



**ЗдравПлюс / ZdravPlus**

ENSURING ACCESS TO QUALITY  
HEALTHCARE IN CENTRAL ASIA

## Six-Month Report July – December 2004

Prepared by: **ZdravPlus**  
For: **USAID**

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## **REGIONAL Six-Month Report July- December 2004**

### **REGIONAL SUMMARY**

Over the past six months, ZdravPlus has continued to carry out activities in each country based on the specific needs and conditions of that country, while augmenting country-level work with regional activities aimed at facilitating exchange of experience between countries. Regional activities during the reporting period included continued information dissemination, the Healthy Communities Grants Program, Family Medicine Training and promotion of EBM, the Council of Rectors and Nursing Council, and the Second Annual Conference on Public Health held in Uzbekistan.

Staff have been intensifying their efforts to document the most important work undertaken over the life of ZdravPlus and to distill the lessons learned. In the remaining months of the project, the emphasis will be on wrapping up activities and priority will be given to the documentation effort.

### **SUMMARY OF ACTIVITIES**

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#### **Population Involvement**

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##### ***Information Dissemination***

During the second half of 2004, a total of 24 reports were edited and added to the ZdravPlus library, including both trip and technical reports. Highlights include *Development of Clinical Practice Guidelines on Screening, Prevention and Treatment of Essential Adult Arterial Hypertension at Primary Health Care Level; Accounting for Budgetary Organizations; Introductory materials for basic management training of new financial managers and SVP Head Doctors; Results of Health Promotion Activities in Kyrgyzstan (2001-2003);* and results of focus groups on several topics (2002 research) including *Attitudes on Contraception Among Women, Men, and Doctors in Uzbekistan* and *Attitudes on Breastfeeding Among Young Mothers in Uzbekistan*.

Additionally, one issue of the ZdravPlus newsletter *Time to Be Healthy*, on the topic of nursing, was published. An updated copy of the ZdravPlus library CD containing these and previous ZdravPlus reports is now available. Work is underway to make the searchable database of ZdravPlus technical reports available to the public via the ZdravPlus website early next year.

##### ***Healthy Communities Grants Program***

A total of 76 granted projects (68 funded by USAID and eight funded by Soros Kyrgyzstan) were awarded during this period across the four countries participating in the program, nearly equally divided between health grants and community action grants. A major focus of the community action grants in all four countries was access to clean water and connected issues such as hygiene and prevention of related infectious disease, while health grants addressed a variety of topics including healthy lifestyles, reproductive health, chronic disease such as diabetes and hypertension, and prevention of infectious disease.

In communities throughout Central Asia, the impact of previously-funded projects is being seen. Community leaders, NGO representatives, and health care workers have received training in interpersonal communications skills, assistance in getting health messages out to the community in written form or through seminars, and key health information that will help them improve their effectiveness in working with the population beyond the scope of the HCGP projects. An important trend that can be noted based on personal accounts is the improved relationships between doctors and patients on the primary care level. One example of this is an NGO which has brought doctors and women together at an FGP to discuss reproductive health issues in the village of Kenjakol outside of Pavlodar, Kazakhstan has noted improved relationships between the population and health

care workers, and increased trust and willingness of the population to use the FGP's services. Another example of this can be seen in Urgutsk Rayon in Uzbekistan, where a project that sought to educate the population on issues related to maternal and child health reports a three-fold increase in visits to the Rayon SVP for related conditions since the start of the project.

The next grant awards in all four countries are planned for early 2005.

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## Quality Improvement

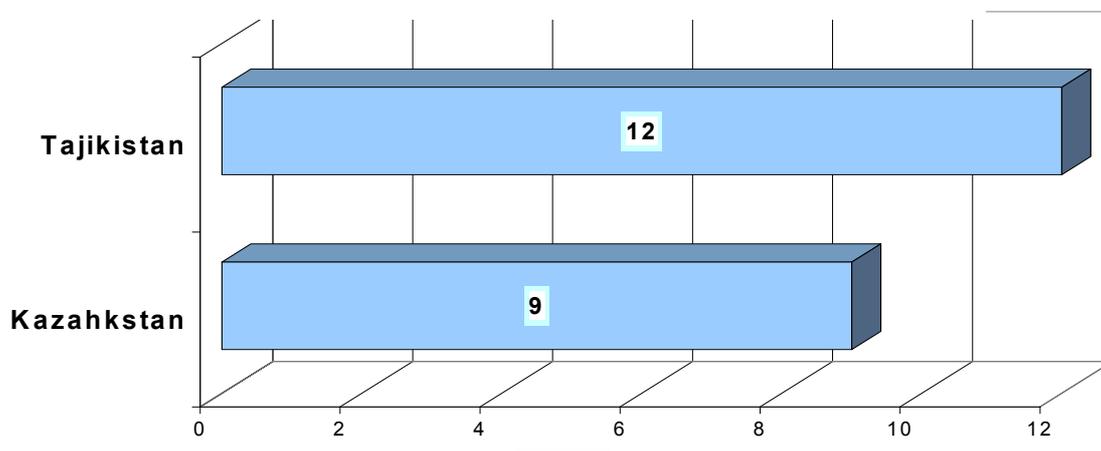
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### ***Family Medicine TOT at the Bishkek Family Medicine Center***

#### Training of Trainers (TOT) Programs

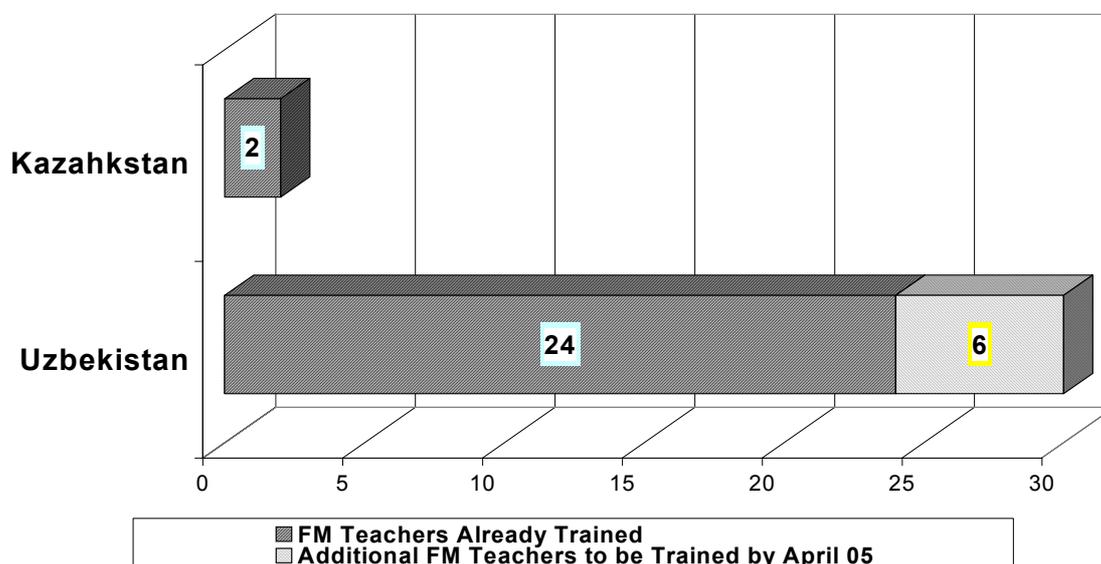
In July, the Family Medicine (FM) TOT program at the Bishkek Family Medicine Training Center (FMTC) graduated its last year-long class of FM trainers from Tajikistan (six) and Kazakhstan (six). Now, a total of 21 FM doctor trainers from surrounding republics have completed this one-year TOT course in Bishkek.

**Doctors from other Central Asian Republics Trained in the 1-year TOT Program in Kyrgyzstan as of Dec. 2004**



In addition, FM trainers from Uzbekistan and Kazakhstan continue to come for one-month FM clinical clerkships. These clinical clerkships will continue until the end of ZdravPlus.

**Progress with 1-Month Clinical Clerkships in Bishkek for Doctors from other Central Asian Republics (as of Dec. 2004)**



## ***Evidence-Based Medicine***

The last six months have seen considerable momentum on EBM in all countries of the region, with the exception of Turkmenistan. While leaders in family medicine have been aware of EBM for some time, the medical leadership is beginning to show real interest. Individual country activities related to EBM are described in each country section of the report. It is worth noting, however, that there is considerable cross-country fertilization of ideas, with both trainers and trainees crossing borders for workshops and seminars; new evidence-based clinical guidelines being shared between countries, to facilitate the task of developing guidelines in each country; and implementation strategies for clinical guidelines also being shared. Part of the reason that EBM is beginning to gain acceptability is likely the desire of the countries in the region not to be “left behind.”

Kazakhstan EBM methodologists continue to play an important role in training the medical community around Central Asia on EBM. They joined with Kyrgyz experts in November to conduct a five-day EBM course in Tashkent for 22 Uzbek General Practitioner (GP) trainers from most medical institutes in the country and for the Tashkent Postgraduate Institute (PGI).

## ***CAR Council of Rectors***

During this period, the Council of Rectors continued its work on improving the standard of medical education in Central Asia by facilitating information exchange between the countries and engaging international experts to share experience and provide guidance to rectors from medical schools in the Central Asian countries.

With financial support from AIHA and AED/START, the Council held a Grantsmanship and Research Bioethics Workshop in Almaty, Kazakhstan in September, which was aimed at improving representatives' skills and knowledge in these areas.

With support from ZdravPlus, implementing partner AIHA organized a regional Council of Rectors Faculty Development Workshop in October, in Astana, Kazakhstan. About 70 participants from CAR medical academies and partners from the University of South Florida, European Union experts, and guests from international organizations attended the workshop. The main goal of the workshop was to facilitate ongoing healthcare sector reforms in CAR through contributing to improvements of medical education standards in the region. Presentations included European Perspectives on Medical Education Reform and the differences between Medical education for doctors and nurses in the US. These presentations led participants to agree that medical education for future doctors and future nurses should be treated as two completely separate disciplines. Significant conference time was devoted to discussion of the use of learning objectives in the design of a modern curriculum, matching these objectives to different stages in a student's learning progression. Different learning objective models were demonstrated, and participants then used these principles to develop specific learning objectives in practical sessions using new Clinical Content update materials.

The rector of the Samarkand State Medical Institute proposed that the next workshop be conducted at his institution in September 2005.

## ***Nursing Council***

In December, the Regional Nursing Council held a meeting of its executive committee. The nursing council chair was joined at the meeting by two representatives from Kazakhstan, Kyrgyzstan, Uzbekistan, and Tajikistan, representing national nursing councils and educational institutions in the countries. The meeting focused on a review of the achievements of the Nursing Council and development of a work plan for the Council for the next two years. Dr. Darlene Weis from Marquette University Nursing School in the US and Sandra Edwardson from the University of Minnesota School of Nursing also took part in the two-day meeting, making presentations on the legal regulations which define nursing in other parts of the world and on the AIHA-funded Minnesota-Central Asia partnership to develop nursing education. Participants made a detailed list of

topics to address during the next two years, including the development of several more nursing protocols for the region, further developing a common nursing curriculum, improving information dissemination between the countries on nursing topics, further developing nursing associations, and development of a further legal framework for nursing in the countries of Central Asia.

### **Regional Training Course on Quality Improvement**

From July 12<sup>th</sup> to 31<sup>st</sup>, ZdravPlus trained 13 Quality Improvement (QI) trainers: six from Uzbekistan, four from Kyrgyzstan, and three from Kazakhstan. Most of them were affiliated with a training institution for medical personnel, either undergraduate or post-graduate: the Almaty School of Public Health; the Kyrgyz State Medical Institute on Retraining and Continuous Medical Education (KSMIRCME); the Kyrgyz State Medical Academy (KSMA); the Tashkent Institute for Advanced Medical Education (TIAME); and the Public Health department of the Tashkent Medical Institute (TASHMI) II.

This is the first course of this type in the region, and it will allow the institutionalization of training in QI in at least three training institutions. Three mid-term outputs were expected from the training: i) the development and institutionalization of a short introductory course in QI for undergraduate medical students; ii) the development and institutionalization of a one to two-week QI course into the curriculum of the post-graduate institutes for health managers; and iii) the implementation and replication of specific quality improvement activities through the trainers used as technical experts.

The following table shows the situation as of December 31, 2004.

	<b>Uzbekistan</b>	<b>Kyrgyzstan</b>	<b>Kazakhstan</b>
<b>Short QI course for undergraduates</b>	TASHMI-II is developing a three-day module on QI to be part of a five-day introductory course to students, the other two days focusing on EBM.	No activity started.	No activity started, as the Almaty Medical University did not participate to the training.
<b>Long QI course for post-graduates</b>	TIAME is planning to offer the first two week course for managers in February, 2005.	Both the KSMIRCME and the Family Group Practice Association (FGPA) planned the revision of the current QIS curriculum and the training of 15 managers in Osh and Issyk-Kul Oblasts as part of new QI projects or ongoing QI activities.	The Almaty School of Public Health already included a module on QI in their regular four-week post-graduate management training
<b>Technical assistance to QI projects</b>	All five trainers have attended the first replication seminar for QI projects in Ferghana, and have planned their TA and training missions from January to March 2005 in three new rayons.	Family Medicine Training Centers (FMTC) in Issyk-Kul and Osh have identified QI projects on hypertension and are providing technical assistance or planning to start after the training.	No trainer involved in QI projects in the field

### **Second Annual Conference on Public Health**

ZdravPlus/Uzbekistan, supported by ZdravPlus offices elsewhere in the region, played a key role in working with USAID, the MOH, AED/START, and other USAID-funded agencies to plan the highly successful Second Annual Conference on Public Health held in Charvaq, near Tashkent, November 8<sup>th</sup> -10<sup>th</sup>. In contrast to the first conference, which was an Uzbekistan-specific event, the

second conference was regional in nature. It drew about 250 participants from Kazakhstan, Kyrgyzstan, Tajikistan, and Uzbekistan, representing Ministries of Health, leading research institutes, medical academies, NGOs, and others. ZdravPlus organized the Primary Health Care track of the conference and the plenary sessions, worked with the MOH to obtain official approval, helped with logistical support and drafted sections of the conference report.

In the plenary sessions on public health, there was discussion about key public health topics addressed in the WHO strategy, Health for All in the 21<sup>st</sup> Century, and representatives from four countries outlined the progress being made in public health including, in Kyrgyzstan and Tajikistan, early steps toward SES reform. In the PHC section of the conference, which ran for one-and-a-half days, there were important presentations on the status of PHC reforms in each country and the results of the reforms implemented to date. For example, the Kazakhstan delegation reported that, in Karaganda, the percentage of visits to PHC for preventive health rose from 25 to 30 percent between 2000 and 2003; and the hospitalization rates for a number of conditions declined, e.g. for ulcers, the hospitalization rate fell from 51 to 30 percent between 2000 and 2003, and for diabetes from 28 to 15 percent. There have also been declines in infant mortality from diarrhea and pneumonia. In Kyrgyzstan, funding for PHC has increased; referrals to hospitals for urgent care have fallen from 38 to nine percent; compliance with clinical protocols for six common conditions has increased (roughly doubled); and in Issyk-Kul Oblast, the country's first health reform pilot site, infant mortality has fallen. In Tajikistan, the number of forms that doctors have to fill out has been reduced from 324 to 15 logbooks, making life much easier for the doctors and much simpler to analyze, using special computer programs. And in Uzbekistan, the number of visits to PHC facilities has increased in all oblasts covered by PHC reforms, but particularly in Ferghana Oblast, where they went from 500/1,000 population in 1998 to 3,250/1,000 in 2003. Consistent with that trend, referrals from PHC to hospitals decreased—in Ferghana, from 13,000 in 1998 to 8,000 in 2003.

