach ulcer for six years. As a chronic disease, it was becoming active from time to time, resulting in frequent (nearly twice a year) referrals to the local hospital for treatment. Unfortunately, the treatment regime, which was based on an outdated clinical algorithm, was providing Aydin with only temporary relief. Usually, after several weeks, his ulcer was getting worse again.

This was the situation until USAID provided a series of trainings for primary health care doctors in Agdash on new Clinical Practice Guidelines (CPGs). Modern approaches to diagnosis, treatment, and prevention of stomach and peptic ulcers were among the training topics covered.



Coincidentally, just three weeks after the USAID training, Aydin had to pay another visit to the medical point in his village due to acute pain in his stomach. This time, he was surprised to see a different prescription from his doctor, who explained to him that the new treatment was based on a new clinical guideline and he could be treated at home. He was pain-free in a few weeks, and has not complained of a stomachache for over a year and a half now. Aydin also saved considerable time and money, avoiding unnecessary hospitalization and ineffective treatment.

Aydin's history was recently recounted during a town hall meeting in Leki village of Agdash district by his father. He expressed his deep gratitude to USAID for their efforts to upgrade the skills and knowledge of local health workers to help improve the overall health of the local population. USAID training and monitoring activities in target districts have resulted in dramatic improvements in ulcer treatment, with the percentage of cases treated in accordance with the new evidence-based CPG increasing from 65% to 86%.

USAID is helping build the capacity of health workers in rural areas in Azerbaijan. Over the next two years, USAID will train primary care doctors in seven districts on several evidence-based guidelines. USAID also supports the development of new guidelines at the national level.

USAID's Azerbaijan Strengthening Health Systems through Integrated Programs (AZ SHIP) project is a two-year effort initiated in September 2011 that continues and builds on the work of previous USAID health projects. AZ SHIP implements activities to support health policy, health financing, and quality of care, and also encourages the Azeri population to exercise their health rights and responsibilities.