The PHC section of the conference went on to adopt some significant recommendations to strengthen and advance PHC, including the following: to establish a regional coordinating council on PHC; to improve the legal and regulatory framework to protect the rights of patients and health professionals; to improve the training of decision-makers in the health sector on modern management approaches and quality management techniques; to adapt the curriculum for family medicine education, starting at the beginning of the program, and focus on practical skills for the provision of services and disease prevention; to develop a system of incentives for PHC facilities; to introduce evidence-based care and develop/refine clinical protocols; to develop indicators to monitor and assess the quality of care provided in PHC facilities; to develop a national quality improvement strategy; to improve/set up a sustainable drug benefit program; to design and introduce marketing for PHC; and to involve the population in assessing the quality of health services.

**KYRGYZSTAN**  
**Six-Month Report**  
**July – December 2004**

**COUNTRY SUMMARY**

The big issue over the last six months has been the level of the health budget as the Ministry of Finance (MOF) has been reducing the budget over the last couple of years. The exact rationale for this reduction is not clear, but an easy explanation is that formalized co-payments allow the MOF to claim new funding for the health sector and, thus, reduce the budget. The situation was very serious last spring. During the May 2004 World Bank mission, the Aide-Memoire stated that if the 2004 budget execution did not improve by September 2004, the WB Health II Project would be rated unsatisfactory with significant negative ramifications for the Government of Kyrgyzstan. By September, the budget execution had improved significantly. Although donor pressure is addressing the issue in the short-term, a long-term solution is needed. ZdravPlus, in collaboration with the World Bank and WHO/DFID Policy Analysis Project has started targeting technical assistance to improving the Medium Term Budget Framework (MTBF) for health. The MTBF is a three year rolling budget estimate. The process of improving the MTBF for health is in its early stages and will continue over the next six months.

One of the major objectives of the health reforms is restructuring and rationalizing the health delivery system and shifting funds to PHC. Over the last six months, ZdravPlus in collaboration with the World Bank and Kyrgyz partners solidified the process of data collection and analyzing results related to health delivery system restructuring. The process is ongoing, but early analyses show significant and positive results, as portrayed in the table below. In summary, the results show reductions in physical infrastructure and a reallocation of savings towards increases in staff salaries and direct patient care such as drugs.

Indicator	Year: 2001 Actual	2002 Actual	2003 Actual	2004 Planned	Change 2001-2004	% Change 2001- 2004
No. of Buildings	1598	921	921	843	755	-47%
Total Floor space	804,960	523,019	523,019	477,149	326,711	-40%
No. of Total Staff	49,371	50,201	51,087	47,639	2,632	-5%
No. of Hospital Staff	38,615	30,364	28,764	26,243	12,372	-32%
Average Salary/month (som)	533	645	754	932	399	+73%
Amount spent on Drugs per case (som)	135	157	207	277	142	+105%
No. of Treated Patients	503,877	465,115	529,206	549,789	45,912	+8%

Quality activities continued to progress over the last six months with significant accomplishments including solidifying family medicine training and beginning to convert family medicine retraining to long-term continuing medical education; continued strides in the introduction of evidence-based medicine and development of new clinical practice guidelines by specialty associations; approval of a national quality improvement strategy; and initiating the roll-out of a pilot on treating sexually transmitted infections at the Primary Health Care (PHC) level and expanding reproductive health services through IUD insertion/removal by midwives. Population involvement activities focused on health promotion campaigns (HIV/AIDS, STI's, and family planning), interpersonal communications skills training, and the Healthy Community Grants Program.

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## **Population Involvement**

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Population involvement activities aim both to educate the population about how to take care of their own health and their family's health and to empower people to take more responsibility for their own health care. 2004 has seen a shift in emphasis in the project's work in line with a new strategy adopted and developed, at the request of the Republican Health Promotion Center, in the first half of the year. This new strategy places less emphasis on health promotion campaigns and focuses instead on support for education and information activities related to HIV-AIDS and STIs, leveraging Global Fund moneys; and community involvement activities, helping communities submit proposals for small grants to address priority health needs in their communities. Nevertheless, a number of "old" activities continue, on a less intensive level—and often with funds provided by other donors and projects.

### ***Health Promotion***

#### **HIV/AIDS and STIs**

Since May, ZdravPlus has made a substantial contribution to a coalition effort in Issyk-Kul Oblast to educate the population on HIV-AIDS and STIs. ZdravPlus' efforts have centered on workshops for FGP health workers to prepare them to educate their communities on prevention of HIV/AIDS and STIs, using effective communication skills and working with schools and young people.

Since June, twenty-two training courses have been conducted on HIV-AIDS and STIs, and how to communicate effectively with the population on these sensitive topics, covering all FGP doctors in Issyk-Kul Oblast. Financing for the workshops came partly from ZdravPlus and partly from the World Bank project. Monitoring following the training, using ZdravPlus' IPCS monitoring tool, showed that the health workers who were trained on IPCS were able to work more effectively than those who were not trained.

In November, ZdravPlus collaborated with the Ministry of Education (MOE), to conduct three trainings for teachers from Issyk-Kul Oblast on HIV/AIDS, STIs, and the risks of infection through injections, using an MOE module. A total of 49 teachers participated and the training were funded by UNFPA. To contribute to the effort to reach young people with messages about HIV/AIDS and STIs, ZdravPlus also worked with the NGO Leader to conduct a three-day "Peer to Peer" workshop in October, using their training module.

While the coalition of organizations working on HIV/AIDS in Issyk-Kul Oblast has been able to accomplish a lot, collaboration with the Republican AIDS Center has been disappointing. The original concept was that ZdravPlus would contribute technical assistance from its Health Promotion Specialist in the Republican Health Promotion Center and that the AIDS Center would provide funding for activities from Global Fund moneys. The reality, though, has been that the AIDS Center, while glad to see that activities are being conducted, has consistently declined to provide funds or even to support the development and printing of needed materials. This is a partnership that needs to be reconsidered, particularly in light of the forthcoming CAPACITY project.

#### **Family Planning Campaign**

In November-December, ZdravPlus conducted a health promotion campaign entitled "Let's Build Happy Families" in two pilot rayons, Jety-Oguz in Issyk-Kul Oblast and Bazar-Korgon in Jalal-Abad Oblast. The aim of the campaign was to inform the population about the advantages and disadvantages of the different methods of family planning—particularly about the safety and effectiveness of oral and injectable contraceptives—as well as about their right to make their own decisions about family planning. All FGPs and FAPs participated very actively in the campaign, holding educational sessions for young women at home and in the community using IPC skills acquired during a recent training (see below.) Representatives from mosques were also actively involved, working with men, which was very helpful. There was counseling on contraception, a contest for the best bulletin on family planning, and posters produced by ZdravPlus and brochures

provided by UNFPA were distributed. Oblast Health Promotion Centers organized the broadcast of the ZdravPlus/Uzbekistan soap opera and TV spots (dubbed into Kyrgyz) on family planning on oblast TV and radio. The most active doctors, nurses, and FGP's received prizes in recognition of their efforts.

### Interpersonal Communication Skills (IPCS) Training

At the request of the Republican Health Promotion Center, the World Bank project allocated funds for IPCS trainings for health workers—a reflection of the success and value of this ZdravPlus-developed course. ZdravPlus requested that two of its pilot rayons, Jetty-Oguz in Issyk-Kul Oblast and Bazar-Korgon in Jalal-Abad, be included to strengthen the communications skills of health workers in preparation for the planned health promotion campaign on family planning. As a result, eight training courses on IPCS were conducted for 160 health workers in these two rayons between September and December, with co-financing from the World Bank project and ZdravPlus. The average pre-test score of 35 percent rose to 91 percent at the post-test.

### Report on the Results of ZdravPlus Health Promotion Activities

Over the summer, the health promotion team worked with a consultant to chronicle the work done on health promotion under ZdravPlus and the results achieved, as measured by three years' worth of data from KAP surveys.\* The report looks at the impact of the project's campaigns on diarrhea, acute respiratory infections (ARI), anemia, family planning, and STIs. The KAP survey data indicate that in each campaign, ZdravPlus health promotion activities had a positive impact on improving public knowledge of appropriate health behaviors. They also illuminate areas where further attention is required.

The diarrhea campaigns had a notable impact on the population's ability to identify the signs of diarrhea and the danger of dehydration for young children. The level of awareness about the importance of giving children with diarrhea as much liquid as possible increased considerably. By the end of the campaigns in 2003, around 60 percent of respondents in both Jalal-Abad and Issyk-Kul knew about this life-saving measure. And in Jalal-Abad, the campaigns had a positive impact on parents' ability to recognize one of the critical danger signs of childhood illness: blood in a child's stool. More attention is needed, though, to the promotion of appropriate feeding practices for sick children.

Following the diarrhea and ARI campaigns there was a significant improvement in the ability of Jalal-Abad respondents to identify critical danger signs associated with childhood illness namely: blood in a child's stool, cough or cold with difficulty breathing, and difficulty breastfeeding. While those messages need to be reinforced in Issyk-Kul, the campaigns there did lead to a dramatic reduction in the number of respondents who said they would give antibiotics to a sick child without a doctor's prescription.

The anemia campaign, which emphasized nutrition issues, brought about improvements in respondents' ability to recognize meat and fish as important sources of iron, but recognition of legumes and sorghum—less expensive and more widely available sources of iron—remained low. Importantly, the percentage of Jalal-Abad participants who recommended giving tea (which impedes the body's absorption of iron) to children fell dramatically following the campaign and, although there was no decline in Issyk-Kul, few respondents there suggested tea for young children.

The "Let's Build a Healthy Family" campaign was successful in spreading awareness about the range of modern contraceptive methods, especially pills and injectables. Significantly, in Jalal-Abad there were improvements in the public's perception of the safety and effectiveness of the pill. Nevertheless,

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\* *The Results of Health Promotion Activities in the Kyrgyz Republic (2001-2003)*, Ariel Ahart, Svetlana Asankhbodzha and Ainagul Sulaimanova, ZdravPlus, Bishkek, September 2004

the overall level of confidence in the pill and injectables remains low and more work needs to be done to bolster public confidence in the safety and effectiveness of hormonal contraceptive methods. The data also reveal that an important reproductive right—the idea that couples should have primary responsibility for deciding on family planning issues—is firmly rooted in both Issyk-Kul and Jalal-Abad. In 2003, 78 percent of Issyk-Kul respondents and 65 percent of those in Jalal-Abad stated that the couple should decide family planning issues.

The campaign on sexually transmitted infections (STIs), “Only Between Us”, succeeded in encouraging more than the anticipated number of patients to seek treatment for STIs at FGP during pilot projects in Tokmok, Chui Oblast, and in Jalal-Abad City, Jalal-Abad Oblast. In Jalal-Abad there was also improvement in the level of awareness about specific risk factors for STIs (including HIV/AIDS) and prevention measures. In the future, messages related to raising awareness about sexual risk behaviors and personal protection measures should be reinforced.

### ***Empowering the Population***

The Healthy Communities Grants Program, conducted jointly with Counterpart International and Soros, remains at the heart of ZdravPlus’ efforts to empower communities to address their own needs. However, in response to a request from the Republican Health Promotion Center, which wanted to play a more active role in helping communities identify their own health priorities and submit proposals to a growing number of small grants programs, ZdravPlus added a new community involvement dimension to its health promotion program.

#### **Healthy Communities Grants Program**

During the reporting period, ZdravPlus continued to monitor and provide technical assistance for third round grantees while participating in the grant review process for the fourth round.

In June and August, ZdravPlus provided technical assistance to grantees under the third round of the Healthy Communities Grants Program (HCGP). The assistance consisted of two three-day trainings on IPCS and educational seminars on health reform (patients’ rights and responsibilities, the co-payment system, and the drug benefit package) conducted in three oblasts and attended by a total of 87 people. Grantees were also provided with ZdravPlus printed materials.

Local grant committees met in early fall to review concept papers for the Fourth Round. A number of recommendations were made to make future meetings more valuable and productive: i) to take into consideration the seasonality of projects (for example, renovation of a school is best undertaken in spring or summer); ii) to cancel the position of Session Chairman; iii) to prepare a list of presented project applications for all members of grant committee; and iv) to create a time limit for discussion of each project. In November, the National Grant Committee met and considered 60 project proposals, of which 23 were approved (eight for funding by Soros Kyrgyzstan and 15 by USAID). The winning projects address a variety of issues, including control of hypertension, a school for diabetics, prevention of brucellosis, establishment of a dairy for infants, renovation of a school, renovation of the Psycho-neurological Hospital in Jalal-Abad, rodent control in the southern regions, rehabilitation of water-pipes, and support for parents of children with disabilities.

#### **Community Involvement**

In the first half of the year, ZdravPlus worked out how it could respond to the Republican Health Promotion Center’s request for assistance in helping communities submit solid grant proposals to the various small grant programs in Kyrgyzstan. The concept was to develop the capacity of Health Promotion Centers around the country to, first of all, help communities identify their priority health concerns using a Participatory Rural Appraisal (PRA) methodology, and then learn how to develop good proposals. Two partnerships were developed to turn this concept into a reality. One partnership was with the Civil Society Support Centers around the country, so that they could share their experience with PRA and the development of proposals with Health Promotion Center staff. The other was with AED, to co-finance the training workshops for the Health Promotion Centers along with ZdravPlus.

In the last quarter of the year, training workshops on PCA and Proposal Writing were conducted in each oblast, with trainers drawn from the Civil Society Support Centers. A total 137 persons were trained, mostly from oblast and rayon Health Promotion Centers, but also from Family Medicine Centers and FGPs. The expectation is that the participants will work with the Civil Society Support Centers after they return home to help communities in their areas conduct their own needs assessments and submit well-prepared proposals to the available grant programs. The participants were very appreciative of the training, since they felt they needed the skills to assist communities to identify their priorities in health and to obtain funding for some of their needs. It is still too early to assess the impact of the training, since there has not yet been a new grant application cycle.

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## **Quality Improvement**

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The Quality Improvement component encompasses a variety of related activities, including medical education to train FGP doctors and nurses in family medicine, a special focus on reproductive health and infectious diseases, accreditation of health facilities, Evidence-Based Medicine, and linking the Government's many Quality Improvement (QI) activities into a comprehensive National Quality Improvement Strategy.

### ***Family Medicine Education and Training***

#### Training of Trainers (TOT) Programs

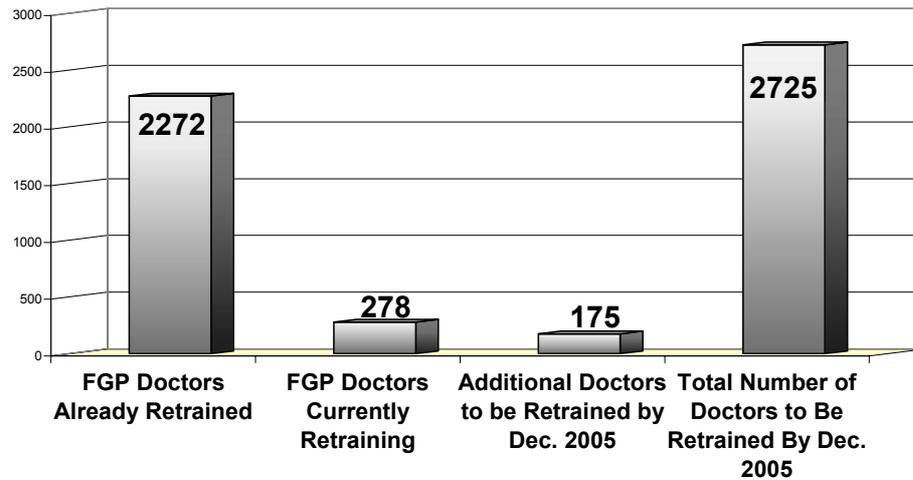
In July, the Family Medicine (FM) TOT program at the Bishkek Family Medicine Training Center (FMTC) graduated its last year-long class of FM trainers from Tajikistan and Kazakhstan. In addition, FM trainers from Uzbekistan and Kazakhstan continue to come for one-month FM clinical clerkships. (See regional section, above, for more detail.) These clinical clerkships will continue until the end of ZdravPlus.

The FM staff of Kyrgyz State Medical Institute for Retraining and Continuing Education (KSMIRCE) plans to gradually convert the most important modules from the yearlong TOT program into computer-based distance education courses. These computer-based courses will initially be used for faculty development for the FM teachers, but ultimately for Continuing Medical Education (CME) for Family Group Practice (FGP) doctors.

#### FGP Retraining

FGP retraining is continuing according to the original World Bank II Project plan. In December, a total of 55 FGP doctors from all four northern oblasts completed their four months of retraining cycles. An additional 278 FGP doctors in the southern oblasts are continuing their study cycles and will finish in the spring. Recently, the World Bank and MOH agreed to re-allocate World Bank II Project funding to pay for all of the participant expenses for retraining an additional 107 doctors and for the training materials for another 68 doctors from Bishkek, Chui Oblast and Issyk-Kul Oblast. With this additional funding from the World Bank plus the ongoing support from USAID for the FM trainers, the KSMIRCE will complete the retraining of essentially all the FGP doctors in the country by the end of 2005 (a total of 2,725). Fortunately, this total is close to the recent World Bank (David Cochrane) estimate of the required number of FGP doctors nationally (2,944). However, since the completing retraining five to ten percent of these FGP doctors have stopped working. Also, the rural areas remain underserved.

**Progress with FGP Doctor Retraining in Kyrgyzstan:  
Cumulative Results of All Projects (As of Dec. 2004)**



**Continuing Medical Education (CME)**

As the initial retraining process for FGP doctors is nearing completion, ZdravPlus and the KSMIRCME are placing increasing emphasis on the implementation of an effective and sustainable CME system for these doctors. In 2002-3, they developed and tested a new CME model for FGP doctors and nurses in Issyk-Kul Oblast. Since January 2004, they expanded this system to include a total of about 900 FGP doctors and about 1,400 FGP nurses in pilot rayons in all oblasts.

Compared to the old Soviet-style CME system, the new CME system provides more frequent and convenient access to up-to-date information. Under the Soviet system, medical workers would come to Bishkek or Osh once every five years for a one-month largely didactic CME course at the KSMIRCE. In contrast, FGP doctor involved in the new CME system attend a five-day CME seminar in their oblast once a year. This year, the seminar topics were hypertension, stroke, pelvic pain, fever in children, and COPD and EKG reading. The FM trainers in Jalal-Abad finished these topics in the pilot areas during the first half of 2004, then integrated ZdravPlus’s syndromic STI treatment program into their next CME cycle, which involves 150 doctors and will be completed in May 2005. In addition to attending a CME seminar annually, each FGP doctor also participates in two days of on-site training at their own FGP or at neighboring FGP every year. During these FGP site visits, the FMTC trainers provide practical hands-on clinical education. These site visits often are used to reinforce and expand upon topics initially covered during the seminars. The topics this year in most oblasts were EKG reading, pelvic inflammatory disease, otoscopy, and ophthalmoscopy. These site visits will also be used as an opportunity to do testing on individual study topics, which will initially focus on the new MOH clinical protocols.

In addition to providing more practical information more frequently, this new CME system has many other advantages. One of the advantages is that it provides an excellent mechanism for rolling out vertically designed health programs nationally. For example, in 2003, the Kyrgyzstan-Finland Lung Health Project (KFLHP) successfully piloted the WHO course, “Practical Approach to Lung Health” (PAL). In November and December of 2004, the KFLHP provided a four-day TOT course on “PAL” for all 33 KSMIRCE FM doctor trainers. During 2005, this “PAL” course, which includes the WHO’s directly observed treatment short course (DOTS) strategy for treating tuberculosis, will be integrated into the CME system for doctors. In a similar fashion, CitiHope International provided two days of clinical pharmacology training for these same trainers, following the PAL training. From January 24<sup>th</sup> - 27<sup>th</sup>, 2005, they will provide additional training to the trainers, so that clinical pharmacology education can be incorporated into the CME seminars for FGP doctors, with the goal of improving their prescribing habits in general. This education should also result in more appropriate and complete use of donated medicines in particular, such as those provided during the US State Department’s “Provide Hope” shipment in September 2004. As a result of this integration, more

than 1,000 FGP doctors throughout the republic will complete the PAL course and the CitiHope training during 2005. In this win-win situation, the KFLHP and CitiHope can see their programs expanded nationally via the CME system, and the MOH, KSMIRCE, ZdravPlus, and the World Bank have additional donors contributing toward the FM training effort. It is likely that this pattern of integration will be repeated with different “vertical” programs in the future.

This new CME system is gradually becoming truly national in scope. Currently, it involves all the FGP doctors in four oblasts and the FGP doctors from three pilot rayons in each of the other three oblasts (Chui, Osh, and Jalal-Abad). In 2005, it will be expanded further to include all the FGP doctors in Jalal-Abad Oblast and all the rural FGP doctors in Osh Oblast. Also, the KSMIRCE FM department is helping the departments of internal medicine, gynecology, and pediatrics to start a similar CME program for the 730 FGP doctors in Bishkek and Osh cities during 2005. So, altogether about 70 percent of the country’s FGP doctors will be involved in the new CME system during 2005.

In 2005, the KSMIRCE is planning on expanding this CME concept to include all the feldshers in the country. At the request of the World Bank, STLI consultants helped the KSMIRCE to prepare a proposal to establish a feldsher CME system. During their November mission, the World Bank II Project approved funding for this new program, starting in 2005. The program will include a TOT course for new feldsher trainers and a nationwide CME system for feldshers. This is significant, since it will complete the foundation of a new CME system that can be further developed to provide accessible and relevant CME to all the nation’s primary care workers on an annual basis.

The World Bank also decided to reallocate additional funds to purchase basic medical equipment for the doctors, nurses and feldshers participating in this new CME program. This equipment is related to upcoming CME courses.

STLI consultant, Barton Smith, presented the process of developing a new modern CME system for primary care at the global joint conference of the World Organization of Family Doctors (WONCA) and the American Assembly of Family Physicians in the US in October. At that same conference, two other STLI consultants, Charley Hardison and Paul Fonken, presented other aspects of the ZdravPlus FM reform work.

#### Continuous Quality Improvement (CQI)

Progress was made on the evaluation of the FGP-level Quality Improvement System (QIS) after three years in Issyk-Kul and a completed draft of the report in Russian is being reviewed and will be translated into English. The final report should be published during the first quarter of 2005. The QIS was also initially piloted in Issyk-Kul and is currently being rolled out to all the oblasts in a limited fashion. The table below summarizes the distribution of the FGPs which used the QIS during 2004:

### Pilot Areas Using the Quality Improvement System

	Bishkek	Chui	Batken	Jalal-Abad	Issyk-Kul	Naryn	Osh	Talas
<b>Pilot Rayons or FMCs</b>	FMC 1 (FGP 1 & 2) FMC 7 (FGP 3 & 6)	Chui, Sukaluk Tokmok	Kadamjay, Kyzyl-Kiya, Leyliak, Batken	Bazar-Korgon, Suzak, Jalal-Abad City	All	All	Naukat, Aravan, Osh City	All
<b># of FGPs</b>	4	4	4	4	Most	20*	4	5

*\*Includes all the FGPs in Jungal Rayon (joint project with the Swiss Red Cross to link CQI and Village Health Committees).*

During 2004, ZdravPlus, the KSIRCME, and the Swiss Red Cross piloted a method for expanding the QIS at the rayon level. In Jungal Rayon of Naryn Oblast, they trained two FGP doctors from that rayon to be rayon-level CQI coordinators. With mentoring from the oblast-level FM trainers,

these new CQI coordinators helped to establish the QIS in every FGP and feldsher clinic (FAP) in that rayon. Two staff from each FGP then received QIS “curator” training for five days in Naryn from the FMTC FM trainers. The rayon-level QIS coordinators then helped the curators initiate the system. They have completed two three-month quality improvement cycles, the main focus of which was family planning. The preliminary feedback from this effort suggests that the FGP and FAP staff like the process and that improvements are starting to occur. Based on this initial success, ZdravPlus, the Swiss Red Cross, the World Bank, and the KSMIRCE are planning to use this approach to expand the QIS to all FGPs and FAPs in the Naryn and Talas Oblasts during 2005, with the bulk of the funding coming from the World Bank with some supplementary funding from the Swiss Red Cross.

In July 2004, the head FM trainer from the Issyk-Kul FM Training Center and the head of the Osh Family Group Practice Association (FGPA) office attended the three week regional advanced quality improvement seminar held in Issyk-Kul. Using what they learned at that seminar and from the QIS experience to date, they are planning improvements in the system. They hope to integrate these improvements into the ongoing CQI effort of the KSMIRCE and FGPA during 2005 and beyond.

#### Family Medicine Residency Training

In July, the National FM Residency Program (NFMRP) graduated its second class of 42 FM doctors. These doctors all passed their final exams, which include a written portion and objective structure clinical examinations (OSCEs).

In September the NFMRP expanded to Osh with 23 new FM residents starting their two-year program. The FM trainers at the Osh FMTC are coordinating the program, in conjunction with the Osh branch of the KSMIRCE and the Bishkek administration of the residency association (AMCREI). The curriculum is based on the Bishkek model, which involves the continuity of clinical experience every week at a FM training clinic and an ongoing lecture series, interspersed by block rotations in the various specialties at other clinics and hospitals.

This expansion to Osh helped address two problems; one is the low proportion of residents from the south and the second is the drop in the total number of residency applicants. The current first and second year classes in Bishkek are half the size of the classes that graduated in 2003 and 2004. There are many reasons for this decline in interest, and clearly more needs to be done to attract a higher percentage of graduating medical students to careers in Family Medicine. According to recent World Bank estimates, approximately 100 – 125 new family doctors per year will be needed in the future in order to replace FGP doctors who retire or stop practicing for other reasons. The current output of the Osh and Bishkek residency sites combined is about 40 graduates per year.

#### “Specialists in Family Medicine” NGO

“Specialists in Family Medicine”, which involves all the FM doctor and nurse trainers working for the KSMIRCE, has negotiated several more short-term training agreements. This NGO worked together with the KFLHP and CitiHope to administer the TOT seminars for the courses on PAL and Clinical Pharmacology. They also helped the Osh FMTC to compete successfully for a Soros grant to implement a new neuro-psychiatric development module into IMCI training for FGP doctors.

### ***Reproductive Health (RH)***

#### RH in the context of Family Medicine Training

The core of the project’s RH program remains the training of FGP doctors and nurses through the family medicine training program. Family planning training is included in phase II of Family Medicine education and training for physicians and, starting in January 2004, phase II was conducted in Bishkek/Chui, Issyk-Kul, and Talas FMTCs. Forty-seven doctors received family planning training through this mechanism and their average test scores went from 73.5 percent before the training to 92.4 percent afterwards. In the past six months, contraceptive update training courses were also provided for 388 nurses from Bishkek City and from Chui, Jalal-Abad, Issyk-Kul, Naryn, Batken, and

Osh Oblasts. The average test scores of the nurses rose from 68.5 percent before the training to 88.5 percent afterwards.

#### **Pilot Project on Family Planning/IUDs with Midwives in Suzak Rayon**

At the request of the MOH, the successful pilot project conducted in 2002/03 in Bazar-Korgon Rayon in Jalal-Abad Oblast, to train rural midwives to provide family planning services, including IUDs, was extended to Suzak Rayon. USAID, UNFPA, and the MOH contraceptive commission provided contraceptives, including 1,500 IUDs for the rayon, ensuring that all methods were available. Twenty-five midwives were trained, with a strong emphasis on practicing clinical skills. Each midwife was required to demonstrate competence providing all contraceptive methods and counseling. They also had to successfully insert 5-6 IUDs for actual clients, under the eyes of a trainer, before they were allowed to “graduate.” The average test scores of the midwives went from 52 percent before the training to 80 percent afterwards. Three follow-up visits to each midwife by the trainers supported their skills and allowed the trainers to observe the midwives’ providing services at their normal workplace. The results of these observations show that the midwives’ clinical skills are high.

Most of the midwives’ skills, such as IUD insertion and removal, DMPA injectable contraceptive and oral contraceptive counseling were at a high level at the end of the training and often improved afterwards. For example, skills on DMPA injection went from an average of 91.8 to 100 percent and then decreased slightly to 99.1 percent. Skills in proper washing of instruments were at the 100 percent level on all three occasions. Counseling skills before IUD insertion went from 66.8 to 87.9 and then 91.0 percent. A client survey, conducted with a sample of 284 women, reinforces the finding that the midwives’ clinical skills were strong. Patient satisfaction was high. The results of this pilot were presented to the MOH and Jalal-Abad authorities, who judged the project successful.

#### **Pilot Project to Expand the Availability of Reproductive Health Services in Rural Areas through Midwives**

ZdravPlus and the Kyrgyz-Swiss Health Reform Project have joined hands to expand the availability of reproductive health services, including IUDs, in rural areas through midwives. The pilot site for this was Ak-Talaa Rayon in Naryn Oblast. The project sought to expand the availability of RH services in rural areas, to improve the status of midwives and other midlevel personnel by demonstrating that they could be trained to provide clinical procedures, and to provide high-quality patient care to rural communities.

Thirteen midwives were trained in contraceptive technology, including clinical skills on IUD insertion/removal, and all the midwives were given the needed instruments to ensure that they had a full IUD kit. As in Bazar-Korgon and Suzak, the safety of clients was a priority and the measures put in place to ensure safety were i) competency-based training, ii) follow-up visits after the training to monitor and support the midwives, and iii) two follow-up client surveys to assess client satisfaction and identify any problems that might have occurred, unbeknownst to the midwife. The results show that the knowledge and skills of the trained midwives were strong, clients were satisfied and were choosing all four contraceptive methods available—not always IUDs. The results of this joint project were presented at the MOH’s regular conference.

#### **Safe Motherhood/Newborn Care**

ZdravPlus collaborated with UNICEF and WHO, in October, to support a workshop on neonatal resuscitation and perinatal asphyxia, which are major causes of newborn deaths, for 26 ob-gyns and neonatologists from all seven oblasts.

Project staff also collaborated with the effort led by the Gender, Women and Family Commission in the President’s Administration to develop a Reproductive Health/Infant Health strategy for Kyrgyzstan. They provided a wealth of documents to commission staff and participated in working group meetings.

### USAID Contraceptive Donation.

The second year supply of USAID-donated contraceptives for FGPs in Issyk-Kul and Jalal-Abad Oblasts was distributed to FMCs by the FGPA.

### ***Medical Accreditation Committee (MAC)***

Between July and December, MAC has continued to accredit healthcare facilities. Thirty-two healthcare facilities, mostly from the southern regions of Kyrgyzstan, were accredited. Since 2002, a total of 103 healthcare facilities have been accredited throughout Kyrgyzstan: 42 hospitals, 43 family medicine centers, 16 FGPs with independent legal status, and two sanatorium-resort facilities.

### ***Evidence-Based Medicine (EBM)***

The promotion of EBM remains a high priority for the project, with its potential to influence medical practice in sustainable ways for the long-term. Major areas of emphasis in the past six months were: i) working with leading academic institutions towards introduction of EBM courses in these institutions; ii) working with leading health professional associations to develop evidence-based clinical practice guidelines; iii) creating links between professional associations and the future EBM Center represented by EBM specialists from the MOH health reform department; and iv) continuing work on the Quick Reference Guide.

As EBM begins to gain recognition among health workers, ZdravPlus sought to institutionalize a course on EBM in leading academic institutions. Project staff negotiated with the rectors of the Medical Academy and the Medical Institute on Postgraduate Education and both rectors committed to introduce an EBM course for students and residents-graduates. Following up on that agreement, ZdravPlus joined with WHO and AED/START to conduct a five-day seminar in October for a limited number of academics meeting certain criteria. The main goals of that seminar were to strengthen the knowledge and skills on EBM of academics who had already passed basic training on EBM and to start developing EBM curriculum. During the seminar trainees started developing EBM curriculum and the process is now continuing. The trainers for this seminar were well recognized experts, Prof. Vasily Vlassov from the Moscow Cochrane Collaboration and Dr. Elena Novichkova, director of the Moscow EBM center.

In the first half of the year, ZdravPlus signed agreements with four professional associations (internal medicine, obstetrics and gynecology, pediatrics and surgery) to develop evidence-based clinical practice guidelines on topics identified by the associations themselves and family practitioners from Family Medicine Training Center. Different associations are progressing at different speeds, with some of the slowness due to the low status and lack of resources of professional associations, as they currently exist. In addition to the training provided last year, ZdravPlus has provided the members of the working groups with updated reference materials. In order to meet a deadline of the end of May for the World Bank project to support printing of limited quantities of the guidelines, the associations have been encouraged to submit drafts by February, allowing time for appraisal of the methodological quality of the guidelines before they are finalized.

ZdravPlus has been trying to create linkages between the local EBM specialists from the MOH health reform department and the professional associations working on the development of clinical practice guidelines. The EBM specialists kindly agreed to provide additional technical assistance to the associations and it is expected that they will provide external evaluation of the methodological quality of the guidelines, without influencing the content of the guidelines. One of the roles of the future EBM Center should be to provide assistance to the groups working on developing CPGs, evaluating guidelines from the perspective of methodological quality.

Work is also well-advanced on the Quick Reference Guide for family doctors. The Russian translations of the approximately 75 articles have been reviewed by FMTC staff and FGP doctors and revisions are under way. Then the English and Russian versions will need to be edited before sending the book to the printer in mid-February. The World Bank project has agreed to support the printing.

## ***National Quality Improvement Strategy***

After months of delay, the MOH approved the National Quality Improvement Strategy for the Kyrgyz Republic on November 1<sup>st</sup>. The strategy links a number of key functions related to quality improvement that are already being performed and establishes the relationship between financing reforms and improved health outcomes. The new strategy will facilitate the development of the next phase of ZdravPlus support for QI activities, as well as the design of the QI component of the World Bank funded Health-II Project. ZdravPlus has already made recommendations to the Ministry of Health, through its technical and coordination units, and to the World Bank office, on the content of the QI component of the project.

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## **Improving Resource Use**

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### ***Single-Payer System***

The single-payer system includes all health financing and health delivery system structure activities under one umbrella including institutional structure, pooling funds, provider payment systems, clinical and financial information systems, salary payment, outpatient drug benefit, guaranteed benefit package, outpatient drug benefit, and formal population co-payments.

Single payer system implementation continued with initiating work in Bishkek, a major focus of the last six months. The Bishkek Health Insurance Fund (HIF) is moving to implement unified provider payment systems, but a number of issues have been encountered including ongoing problems with pooling republican and city funds and significantly different payment rates in Bishkek and republican facilities (Bishkek is higher). ZdravPlus provided three computers to enhance the Bishkek HIF capacity and technical ability in calculating budgets and payment rates. Bishkek health facilities seems to have no better, in some cases even worse, financial management capacity than oblast and rayon level health facilities which at least qualitatively reflects the results of intensive health financing and management implementation at the oblast level. The level of capacity building to adjust to the new provider payment systems and improve management is great. ZdravPlus and Socium Consult are working with individual facilities to restructure and improve financing management. The pilot facilities for management improvement are FMC number eight, City Hospital number one, and Maternity Hospital number two.

In the single-payer Phase I sites of Issyk-Kul and Chui Oblasts and Phase II sites of Naryn, and Talas Oblasts, ZdravPlus provided technical assistance and training to continue monitoring of implementation and refinement as necessary. The focus continued to be on working with facilities to restructure costs, enabling them to match revenues and expenses. Although further support is needed to solidify the system, there are no current issues.

The Phase III sites of Batken and Jalal-Abad Oblasts continued intensive implementation of the single-payer system. Jalal-Abad continues to be a pleasant surprise, providing leadership for South Kyrgyzstan in single-payer system implementation and addressing the need to restructure and rationalize the health delivery system. Capacity building and implementation of some system elements continued in Osh Oblast although the complete single-payer system has not yet been implemented.

The big issue over the last six months has been the level of the health budget as the Ministry of Finance (MOF) has been reducing the budget over the last couple of years. The exact rationale for this reduction is not clear, but an easy explanation is that formalized co-payments allow the MOF to claim new funding for the health sector and, thus, reduce the budget. The situation was very serious last spring. During the May 2004 World Bank mission, the Aide-Memoire stated that if the 2004 budget execution did not improve by September 2004, the WB Health II Project would be rated unsatisfactory with significant negative ramifications for the Government of Kyrgyzstan. By September, the budget execution had improved significantly. Although donor pressure is addressing the issue in the short-term, a long-term solution is needed. ZdravPlus, in collaboration with the World Bank and WHO/DFID Policy Analysis Project has started targeting technical assistance to

improving the Medium Term Budget Framework (MTBF) for health. The MTBF is a three year rolling budget estimate. The process of improving the MTBF for health is in its early stages and will continue over the next six months.

ZdravPlus continue to provide methodological support for a number of single-payer system elements. Procedures for formulation and execution of the state budget for the health sector in 2005 were developed and submitted to Ministry of Finance and Ministry of Health for discussion, review, and approval. Refinements to the GBP and co-payments, hospital payment system, capitated rate payment system, and accounting system were developed.

### ***Health Information Systems***

ZdravPlus MIS specialists continued to provide technical assistance to the HIS Working Group, HIF and Republican Medical Information Center (MIC) in the conceptual and operational design and development of new HIS. In addition, oblast MIS specialists continued to provide operational support to the HIF and health providers in the implementation of new HIS.

ZdravPlus provided technical assistance to the Republican Medical Information Center (MIC) specialists working to improve different statistical forms from the facility, oblast, and republican levels. The MIC developed registration forms for emergency care, pathologo-anatomic, rehabilitation, and diagnostic departments of healthcare facilities. In addition, clinical informational forms were developed and approved by the MOH for ambulatory-diagnostic departments in hospitals. The Republican MIC also developed and published the statistical reference book “The Population’s Health and Healthcare Facilities’ Outcomes,” and the national reference book on healthcare facilities. The specialists continue to work on updating the national database on health and healthcare using software developed by the WHO. The center also conducted seminars for the heads and programmers of oblast Medical Information Centers and the Health Insurance Fund of Bishkek, which were devoted to quality improvement of the statistical data.

### ***Human Resources***

The ZdravPlus human resources specialist worked closely with the MIC on the development and implementation of the national human resources database. As the database is supposed to be installed in all healthcare facilities across country, the MOH decided to place coordinators in each oblast. These coordinators will be responsible for administering the database and providing technical assistance to healthcare facilities. ZdravPlus’ human resources specialist, together with the Republican MIC specialists, provided training for the coordinators. ZdravPlus’ human resources specialist also participated in initial meetings of the working group on human resources for designing the Manas-II Plan.

### ***Health Management***

ZdravPlus continued to provide support for the health management courses retraining health managers to adapt to the health reforms in general and the autonomy to allocate resources under the new provider payment systems in particular. In addition, ZdravPlus collaborated with the WHO/DFID Policy Analysis Project to develop strategies to further institutionalize the health management courses.

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## **Legal and Policy**

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### ***Policy Dialogue and Development***

ZdravPlus continued to participate in numerous working groups to engage in policy dialogue and policy development.

## ***Legal Framework***

Over the last six months, Parliament discussed and approved the Law on Healthcare Organizations, and the Law on Health Protection. These two laws, together with the Single-Payer Law (approved), Amendments to the Law on Health Insurance (approved), and Law on Guaranteed Benefits Package (submitted to Parliament but not yet discussed), make up most of the permanent legal framework for the health reforms.

The Law on Healthcare Organizations was adopted on August 13, 2004. It regulates public relationships of healthcare organizations, provides the legal base for their functioning, defines types of healthcare organizations, and based on this, regulates the functions of those organizations. The most important achievement of this law is that the healthcare organizations can achieve some flexibility in managing funds. This is a key aspect of the providers achieving autonomy. As a result of the newly adopted law on healthcare organizations, ZdravPlus assisted the MOH in developing amendments to the Tax Code of the Kyrgyz Republic. The amendment considers tax benefits for healthcare enterprises, one of the forms of healthcare organizations.

The Law on Health Protection was adopted on November 11, 2004. This is the overarching law governing the health sector. Specific elements important to the health reforms include detailing the functions of state authorities, defining the integration of the state and private organizations within healthcare sector, enhancing the roles of non-government organizations (such as attestation of healthcare workers), describing the rights and responsibilities of patients, providing a basis for budget consolidation and pooling of funds, providing a legal base for co-payments, defining the status of healthcare workers, and regulating the requirements for healthcare workers to practice.

On November 18<sup>th</sup> and 19<sup>th</sup>, with funding from AED, a seminar was conducted for oblast-level health leaders to provide them with information on the “Law on Healthcare Organizations.” There were 70 participants from all of the oblasts. The goal of this seminar was to clarify distinctions between different forms of healthcare organizations and their new rights and responsibilities.

In addition to the intense work on major laws, over the past six months ZdravPlus legal experts drafted, research, or amended approximately 25 regulations solidifying the regulatory base of the health reforms. Finally, technical assistance and training was provided to build the legal capacity of the MOH, regional officials, and NGOs.

## ***Public Relations***

During the last six months the press center under the MOH continued to disseminate information on health reform to the population. Among the most important events the press-center covered, in TV and print-media, were: Humanitarian Assistance Program from US State Department, the advanced EBM seminar held in KSMA for academicians from educational institutions, the legal dissemination seminar on the Health Protection Law and the Law on Healthcare Organizations, the new quality improvement concept, and the First Central Asian flagship course on Sustainable Health Financing. The press center is continuing to update the video archive on the major health care reform events. Thus, short movies were filmed on advantages of a single payer system and co-payment and issues regarding their implementation. The press-center works closely with the Health Promotion Center in broadcasting healthy lifestyles messages on TV and radio. Examples of health promotion topics on which information was distributed to the public through mass media include control of diarrheal diseases, vitamin A, iodized salt, dangers of tobacco use, co-payments, and evidence-based medicine.

## ***Policy Analysis, Monitoring and Evaluation, and Research***

ZdravPlus continued its close collaboration with the WHO/DFID Policy Analysis Project on Monitoring and Evaluation (M&E), policy analysis, and applied research.

### ***Donor Collaboration and World Bank Missions***

ZdravPlus continued its collaboration with the World Bank by participating in the November supervisory mission. Representatives included Sheila O'Dougherty for overall health policy and the Health Financing Component, Bruno Bouchet for the Quality Component, and George Purvis for the Health Delivery Systems and Public Health Components. This close collaboration brings mutual benefits to both parties and projects and allows strengthening the coordination of support to the reforms, increasing chances of success. The main achievements of the last mission were:

- Additional funding, through the World Bank loan, of family medicine training activities; this was suggested by ZdravPlus staff with the goal of significantly increasing national coverage;
- The development of a strategy for strengthening primary health care in remote areas covered only by FAPs and feldshers, including training, provision of resources, and referral/transport systems;
- The development of a proposal to disseminate and implement the QI policy of the Ministry of Health; and
- An outline for a report on the results of health delivery system restructuring was prepared and over the next few months data collection will be finalized and the report written.

The November World Bank Mission also initiated planning for World Bank Health III. It was decided that WB III will be a Sector Wide Adjustment project (SWAp). ZdravPlus participated in initial conceptual and operational planning for the SWAp. It appears that the critical elements for SWAp planning over the next year will be development of a Government Health Reform Plan entitled Manas-II, and understanding the changes in donor collaboration processes. This understanding will be crucial as health care reform in Kyrgyzstan moves from the informal SWAp that has existed for the last 10 years to a more formal SWAp mechanism. ZdravPlus together with the WHO Health Policy Analysis Project developed a draft outline for Manas-II and the Kyrgyz Government will be forming Working Groups for detailed Manas-II plan development.

**KAZAKHSTAN**  
**Six-Month Report**  
**July – December 2004**

**COUNTRY SUMMARY**

***Kazakhstan Health Reform Environment and ZdravPlus Strategy***

From July through December 2004 the Kazakhstan health policy environment has been gradually stabilizing with significant steps taken by the Ministry of Health and the Government in the direction of national health reform. The process of finalizing the State Health Care Reform and Development Program 2005-2010 by the MOH and the Government in July and August, its endorsement by the President on September 13, 2004, the subsequent development of the Program's National Implementation Plan, approved by Government on October 13<sup>th</sup>, and organization of national working groups that would address specific implementation issues, have given "green light" to the nation-wide health reform. ZdravPlus has invested enormous technical effort, contributing to the development of the Program and establishing the appropriate implementation mechanisms.

Pursuing the health reform goals, ZdravPlus has continued working at the system level and individual health provider level.

At the system level, the priority goals have been to: i) maintain constructive policy dialogue with the MOH and the Government to finalize the national Health Reform and Development Program ensuring its consistency with on-going reforms, the correct interpretation and adequate translation into the implementation plan and mechanisms; ii) to continue strengthening the health reform regulative base; and iii) to promote EBM, clinical practice guidelines, rational drug use, and clinical quality improvement approaches to policy makers and medical leadership.

At the individual health provider level, implementation of activities impacting quality of care remained a priority. The activities focused on family medicine training for practicing physicians, consultations on family medicine and reproductive health provided to individual health facilities in pilot sites and beyond, continued IMCI trainings for physicians, pioneering IMCI approaches to nurses, and incremental development of the Continuous Quality Improvement Project (Karaganda).

***Health Finance Reform Legal Base and Implementation***

Over the last few years, Kazakhstan has experienced the significantly increased, yet insufficient resources allocated to the health sector. The State Program 2010 sets forth an ambitious goal "to gradually increase public spending for health sector to four percent of GDP by 2010". The table below summarizes actual and estimated health expenditures in Kazakhstan from 2001 to 2007.

**Table 1: Health Finance Expenditures in Kazakhstan, 2001-2007 (MOH data, November 2004)**

<b>INDICATORS (Billion Tenge)</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>	<b>2004*</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>
GDP	3251	3 776	4 449.8	5 138	5 850	6 640	7 557
Health Expenditures, Total	63.9	73.0	92.4	135.8	179.1	207.5	241.8
Local Budgets	47.6	59.1	71.3	102.8	120.3	124.0	155.5
National Budget	13.8	12.0	19.1	30.1	55.9	80.4	83.1
Other Ministries/Depts	2.5	1.9	2.1	2.9	3.0	3.1	3.3
Health Expenditures Total, GDP%	1.97	1.93	2.08	2.64	3.06	3.12	3.20

\*as of 01.09.04

The increase of public expenditures to health presents both broader opportunities and challenges for health care development. Rational utilization of health care resources at all levels of the system in the

context of strengthening PHC requires further development of the health finance legal and regulative base. Over the reporting period ZdravPlus considerably contributed to the process.

The Budget Code approved by Government Decree #548 in the first half of 2004 provided a legal base for pooling funds at the oblast level. This important step was followed by the revised State Procurement Law (as of July 5th, 2004, # 569) excluding the Guaranteed Basic Benefits Package (BBP) from regular state procurement procedures. Pooling funds and eliminating the state order for health services are politically and technically supported by ZdravPlus as crucial conditions for effective implementation of incentive-based provider payment systems.

These two laws have been further supported by *“Methodological Recommendations on Pooling Health Budget at the Oblast Level”* (the final draft has been submitted to the Minister of Health for approval) *“Regulations on Procuring Services within the Guaranteed Benefits Package”* (Order of MOH # 815 of November 17, 2004). The health program budget consolidation process has also progressed: a regulative document *“A New System of Budget Classification”*, presupposing the further health program budget consolidation, has been developed and submitted to the Minister of Economy for approval.

The National Health Finance Workshop (held in Astana under the MOH, November 24<sup>th</sup> -26<sup>th</sup>) has facilitated the health finance reform implementation process: it has educated 50 participants from oblast health departments and the national level about the new financial regulations, encouraging discussion, identifying potential problems, and seeking solutions.

At the request of the MOH, ZdravPlus has provided significant technical assistance in developing the Basic Benefits Package. In doing so, ZdravPlus has coordinated with the World Bank and WHO to ensure internationally accredited approaches are used in developing the initial BBP as well as the process for updating the package as needed. The implementation of the outpatient drugs package has been supported in Karaganda Oblast and the generated experiences and lessons learnt promoted at the national level.

The role of health information systems in conditions of pooling funds at the oblast level is significantly increasing. The creation of the national integrated health information system ensures unified approach to accumulating and using information across the country. In this context ZdravPlus has contributed to the development of the national information system, and continued developing and integrating the HIS in ZdravPlus’s pilot sites (Karaganda and Zhezkazgan), promoting them to the national level and sharing those experiences with other oblasts. As a result a National HIS Feasibility Study has been developed and submitted to respective agencies for consideration, while the pilot HISs have been further improved technically while fulfilling their ongoing functions: maintaining the population databases, supporting the PHC monitoring activities, and the quality improvement and outpatient drug implementation processes.

### ***Policy Dialogue with the Ministry of Health and Government***

The State Health Care Reform and Development Program (see above and Legal and Policy) has been the focus of ZdravPlus’s continuous policy dialogue with the MOH, the Government and the Parliament over the past six months. Both the process and the result have proved successful: the Program reflects core reform concepts and experiences generated over the last decade, while the process has consolidated the national team of reform-oriented decision makers open to international approaches and experiences, and assuming the responsibility for the national reform.

The Program targets at establishing an accessible, efficient health care model and states that “PHC reform is a foundation for the efficient health care system”. Focused on prevention and PHC development including general practice, the reformed system will ensure equity and continuity of care across the entire system. Consistent measures are envisaged to increase the role of the population in health care creating conditions for free provider choice and encouraging healthy lifestyles. Such a system will require a new cohort of medical professionals and health managers educated according to

international standard. The content of clinical practices will change in line with international approaches, WHO recommendations and EBM standards in general.

Along with the broad goals outlined above, the Programs set a number of specific indicators describing results to be achieved by 2010, including:

- The hospitalization level will decrease by 25-30% through prevention of diseases, and the increased awareness of the population about risk factors;
- The maternal mortality rate will decrease from 42,1 per 100,000 in 2003 to 30,0 per 100,000 live births and infant mortality from 15,3 in 2003 to 10,0 per 1000 live births by introducing new MCH technologies;
- Tuberculosis morbidity rates will decrease from 160,4 per 100,000 population in 2003, to 135,0 per 100,000 by 2010;
- The morbidity rates for STIs will decrease annually by 10%;

ZdravPlus has invested significant effort in providing technical assistance to the MOH in developing the Program's National Implementation Plan. The Plan details implementation milestones and the required resources and assigns the working groups under the MOH with specific short- mid- and long-term tasks. Directly and indirectly through its national and oblast level counterparts, ZdravPlus is represented in all working groups. ZdravPlus has supported a working group process for years and will continue strengthening this mechanism within the State Program framework.

### ***PILOT SITES***

Pilot sites have continued generating positive experiences in health reform, promoting them to the national level and sharing with other oblast and beyond the country. Sharing experiences has been particularly important in the process of finalizing the State Health Reform and Development Program.

#### **Zhezkazgan**

Zhezkazgan reforms continued to be consistently supported by the local administration and health authorities with the Association of Family Practitioners (FPA) playing an important organizational role.

The Keeping Children Healthy (KCH) campaigns, focused on diarrhea and acute respiratory infections, have been successfully implemented in Zhezkazgan and Satpaev with little support from ZdravPlus. The Arterial Hypertension informational educational, started in the previous reporting period, has been completed in July attracting considerable attention of health professionals and general public. All campaigns were strongly supported by the FPA.

Clinical capacities of Zhezkazgan family practitioners have been further increased through a regular 11 day IMCI course. A two year family medicine residency course (under the PGI) has been completed by three family practitioners and an 11 month TOT training course in Bishkek completed by one nurse from Zhezkazgan Medical College. Zhezkazgan family practitioners have been actively involved in IPC trainings both as trainees and trainers. Zhezkazgan has also served as a pilot to monitor IPC training results: a team of IPC trainers from ZdravPlus, KAAP, and the Zhezkazgan Association of Family Physicians together with doctors and nurses from city SVAs implemented monitoring and evaluation (M&E) of IPCS of family practitioners in Zhezkazgan.

The Safe Motherhood project, having been implemented in Zhezkazgan for over two years, has been further promoted to the national level. Key opinion leaders from the Republican level have visited the pilot site (maternity house) showing great interest in the work done there. Dr. Serik Tuleybaev, the head of the Zhezkazgan Maternity House, along with a midwife from that facility were invited by the WHO to join the training team and share their two years of experience at a two-week course on

Essential Obstetric Care, with international trainers from WHO. Zhezkazgan experience has been also successfully presented at the national conference on implementation of clinical guidelines in Tajikistan.

### Karaganda Oblast

Karaganda Oblast has remained the leader in comprehensive health reforms generating new reform experiences and promoting them to the national level. Over the reporting period progress has been made in strengthening primary care in the oblast by increasing its funding, technical, and clinical capacities. Based on the PHC monitoring results, evidence-based proposals have been made to increase capitated rate for primary care and have been approved by the MOH. In addition the Oblast Health Department (OHD) has designed new financial incentives for primary care providers to improve quality of care and to be implemented over 2005.

Clinical capacities of PHC providers continued to be improved with three IMCI courses provided over the reporting period. Six head rayon pediatricians have attended the course with the idea that they will introduce these rayons to the IMCI strategy and facilitate expansion of IMCI in the future. Oblast Health Department is very supportive in implementing trainings and IMCI strategies.

The Continuous Quality Improvement (CQI) project with the focus on IMCI strategies has moved ahead incrementally. It is planned to strengthen efforts over the next six months to adapt and introduce WHO treatment protocols for acute respiratory infections in Maikuduk pilot.

Karaganda has been fairly successful in implementing its 91 million tenge outpatient drug benefits program covering 17988 children under age one. Karaganda experience has been presented at a National Health Finance Workshop arousing much interest and receiving positive feedback.

The DIC has continued playing an important role in promoting EBM approaches and rational drug use practices. The DIC has also started work on the third chart audit in Karaganda Oblast to assess drug prescription practices in FGPs. It has proceeded with a drug pricing and availability survey funded through the WHO grant and supported by ZdravPlus.

The DIC has played an import role in promoting Kazakhstan's new hypertension guidelines to the national level and supporting their implementation in Karaganda Oblast. It has also started joint work with the Quality Improvement team in Karaganda to develop protocols to improve child health care at the hospital level.

Both Karaganda and Zhezkazgan have made important strides towards integrating their health information systems. The combined team of Zhezkazgan, Karaganda, and ZdravPlus information technologies specialists continued work on designing, testing and adjusting software programs organized in modules, improving the systems' interface and compatibility, refining data collection and reporting forms as required by users, and training the respective personnel (see Resource Use).

### East Kazakhstan Oblast and Semipalatinsk

East Kazakhstan Oblast and Semipalatinsk have progressed in strengthening their primary health care capacities. Much attention has been given to developing the clinical knowledge of family practitioners and continuous educational work with the population. The Oblast Health Department has continued providing support to the PHC monitoring system piloted in Semipalatinsk. The system designed and introduced with ZdravPlus support in 2002, continued collecting data, providing health care managers of all levels with targeted statistical information. The Medical Information Center (MIC) in Ust-Kamenogorsk has continued providing technical support in collecting and analyzing the data. The MIC also continued maintaining and updating population databases and clinical databases for outpatient and inpatient care used for various purposes.

Two doctors from Semipalatinsk along with other four doctors from Almaty and Karaganda have completed an 11 month course for Family Medicine trainers in Bishkek, demonstrating excellent examination results.

Clinical knowledge and skills of physicians have been further augmented by interpersonal communication skills courses provided to family practitioners during the reporting period. Two physicians from Ust-Kamenogorsk and three from Semipalatinsk have passed an IPC TOT course provided jointly by ZdravPlus and KAFP in Astana.

Population educations continued to be an important part of work of family practitioners led by the KAFP branch in Ust-Kamenogorsk and Semipalatinsk Association of Family Practitioners. KCHs were successfully implemented in both sites.

### Almaty Oblast

In Almaty Oblast ZdravPlus has continued supporting health promotion activities initiated and implemented by the National Center for Healthy Lifestyles. Namely two visible events have taken place over the reporting period: an annual “Road to Health” health promotion tour, that ran through six larger rural settlements in Almaty Oblast, and a training seminar “Population Involvement and Organization of Mothers’ Schools” instructing twenty physicians from Karasai Rayon on interactive methods of work with mothers.

As opportunities presented themselves, ZdravPlus supported clinical training, particularly for rural physicians.

### Almaty

Almaty as a scientific and cultural center of the country, continued to be at the forefront of important events. Thus, through ZdravPlus support international approaches and EBM standards have been further promoted to national institutions, and health facilities. At the end of October a national Conference introducing new Arterial Hypertension Guidelines for outpatient treatment, was implemented under the National Institute of Cardiology. The same protocols were presented to a larger audience attending a national conference in Almaty which marked the 80<sup>th</sup> anniversary of the journal “Health Kazakhstan” and the launch of the first edition of a new EBM journal.

In the reproductive health area, ZdravPlus supported a WHO and UNFPA training course conducted for the National Mother and Child Health Center and the Perinatal Center staff. The adoption of WHO approaches to Safe Motherhood in these flagship institutions on maternal/reproductive health recent may have an important impact on MCH approaches in the country in the future. Considerable work has been also done by a British volunteer ob-gyn currently working with ZdravPlus, who provided on-job consultations to staff of four maternity houses in Almaty and gave a series of lectures for the obstetricians representing all obstetric facilities in the city.

### Astana

A year-long USAID-ExxonMobil partnership, Health of the Capital’s Children, was completed successfully in December. The partnership has focused on introducing IMCI in FGPs and polyclinics in Astana and conducting related health promotion activities for the population. The closing event and a final press conference on December 21 were attended by USAID, ExxonMobil, the MOH, and Astana City authorities. There is general agreement that the ExxonMobil partnership has been a success—it was even featured on the front page of ExxonMobil’s worldwide “World of Caring” corporate newsletter.

### Pavlodar, Kokshetau, West Kazakhstan

Over the past six months ZdravPlus has continued monitoring situation in these sites, reaching them through KAFP branches. Through the branches ZdravPlus health promotion materials have been disseminated. All three sites continue participating in the Healthy Communities Grants Program. The sites have been involved in the National Journalists’, IPC and other trainings as opportunities presented themselves.

## **SUMMARY OF ACTIVITIES**

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### **Population Involvement**

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#### ***Information, Education, and Communication Campaigns***

Information, education, and Communication (IEC) campaigns have continued to be instrumental in educating the population about a range of disease prevention and health promotion issues. The Keeping Children Healthy (KCH) campaigns, focusing on diarrhea and acute respiratory infections, have become part and parcel of Family Group Practice's (FGP's) educational work in pilot sites. Over the reporting period such campaigns have been successfully implemented in Zhezkazgan, Satpaev, and Semipalatinsk with minimal technical support from ZdravPlus. For the first time ever such campaigns have been implemented in Astana, the country's capital city, within the Global Development Alliance (GDA) Partnership for Child Health Project. Unlike the KCH campaigns conducted in ZdravPlus' pilot sites, the Astana campaigns required significant technical and organizational support which was provided by two implementing partners - KAFP and ZdravPlus.

Arterial Hypertension is a new population education health topic which ZdravPlus has been working on over the past period. The high rate of cardio-vascular diseases is a serious problem for Kazakhstan. According to MOH data, the incidence of cardio-vascular disease in the country is about 482 per 100,000 on average, while in many sites including Karaganda (a ZdravPlus pilot site) it is considerably higher at about 600 per 100,000. Arterial hypertension (AH), as one of the major risk factors, contributes to the high rates of cardio-vascular diseases and mortality in the country: according to the MOH's data the AH incidence among the adult population is 24.3 percent.

In May, ZdravPlus joined with the National Center for Healthy Lifestyles in supporting a nation-wide ten day AH campaign aimed at raising public awareness about the issue. While providing general support in developing information dissemination materials such as leaflets and brochures, which were used throughout the country in the course of the campaign, ZdravPlus provided additional organizational and technical support in implementing the campaign in Karaganda. In June and July, ZdravPlus has implemented an AH campaign in Zhezkazgan and Satpaev. The campaign was strongly supported by local health authorities and health professionals, joined by volunteer students and promoted by the mass media.

The campaigns are detailed below.

#### **Keeping Children Healthy (KCH)**

The fifth KCH campaign has been implemented in Zhezkazgan and Semipalatinsk during August and September. The campaign focused on diarrhea and was a collaborative effort of the Association of Family Physicians in Zhezkazgan (AFPs), the Zhezkazgan Nurses Association, and the local branch of the Center for Healthy Lifestyles; it was also supported by the Zhezkazgan and Satpaev Health Departments. In the course of the campaign 40,000 brochures on diarrhea and 10,000 copies of each of two posters (one on danger signs and the other on how to treat a child with diarrhea) in total were distributed in Zhezkazgan and Satpaev. FGPs organized mothers' groups in kindergartens and conducted trainings. In FGPs, kindergartens, and post offices, information sites were created where care-takers could read information on diarrhea and take brochures home. At a press-conference covering the campaign, the Head City Pediatrician summed up the results of KCH campaigns over the last five years. According to the information provided at the press-conference, mothers have become better informed on children's diseases and have been applying that knowledge in practice. Recently, there have been no severe cases of diarrhea in Zhezkazgan and there have been fewer diarrhea-related hospitalizations. In December, Zhezkazgan, Satpaev, and Semipalatinsk completed two-month KCH campaigns focused on acute respiratory infections. ZdravPlus provided informational materials.

### Hypertension Information Dissemination Campaign

In June and July a Hypertension information campaign was conducted by ZdravPlus in Zhezkazgan and Satpaev in close cooperation with the City Health Department, Zhezkazgan Association of Family Physicians, Zhezkazgan Nurses Association, and the local branch of the Center for Healthy Lifestyles. The major purpose of the campaign was to provide basic information to the population, particularly high risk groups (middle age people), about arterial hypertension, the importance of controlling one's own blood pressure, the ways to measure blood pressure, the role of healthy food and lifestyles in controlling blood pressure, etc. For these purposes, ten posts for checking blood pressure were continuously working across the city including market places. At these posts all individuals could test their blood pressure, receive key information in the form of brochures. These posts proved to be extremely popular with the population: blood pressure was tested in 23,317 volunteer individuals; higher than normal pressure was registered in 4,028 individuals (17 percent of those tested). All these individuals were advised to see a doctor for more careful examination and consultation.

In the course of the campaign the population has received key information on AH, through mass media channels, dissemination of materials, and individual talks. Thus,

- All family group practices organized information stands with information on arterial hypertension (bulletins);
- Three TV spots on hypertension prevention, dangerous complications, and the campaign in general were broadcast;
- Seven articles on hypertension were published in the local press;
- Over 6,500 brochures and 4,450 posters were disseminated; and
- 24,542 talks on hypertension were conducted with individuals.

The campaign was strongly supported by volunteers, including 44 medical nurses from the Medical Nursing Association (39 percent of all nurses employed in the nine family group practices in Zhezkazgan), and 98 students of the Zhezkazgan Medical College together with their trainers. In recognition of their considerable contribution to the campaign, ZdravPlus awarded ten FGP nurses with tonometers while the most active volunteer students received the "Nursing Foundations in Family Medicine" manual; prepared with ZdravPlus technical support.

### Distribution of ZdravPlus Printed Materials

Over the past six months ZdravPlus continued disseminating informational materials printed in the earlier period. The following materials have been disseminated through the KAFP branches to family group practices in ZdravPlus's pilot sites and beyond:

- TB posters - 8,000 copies;
- Safe motherhood brochures 2 types - 100,000 copies;
- Hypertension brochure – 100,000 copies; and
- Antibiotic brochure – 300,000 copies.

In addition to this bulk of materials disseminated throughout the country, ZdravPlus has provided health education materials to support the Partnership for Child Health Project in Astana: all family group practices and Pediatric Polyclinic number six received 25,000 Antibiotics brochures (Russian), 20,000 ARI (Russian) and 10,000 (Kazakh) brochures as well as 10,000 of the Dangerous Signs of Diarrhea posters (Russian) for further dissemination to the population.

## ***Knowledge, Attitudes, and Practices (KAP) Survey***

The 2004 KAP survey was conducted in November, using the same survey questions as 2003, in four sites: Zhezkazgan (mature) where ZdravPlus has invested a significant effort to educate the population about health issues; Karaganda (intermediate), where some educational work has been carried out to date; Uralsk (prospective), where ZdravPlus has not worked but where there is general interest to improve health care; and Arkalyk (control site) where there have been no moves towards health care reform. The size of a sample for each site was 100 respondents, totaling 400. While all raw data arranged in tables is currently available at ZdravPlus, Brief is finalizing a survey report to be submitted to ZdravPlus in the near future.

The 2004 KAP survey provides evidence of a significant increase of the level of knowledge of population about basic health issues promoted by ZdravPlus over the last four years, particularly in mature and intermediate sites. Below are the highlights of some of the data generated through the survey.

According to the data, more care takers know that a child with diarrhea must drink more water than usual. (Table 2)

**Table 2: Child with diarrhea must drink more water**

Site	2001	2004
Mature (Zhezkazgan)	73%	83%
Intermediate(Karaganda)	67%	84%

The percent of respondents knowing that infants less than 6 months should receive breast milk as their only fluid has also increased. (Table 3)

**Table 3: Breast milk as the only fluid for infants <6 months**

Site	2001	2004
Mature (Zhezkazgan)	30%	82 %
Intermediate(Karaganda)	23%	82%.

The population's knowledge of contraceptives has improved. (Table 4)

**Table 4: Population's knowledge of contraceptives**

Mature site:	2001	2004
Awareness of the injectable contraceptive method	30, 5%	60%
Safe contraceptive method: Injectables	10%	29%.
Safe contraceptive method: Pills (oral contraceptive)	16,5%	30%
Effective in preventing pregnancy: Injectables	9%	32%
Effective in preventing pregnancy: Pill (oral contraceptive)	13%	37%

## ***Interpersonal Communication Skills (IPCS) Training***

IPCS training has continued to be an important area of activity with an increasing demand among health professionals. There is a growing understanding among health professionals that interpersonal communication skills are an important aspect of a health care professional's work, contributing to partnership relationships between medical workers and their patients and impacting both the treatment process and outcome. In end-of-training interviews, IPCS trainees recognized the value of such trainings and ask for more training opportunities in the future. Over the past six months ZdravPlus prepared a Kazakhstani team of IPCS trainers including six master trainers. Hopefully, this team will be able to implement IPCS training course in the future as necessary and as opportunities present themselves.

Over the reporting period ZdravPlus-supported IPCS training courses have been implemented along the following lines: ZdravPlus and KAFP joint TOT courses for KAFP members; ZdravPlus and KAFP joint IPCS training courses provided to KAFP members; and ZdravPlus and KAFP IPCS courses provided within the Partnership for Child Health Project in Astana. The training activities over the past six months are summarized in the paragraphs below.

An IPCS training of trainers (TOT) course was implemented in Astana from October 4<sup>th</sup> through the 15<sup>th</sup>. There were 24 participants from KAFP branches in Astana, Aktobe, Kokshetau, Uralsk, Karaganda, Pavlodar, Ust-Kamenogorsk, and Taldy-Korgan; along with physicians from the Zhezkazgan, and Semipalatinsk Associations of Family Practitioners, other NGOs, the Medical Academy, and Centers for Healthy Lifestyles. Six participants were trained as Master-Trainers.

The recently trained IPCS trainers (above) have conducted a series of IPCS courses in Astana and respective pilot sites:

- Three IPCS trainers in Astana conducted their first two day roll-out training course in early November as a part of the Partnership for Child Health project in Astana. The workshop was organized for 16 physicians from SVAs, polyclinics, and the Infectious Diseases Hospital.
- Two IPCS trainers in Zhezkazgan conducted a two-day roll-out course in mid-November for 20 family physicians of Zhezkazgan and Satpaev.
- Three IPCS trainers in Semipalatinsk conducted a two-day roll-out course in mid-November for 13 physicians of East-Kazakhstan Oblast.
- Two IPCS trainers in Ust-Kamenogorsk conducted a two-day roll-out course at the beginning of December for 20 family physicians of the city.

Regular IPCS training courses for Astana physicians were conducted in July, September, and November within the GDA - Partnership for Child Health project. ZdravPlus invited two trainers from KAFP and Zhezkazgan Family Group Practice Association (FGPA) to train physicians from SVAs, pediatric polyclinics, and the Infectious Diseases Hospital.

In November, IPCS trainers from ZdravPlus, KAFP, and the Zhezkazgan Association of Family Physicians together with doctors and nurses from city SVAs implemented monitoring and evaluation (M&E) of IPCS skill of family practitioners in Zhezkazgan. For this purpose 20 physicians were observed, including 10 who had gone through the IPCS training course and 10 who had not. Additionally, a total of 60 patients (three for each doctor) were surveyed about their consultations with doctors.

From December 20<sup>th</sup> through 24<sup>th</sup> the ZdravPlus Clinical Group, jointly with IPCS trainers, s piloted an IPCS-IMCI training course designed by ZdravPlus. The training course covered 14 patronage nurses from Astana city. The objective of the training course was to introduce the nurses to the IMCI strategy principles and train them in consulting child care-takers on how to use interpersonal communication skills to achieve better results.

### ***Partnership for Child Health***

The project “Partnership: Health of the Capital’s Children,” came to an official close on December 21, 2004, with a press conference and closing ceremony in Astana. From February-December 2004, ZdravPlus and its local partner, the Kazakhstan Association of Family Physicians (KAFP), provided training to 81 doctors in the integrated management of childhood illnesses (IMCI) and IPCS. Through the population involvement component of the project, volunteer theater troupes composed of parents, grandparents, children, and health care workers developed skits and performed them at kindergartens throughout the city. According to the Astana City Health Department, over 15,000 parents viewed these skits, on the topics of diarrhea, ARIs, breastfeeding, and antibiotic use. Over 60,000 brochures on these topics were distributed through SVAs and one pediatric polyclinic and public service announcements on these topics were aired on Astana television. Additionally, a journalists’ contest took place during the last three months of the year, to provide the mass media with incentive to cover these important child health topics. The project was funded by ExxonMobil and USAID, and is seen as especially significant in that it is the first official Global Development Alliance in the CAR region. The project received significant ongoing support from the Astana City

Akimat and the City Health Department. The closing ceremony included theatrical performances on child health topics by three volunteer groups of parents, the awarding of prizes in the journalists contest, and presentations by the head pediatrician from the Astana City Department of Health and the Ministry of Health. The Project was very successful, leaving behind over 80 doctors trained in IMCI and a cadre of IMCI trainers, a population with a better understanding of how to keep children healthy and manage common childhood illnesses, and policy-makers in Astana City and the MOH who have been exposed to international practices on child health topics. Discussions are planned in coming months regarding a follow-on GDA project with ExxonMobil in Astana for 2005.

### ***Collaboration with the National Center for Healthy Lifestyles***

The ZdravPlus' strategic alliance with the National Center for Healthy Lifestyles (NCHL) has been further strengthened over the past six months. According to the mutually designed plan ZdravPlus has provided technical support in implementing broad health promotion events. The major events focused on educating and involving the public and health professionals in health promotion activities and educating mass media representatives on the overall health agenda.

#### **Population Education**

From July 14th through 16th an annual "Road to Health" health promotion tour, jointly implemented by the National Center for Healthy Lifestyles and ZdravPlus, took place. The itinerary ran through six larger rural settlements in Almaty Oblast. In the course of the event around 60,000 copies of health promotion materials were disseminated; short skits with key health messages were shown to the population. Positive feedback was received through interactive activities, such as quizzes and drawing competitions.

A training seminar "Population Involvement and Organization of Mothers' Schools" was implemented through the NCHL and ZdravPlus's joint effort. The training covered 20 pediatricians from Karasai Rayon of Almaty Oblast and aimed at instructing the physicians on interactive methods of working with mothers. In the course of the seminar, a manual on interactive methods of working with the population, prepared by the NCHL, and a ZdravPlus manual on KCH campaigns, as well as a training video film, were used.

ZdravPlus provided technical assistance for the national IEC "Reproductive Health of Adolescent Girls", conducted by the NCHL in November. ZdravPlus health information materials, distributed across all oblasts as part of the campaign, included:

- Video film "Safe Motherhood" – 14 copies;
- Three 30 second video spots in Russian and Kazak about family planning – 14 copies;
- A five minute video film on STIs – 14 copies;
- "Family Planning" brochures in Russian and Kazakh - 6,000 copies; and
- Brochures on STIs in Russian and Kazakh - 10,000 copies.

#### **Mass Media Education and Involvement**

Mass media involvement, the quality and consistency of information provided to the public, is an important factor of local and nation-wide health educational events implemented by ZdravPlus and counterparts. Over the reporting period ZdravPlus has continued investing in mass media by supporting workshops and contests for journalists.

On July 1st and 2nd an annual workshop "New Approaches to Working with Mass Media" was conducted in Borovoye (Akmola Oblast). The workshop, supported in part by ZdravPlus, hosted representatives of the National Center for Healthy Lifestyles and the Ministry of Information and Societal Concord. Two ZdravPlus staff members also attended the training.

The annual National Journalists' Contest, entitled "Healthy Lifestyles: Everybody Wins", has become one of the major events implemented through the NCHL and ZdravPlus joint effort. The event, completed on October 20th 2004, encouraged a socially responsible attitude of journalists to the subject of healthy lifestyles. Reportedly, this contest has had the highest participation level of the three similar contests implemented since 2001. In all, 77 journalists took part submitting 263 articles to the competition. The most popular subjects among the journalists were TB, Hypertension, Acute Respiratory Infections (ARI), and Control of Diarrheal Diseases (CDD), tobacco use, drug and alcohol addiction, and HIV/AIDS. On October 20th a press conference devoted to the results of the contest was held. The winners in three categories - "Best Editorial Board," "Best Article," and "Best Journalist" - came from South Kazakhstan, Atyrau, and Ust-Kamenogorsk.

### ***Healthy Communities Grants Program***

The Healthy Communities Grants Program (HCGP), run jointly by ZdravPlus and Counterpart International (CI), has progressed, with new grants awarded and grantees provided with technical assistance from ZdravPlus in implementing the projects.

In June, a concept paper selection procedure was piloted in Kostanai and Ust-Kamenogorsk through the Civil Society Support Centers. The process involved representatives of local health authorities, oblast administrations, ZdravPlus, and CI. Also in June, a concept paper selection procedure was carried out in Almaty by the Grant Management Team (ZdravPlus and CI Grant Managers). During the fourth round selection process, 38 applicants had their concept papers approved and were invited to submit full project proposals. A total of 11 proposals were selected for funding in early fall.

The eleven fourth round grantees attended a joint CI/ZdravPlus training in Almaty from September 6<sup>th</sup> to 8<sup>th</sup> designed to assist them in starting up and managing their projects. ZdravPlus provided the organizations with information and brochures (both in Russian and Kazakh languages) on a variety of health promotion issues and also helped the organizations determine what kind of technical assistance they would want from ZdravPlus.

The HCGP fifth Round was announced in early December and a total of 85 concept papers were received, of which 59 were selected and their organizations invited to submit full proposals by the mid-February deadline.

Because many of the grantees lack experience and important technical information, ZdravPlus technical assistance is key to enabling them to carry out their projects more effectively. Over the past six months, ZdravPlus has provided technical assistance to HCGP third and fourth rounds grantees. In July, ZdravPlus organized and supported a study tour for 12 representatives from NGOs in Almaty, Kokshetau, and Rudny (Kostanai Oblast) to "Demeu" SVA and the "Sad" (Garden) Society in Astana. All these NGOs work with disabled people and were particularly interested in learning the experiences of social workers and psychologists working at these two facilities well known beyond Astana. At the request of Zhezkazgan NGO "Children without Frontiers" (a fourth round grantee) ZdravPlus sponsored the visit of an English specialist (based in Astana) on disabled children to Zhezkazgan. The specialist provided mothers with consultations on how to take care of disabled children and conducted a one week seminar. ZdravPlus provided continuous technical assistance to eight grantees that developed brochures and newsletters under their grant projects. The assistance included comments and proposals to as well as approval of the design and content of ten printed materials. About 45 thousand brochures and 40 videos prepared by ZdravPlus, the Intimak NGO, and the National Center for Healthy Lifestyles in Russian and Kazakh on different health promotion issues have been sent to 25 NGOs working under the HCGP.

Grantees report that the technical assistance has been very helpful, and that their projects have helped their target groups and have encouraged the population to take more responsibility for their own health.

### ***Business Women's Association of Kazakhstan Red Apple Hotline***

The Business Women's Association of Kazakhstan (BWAK) continued to operate the Red Apple Reproductive Health hotline to provide anonymous reproductive health information to men and women throughout the country. Three hotline sites are directly supported by USAID grant. Another four sites continue to be supported by private companies or local governments. Unfortunately, the Aktobe site was forced to close at the end of October as the independent funding for that site came to an end. However, BWAK continues to seek additional funding for that and other potential new sites in the country, and by early 2005 plans to have a total of nine hotline sites up and running. During the five-month period from July-November (December data are not yet available), over 35,600 calls were received across all sites, or an average of over 7100 calls per month (these statistics include calls received at the Aktobe site for July-October). The main topics of interest to callers continued to be contraceptives, STIs, and pregnancy. The grant to BWAK for the Red Apple Hotline (previously set to end in November 2004) has now been extended through May 2005.

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### **Quality Improvement**

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Improving the quality of health care for the population remains the ultimate objective of this component. ZdravPlus is using a three-pronged strategy to achieve this:

- First, it provides clinical training on family medicine, Integrated Management of Child Illnesses (IMCI), reproductive health, rational drug use, and other topics, to update the knowledge and skills of providers and be able to show rapid improvements in service delivery.
- Second, it seeks to put into place the foundations for quality care on a broader scale, primarily through building support for Evidence-Based Medicine (EBM), the development of evidence-based clinical practice guidelines, and rational pharmaceutical management.
- Third, it focuses on interventions in the field of quality improvement, which can help identify and address obstacles, inherent in the rigidly regulated Soviet system, that prevent implementation of modern clinical approaches.

The past six months have seen important progress on several of these fronts. There is clear movement under the new administration at the MOH to strengthen PHC, to adopt EBM and to make more rational decisions about pharmaceuticals. ZdravPlus staff have been at the heart of many of these discussions.

EBM in particular is now getting support from the highest levels of the MOH, which even organized a conference and produced a new magazine on EBM. ZdravPlus views this trend as highly significant, since it could do much to change the nature of clinical practice if it takes hold. Consistent with this, there is growing interest in developing evidence-based clinical practice guidelines. The Republican Cardiology Institute, with support from ZdravPlus, is taking the lead in promoting the landmark new hypertension guidelines, so that they don't just remain on the shelf, but get translated into improved clinical practices.

Work on IMCI has continued, with many of the activities conducted in the context of the Global Development Alliance partnership with ExxonMobil in Astana (see *Population Involvement* section). IMCI is also poised to move in an exciting new direction with a new module to train patronage nurses to work in the community. The module has been developed and tested by ZdravPlus and a follow-on training for nurses in FGPs will take place next year, starting with a TOT. Quality improvement activities on child health in Karaganda City are also producing improvements and addressing IMCI continuity-of-care, from PHC to ambulance and hospital care.

On reproductive health, recent months have seen important progress toward adoption of WHO approaches to Safe Motherhood in the flagship institutions on maternal/reproductive health, the

National Mother and Child Health Center and the Perinatal Center in Almaty. ZdravPlus joined with WHO and UNFPA to support training for 25 key staff from these two key institutions, holding out the promise of leadership support for changing clinical practices on prenatal care and delivery around the country. ZdravPlus has also been able to provide these two institutions with mentoring by a volunteer British ob-gyn, to help them upgrade their practices. Key opinion leaders from the Republican level have also visited Zhezkazgan, where international approaches to Safe Motherhood have been implemented for two years, with the assistance of ZdravPlus, and they showed great interest in the work done there.

An important achievement in Quality Improvement is that teachers from the National School of Public Health, who were trained in a regional course during the summer, are now teaching classes to students on Quality Improvement using the materials they were given.

### ***Family Medicine***

In the past six months, ZdravPlus Family Practice Director, Damilya Nugmanova, and KAFP have been playing an important role in policy dialogue at the highest levels. They have been very active in working with the MOH to define and promote PHC and family medicine in the context of the State Health Care Program. The approved Program (See the Legal and Policy section) specifies that “The new PHC model will be based on the principles of general medical practice and will consist of PHC centers under the state order of the local health authorities. The model will operate on the principle of patient’s free choice of a doctor and will function using economic methods of management including an incentive-based bi-component capitated rate. This will allow for accessibility of health care, improvement of the quality of health services provided, and increased motivation of health workers in their performance results”. All these objectives are consistent with ZdravPlus health reform concepts promoted at the national over the years.

KAFP and the Almaty PGI also worked with the MOH to draft new “dispensarization” regulations. They proposed canceling the current system and moving to the idea of chronic patients needing ongoing supervision and secondary prevention. They also recommended canceling the obligatory health checks for the population, using batteries of tests, proposing instead specific screening for certain risk groups, such as women over 40, the elderly, etc. If adopted, these regulations would be a giant leap forward toward more rational, evidence-based care.

Through its grant from ZdravPlus, KAFP remains at the heart of the project’s efforts to build family medicine, working in partnership with the Almaty Post Graduate Institute (PGI), the Family Medicine Training Center in Bishkek and the two-year Family Medicine residency program supported by the MOH, as well as through the work of volunteer American family doctor, David Kuter.

Six doctors from Almaty, Semipalatinsk, and Karaganda, and four nurses from Almaty and Zhezkazgan, returned to Kazakhstan in July after completing the 11-month course for Family Medicine trainers in Bishkek. All demonstrated very good overall results and successfully passed the three-stage comprehensive examination. Upon their return, the doctors gave presentations about their experience and what they had learned. With insufficient time left before the end of ZdravPlus to conduct another 11-month course in Bishkek, an alternative strategy has been developed. Family medicine trainers, developed with support from the British Department for International Development (DFID), are being sent to Bishkek for one-month-long clinical “clerkships” to build on the foundation of their theoretical training by giving them the opportunity to strengthen their practical skills with experienced Kyrgyz trainers and American family doctors. The first two teachers to be sent were from Aktobe Medical School and Almaty PGI.

Two students from Zhezkazgan (supported by the MOH), two from Pavlodar, one from the Karaganda Medical School, and one from Almaty (supported by KAFP) completed their two-year residency program at the Almaty PGI in November. Two of them are staying on at the PGI Family Medicine faculty as part-time trainers. And, at the beginning of November, three more residency students started on the two-year program—all of them supported by the MOH.

In an important new development, KAFP won a \$15,000 grant from Counterpart International to produce an educational informational bulletin for family doctors, *Family Physician of Kazakhstan*. Headquarters staff produced the first two editions of the bulletin: the first on asthma and the second on chronic obstructive lung disease (COPD). KAFP sees the new bulletin as a first step toward a new approach to continuous medical education in Kazakhstan, using distance learning. Inspired by the Uzbekistan General Practitioner Association bulletin, the plan is to encourage members to read the bulletin, answer test questions in the bulletin, and send the answers to KAFP trainers at five medical schools to be checked. The trainers send the results to KAFP headquarters, where awards are given for the best answers. The hope is that, over time, this form of distance learning will help prepare doctors for real distance learning, using the Internet. Results from the first two bulletins show that the physician's knowledge after reading the bulletin averages between 60 and 70 percent.

KAFP also continued to provide family medicine training for members from all branches, with the Almaty PGI faculty as important partners. In July, Almaty PGI trainers provided a five-week course on Internal Medicine and Clinical EKG in Taldy-Korgan for 42 doctors from FGPs, city hospitals, and polyclinics. Throughout December, two KAFP members from Karaganda mixed polyclinic number two attended a training course on internal medicine at the FM faculty of Almaty PGI, with KAFP support. During the whole month of September, a doctor from West Kazakhstan Oblast who had been nominated the "Best Rural Doctor of Kazakhstan," attended a one-month training course on internal medicine at the FM Faculty of Almaty PGI, also with support from KAFP. As a result of this support, she became an active KAFP member and persuaded all eight FGP doctors in her rayon to join KAFP.

Volunteer family doctor, David Kuter, provided hands-on support for doctors seeking to build their skills in family medicine. In July, David Kuter provided a one week training course in Taldy-Korgan for rural physicians, within a regular one month training course provided by the PGI. From October to early November, he worked in rural FGPs in the Taldy-Korgan area mentoring primary care physicians (mostly former internists and pediatricians, but also some gynecologists, surgeons and dentists) as they saw patients. Altogether, he worked with 24 physicians in 19 village clinics in three rural rayons and two outlying primary care clinics attached to city polyclinics and saw approximately 380 patients. A new activity for Dr. Kuter has been to begin to work at the hospital level. In Taldy-Korgan, he visited and answered questions at a maternity hospital, at the Almaty Oblast Children Hospital and at the addiction treatment center. In December, he worked in Ust-Kamenogorsk mentoring doctors in the Oblast Children's Hospital and city FGPs and gave lectures at meetings of the East Kazakhstan KAFP branch.

KAFP values its connection to the World Organization of Family Doctors (WONCA), and KAFP president, Damilya Nugmanova, attended the WONCA World Council meeting in Orlando in October as the Kazakhstan representative. Considerable interest was expressed in KAFP's translation into Russian of the WONCA Guidebook, "Improving Health Systems: The Contribution of Family Medicine" and it was proposed to make the book available on the WONCA web site. In meetings with WONCA CEO Alfred Loh and President Michael Boland, there was great interest in developing a Central Asia/Caucases/Mongolia regional organization and organizing a CAR regional conference in 2005. Dr. Nugmanova and a family doctor from Aktobe also participated in the joint American Association of Family Physicians and WONCA annual meetings and made presentations there

### ***Other KAFP Activities***

KAFP continued to play a leadership role in the partnership on child health with ExxonMobil in Astana.

KAFP and ZdravPlus collaborated on the training, in October, of 24 new trainers on interpersonal communications skills (IPCS) from most of the KAFP branches around the country. This was followed by roll-out trainings for 20 physicians from Semipalatinsk FGPs and surrounding rural areas and for 17 FGP physicians from Zhezkazgan and Satpaev. The trainings are very popular with the doctors and are helping not only to improve their communications skills, but also to promote KAFP.

All 12 KAFP branches observed World COPD (Chronic Obstructive Lung Disease) Day on November 17<sup>th</sup>. KAFP prepared information on COPD in Russian and Kazakh, which was broadcast on radio “Kazakhstan” and “Europe Plus” every hour that day and used for an article in the local newspaper. KAFP also updated their Russian versions of the revised GOLD (the Global Initiative for COPD) “COPD Pocket Guide for Doctors and Nurses,” a brochure for patients and a poster on COPD, and distributed them to all branches.

All KAFP branches continued to advocate for health reforms and family medicine, holding meetings with local health authorities, Akimats, members of parliament, and KAFP members. The branches most actively involved in advocacy are Pavlodar, Akmola and East Kazakhstan oblasts, Astana and Almaty.

### **IMCI**

During the reported period, five 11-day IMCI training courses were conducted in the Karaganda IMCI Training Center, in Zhezkazgan and in Astana. In Karaganda, 61 health care workers were trained in three courses, with most of the participants coming from four rural rayons (Bukhar, Zhyrau, Karkaralinsk, and Osakarovsk), thus reaching the last providers in these remote areas with IMCI training. Six head rayon pediatricians were also included, at the request of the Oblast Health Department, to introduce these rayons to the IMCI strategy and facilitate expansion of IMCI in the future. Nineteen more health workers were trained in Zhezkazgan, Satpaev, and Ulatau, a rural area near Zhazkazgan, thus completing training in that area. ZdravPlus has provided a total of eight training courses in the Zhezkazgan region during two years of IMCI implementation there. In Astana, the USAID-ExxonMobil public-private partnership, implemented by KAFP and ZdravPlus, continued with IMCI training and public education activities. There, 36 more doctors from FGPs and children’s polyclinics were trained. This went hand-in-hand with a two-day IPCS course for the same doctors, conducted by KAFP. To date, 81 Astana doctors (including 52 from FGPs) have been trained in IMCI.

#### **IMCI for Nurses Pilot Course**

Since the summer, ZdravPlus has been working on the development of an IMCI training course for patronage nurses to bring IMCI to a greater number of people. The five-day curriculum that has been developed draws on UNICEF/WHO’s *Facts for Life*, the IMCI curriculum for PHC doctors, the ZdravPlus/Uzbekistan training course for patronage nurses, and the ZdravPlus IPCS course. It focuses on key information and very simple skills needed for a nurse to educate parents or caretakers and perform some basic “clinical” tasks (like taking a temperature, measuring a child’s height, preparing Rehydron or doing a skin-pinch to assess whether a child is dehydrated). It covers breastfeeding and childhood nutrition, growth, basic hygiene, immunization, ARIs, and diarrhea, and is designed to help parents keep a child healthy, detect illness, manage very simple conditions at home, and recognize the danger signs that call for sending the child immediately to the doctor. The first day of the training is devoted to IPCS training which is then reinforced throughout the training, as participating nurses take the key messages they have learned and practice how they would explain them to mothers through role plays and other interactive learning techniques. Before pilot-testing, the draft curriculum was presented to a review committee, including representatives of the National IMCI Center, FGP doctors and nurses, and nurse teachers. Their comments and recommendations were integrated into the curriculum before moving into the testing stage.

To test the curriculum, a pilot training was conducted in December for patronage nurses in Astana. The response was overwhelmingly positive, with participating nurses extremely grateful to have learned useful information, to have had an opportunity to practice new skills in the classroom and to have been given valuable reference materials. For many, this was the first training they had received since completing their formal nursing education. While the nurses were quite reserved at the beginning of the training, they opened up in the course of the week, and by the end of the training, they were able to offer explanations on a variety of basic child health topics in a way that mothers would be able to understand and could also perform some simple “clinical” skills. The average score

of the nurses at the pre-test was 52 percent and this rose to 81 percent at the post-test. Some modifications will be made to the curriculum in light of the experience during the pilot training and a TOT is planned for February. Despite initial plans for all the trainers to be nurses, the pilot training indicated that it would be advisable to have one doctor on each training team to deal with medical questions that may be difficult for nurses to handle

A report documenting ZdravPlus' experience with IMCI in Kazakhstan is being written and will be incorporated into a regional IMCI report. The report will document the successes and difficulties experienced in introducing the IMCI strategy in Kazakhstan along with lessons learned.

### ***Reproductive Health***

Recent months have seen important progress toward adoption of WHO approaches to Safe Motherhood in the flagship institutions on maternal/reproductive health, the National Mother and Child Health (MCH) Center and the Perinatal Center in Almaty—with the Perinatal Center being noticeably more supportive than the MCH Center. The willingness of these conservative institutions to change augurs well for the adoption of updated practices around the country—particularly since they have also been endorsed through the adoption of a national Perinatal Care Improvement Program in December 2002.

In October, ZdravPlus joined with the WHO and UNFPA in co-sponsoring a two-week course on Essential Obstetric Care for the two institutions, with international trainers from WHO. Twenty-five leading obstetricians and midwives participated. WHO invited the head of the Zhezkazgan Maternity House, and a midwife from that facility, to join the training team and share their two years of experience as the first site in Kazakhstan to implement international approaches to obstetric care, with support from ZdravPlus. To deepen the understanding of leaders in the field of the new approaches, ZdravPlus organized and supported a three-day study tour to Zhezkazgan for the Head Ob-Gyn of the Republic and the director of the National Mother and Child Health Center in Almaty.

ZdravPlus has been fortunate to have the services of a volunteer British ob-gyn, Dr. Olive Frost, from time to time over the past year and the project has asked her to work closely with these two institutions. In the first half of the year, she spent several weeks mentoring the staff and giving lectures at the Perinatal Center. In November, she was assigned to work with the National Mother and Child Health Center. Unfortunately, the Center only welcomed her for a few days at their own facility, preferring to send her out to work with the staff of other maternity houses in Almaty: numbers one, two, four, and five. Dr. Frost also gave seven scheduled lectures for the obstetricians from all obstetric facilities in Almaty, as well as holding lectures in the other maternity houses upon request.

The work of the Zhezkazgan Safe Motherhood project, already recognized at the First Central Asia Conference on Quality Improvement in Tashkent, was presented by Dr. Serik Tuleybaev, head doctor of the Zhezkazgan Maternity House, at the national conference on implementation of clinical guidelines in Tajikistan. Sadly, Dr. Tuleybaev, who invested enormous energy into promoting WHO approaches in Zhezkazgan, died suddenly in early December. It is hoped that the dramatic changes that have taken place in the way obstetrical care is provided in Zhezkazgan are now sufficiently well rooted there that they will continue without him.

ZdravPlus also supported three one-week family planning training courses for PHC workers in Balkhash, Karaganda Oblast.

### ***Drug Information Center (DIC)***

As part of its effort to promote improved prescription practices, the DIC continues to play an important role in promoting Kazakhstan's new hypertension guidelines, which it took the lead in researching and writing. It has been working with the Republican Institute on Cardiology and with Karaganda Oblast authorities to develop plans to implement the guidelines. As part of the effort to

promote the practices in the new guidelines, the DIC conducted a series of seminars on hypertension for FGP doctors in Karaganda, with funds from a Counterpart Consortium grant.

The DIC is also collaborating with the Quality Improvement team in Karaganda to develop protocols on improving child health care at the hospital level. In December, it conducted chart audits in Karaganda (Maikuduk and Yugovostok), Zhezkazgan, and Satpaev to assess drug prescribing practices and compliance with IMCI. The results showed that generic and Essential Drug List (EDL) drugs prescription level was fairly low (around 30 percent of all prescriptions). Based on the results recommendations have been given to emphasize the importance of prescribing generic and EDL drugs in treating ARI while implementing IMCI training courses.

The DIC has also started work on the third chart audit in Karaganda Oblast to assess drug prescription practices in FGPs. With two years' worth of information available on a large number of indicators from the two earlier chart audits, this one will collect more limited information than before, focusing on charts from patients with hypertension and children under age five.

To gather information on drug pricing issues, a significant concern for the government, ZdravPlus is working on a pricing survey. Following up on the regional training on the new drug pricing and availability survey methodology, held in conjunction with the Eurasia Drug Information Network meeting, ZdravPlus's Pharmaceutical Specialist worked with the DICs in Karaganda, Bishkek, and Ferghana to prepare and submit grant applications to WHO and Health Action International (HAI) to conduct pricing surveys in Kazakhstan, Kyrgyzstan, and Uzbekistan. All the DICs were awarded grants, and work on the surveys has started using the new methodology. ZdravPlus' Pharmaceutical Specialist also edited the Russian version of the WHO/HAI manual, *Drug Prices: A New Approach to Measuring Prices*.

The DIC continued to produce its monthly bulletin, which is always in great demand. The topics for this publication are selected from the issues raised by practicing doctors and by patients. The DIC also responded to 434 requests for information from physicians in the period covered by this report.

### ***Pharmacy***

In the area of drug selection, ZdravPlus provided technical assistance to the Pharmaceutical Committee on the development of the Kazakhstan Essential Drug List (EDL) for the development of a Regulation for Development of EDL. The Karaganda DIC is part of a MOH working group on the EDL and will be reviewing the shortlist of drugs in light of EBM.

The preparatory work to help the National Center for Drug Expertise develop a drug quality program to go hand-in-hand with its new laboratory is currently on hold, since the status and functions of the center are unclear after the MOH reorganization. A related, but more pressing concern for the MOH at this time are the implications of accession to the World Trade Organization (WTO) on Kazakhstan's aspirations to build a domestic pharmaceutical industry. ZdravPlus's Pharmacy Specialist and World Bank pharmacy consultant, Graham Dukes, met with Larissa Pak, chair of the Pharmaceutical Committee and with Aikan Akanov, Vice Minister of Health, to discuss these issues. In another meeting with Mr. Amrin, Vice Minister of Trade and Industry, the possibilities for implementing good manufacturing practice standards in Kazakhstan were discussed.

On regulatory issues, ZdravPlus has been a member of a working group developing the pharmaceutical section of the State Health Care Reform and Development Program 2005-2010 (See Legal and Policy section). The approved Program sets forth the following major objectives in the area of pharmaceutical development:

- Ensure equal physical and economic access of population to basic vital drugs;
- Implement provision of drugs based on prescription in retail sale pharmacies based on the list determine by the authorized body;

- Ensure quality and safety of drugs;
- Ensure rational use of drugs; and
- Pursue further development the pharmaceutical sector and the medical industry under the industrial-innovation strategy of Kazakhstan for 2003-2015.

All these objectives are valid, consistent with international approaches, and reflect the needs of the country.

### ***Evidence Based Medicine***

Evidence Based Medicine (EBM) is rapidly gaining support among top medical leaders in Kazakhstan. Important progress is being made in helping people to begin to understand EBM, to learn how to research and evaluate evidence, and to recognize the importance of applying EBM principles through the development and frequent updating of clinical practice guidelines.

To build a basic understanding of EBM among key leaders in the medical world, ZdravPlus and the National Center for Medical and Economic Problems of Health Care collaborated to conduct a four-day introductory course on EBM in November for 20 key leaders from the National Center and national research institutes involved in developing clinical guidelines. AED funded the course, which was taught by two prominent EBM trainers, Prof. Vasily Vlassov of the Moscow branch of the Cochrane Center and Dr. Novichkova from the Moscow EBM Center.

At the end of November, the MOH held a one-day conference on EBM in Almaty, signaling its interest in this topic. The conference marked the 80<sup>th</sup> anniversary of the journal “Health Kazakhstan” and the launch of the first edition of a new EBM journal. ZdravPlus supported DIC Pharmacy Specialist, Prof. Alexander Gulyaev, made presentations at the conference and the head of the Cardiology Institute presented the new hypertension guidelines. The first edition of the magazine includes abstracts for these presentations as well as articles on EBM by ZdravPlus staff members, Damilya Nugmanova and David Burns.

Building on the landmark adoption by the MOH of new evidence-based guidelines on hypertension for primary health care, ZdravPlus joined with the Institute of Cardiology for a two-day seminar on “The Role of EBM in the Management of Hypertension” in October. Attended by about 40 senior officials from the oblasts and all the relevant medical academies and research institutions, this seminar was the first major step to implementation of the new guidelines. Participants left with ideas of how to implement clinical guidelines and the mandate to develop oblast-level plans to encourage use of the new hypertension guidelines. Two thousand copies of the guidelines were printed, with some being distributed at the seminar, but most held in reserve to support oblast-level implementation plans. Meanwhile, the Institute of Cardiology is drafting a prikaz on implementation of the guidelines by the MOH.

KAFP and the EBM methodologists have also continued to play an important role in promoting EBM. In November, KAFP EBM methodologists, Almaty PGI FM trainers and David Kuter provided a five-day course on EBM in Clinical Practice in Ust-Kamenogorsk—the first EBM course at the oblast level. Forty-six medical leaders from East Kazakhstan Oblast attended, including the deputy of the Oblast Health Department; the head ob-gyn; head doctors from oblast, city, and rayon hospitals; other hospital and research centers; Densaulik (formerly the Mandatory Health Insurance Fund); as well as rural and city FGP physicians. Each participant received a collection of materials used during the course and KAFP purchased copies of the Russian version of the book, Evidence-Based Medicine Guidelines, which were also given to each participant and additional copies left with the local KAFP/East Kazakhstan branch. The course was conducted at the Oblast Pushkin library, which has satellite links with seven rayons and is eager for doctors to use its excellent free medical information resources.

In general Kazakhstan EBM methodologists continue to work with trainers and researchers from the Almaty Medical University, PGI, the Almaty PGI Family Medicine residency students, the Institute of Epidemiology, Hygiene and Microbiology, and with KAFP members and physicians from polyclinics and hospitals to help prepare for lectures and find EBM clinical information.

### **Quality Improvement**

The Quality Improvement team in Karaganda has made improvements in the quality of child health services, both outpatient and inpatient. In an effort to improve the quality of outpatient care in FGPs in Maikuduk, the team has been monitoring two key indicators: IMCI *coverage* (provider is knowledgeable about IMCI approaches and is using them routinely) and *compliance* (provider uses IMCI correctly). Initial monitoring of the indicators showed marginal improvement in already-high levels of IMCI *coverage* but relatively low levels of IMCI *compliance*. At baseline, only 66.8 percent of doctors were following the IMCI algorithms, but when providers understood that the Oblast Health Department was specifically focusing on compliance with IMCI, rates increased dramatically, reaching 80.7 percent. The improvements were brought about largely by addressing the problem of the lack of availability of IMCI forms for doctors to use for recording information when they see a child. A rubber stamp was introduced, allowing doctors to stamp the IMCI form into child health records. Inspired by being able to make changes themselves, some of the Maikuduk doctors then suggested another alternative: that they allocate funds from the facility's budget to print a stock of IMCI forms on inexpensive paper. The new form allows them to follow IMCI procedures using one side of the form and, on the reverse side, to add information according to standard government record-keeping requirements and to include a diagnosis according to ICD-10. The doctors find that the new form helps them to use their working time more efficiently than before, while at the same time allowing them to follow official requirements.

To improve care at the hospital level, the quality improvement team has been focusing on improving drug prescription practices in the Maikuduk children's hospital. In August, the DIC in Karaganda conducted a chart review at the hospital to look at prescription practices and found problems with overuse, under use, and misuse of drugs in the management of children under age five. For example, an average of four drugs were prescribed for ARIs and six for acute pneumonia, unnecessary antibiotics were prescribed in 75 percent of cases, and injections (rather than oral medications) were administered in 33 percent of cases. To address some of these poor prescription practices, the DIC is developing protocols for rational use of antibiotics for management of pneumonia in children at the hospital level, using the WHO manual for IMCI at the first referral level as a primary resource. Once developed, the quality improvement team plans to introduce these protocols in city hospitals and will then to monitor the results.

One of the project's strategies to build a cadre of people who understand modern quality improvement approaches has been to develop and conduct a regional TOT in Kyrgyzstan in August for teachers from academic institutions on Quality Improvement (see *Regional* section of the report.) Kazakhstan was represented by three professors and lecturers from the National School of Public Health. These teachers are now teaching classes on quality improvement at the school, using the materials and teaching techniques they learned last summer, and are now asking ZdravPlus to help them learn more about quality improvement.

### **Quality Improvement Activities in Zhezkazgan**

The technical report on lessons learned from the Zhezkazgan QI project which focused on family planning and reproductive health issues, has been revised times and should be completed in January 2005. It will bring useful information on best practices and the dynamic of improvement in the Zhezkazgan health system, to be used for replication oblast-wide.

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## Improving Resource Use

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### **Health Finance**

Over the past six months ZdravPlus has focused its technical assistance on contributing to the development of national-level implementation documents supporting pooling funds at the oblast level, health program budget consolidation, and provider payment systems, all allowing for a more rational allocation of health resources geographically, across the health care system levels, and among individual providers. Significant effort has been made to educate oblast level health departments in new regulations and mechanisms to ensure their smooth implementation over 2005 and beyond.

#### Pooling Funds:

*“Methodological Recommendations on Pooling Health Budget at the Oblast Level”*: The final draft has been submitted to the Minister of Health for approval. The document regulates two models of pooling funds:

- Model I fully corresponds to the objectives of State Program of Health Care Reform and Development 2005-2010 (approved by the President on September 13, 2004, Edict #1438) which introduces the oblast level single payer system with the purpose of improving reallocation of health care resources within oblast territories and leveling PHC capitated rates across rayons as well as hospital base rates; it is also expected that the single payer system will improve a quality control system. This model will be applied in the majority of oblasts, mostly in cities: all health providers will act as independent legal entities and will be funded by respective budget administrators directly, based on submitted summary budget reports and according to the incentive based provider payment systems.
- Model II (transitional) will be used in insufficiently developed oblasts; those without appropriate health information systems and trained health managers, places which are predominantly rural. In such oblasts PHC centers integrating all neighboring health facilities providing PHC services will be created; these centers will be funded as single legal entities which will allocate the received funds further on to their constituents.

#### Provider Payment:

*“On Approving Regulations on Procuring Services within the Guaranteed Benefits Package”*, Order of MOH # 815 of November 17, 2004: The document determines financing procedures for health services included into the Basic Benefits Package (BBP) in the context of the revised State Procurement Law. According to the Regulations, hospitals and clinical diagnostic polyclinics will be reimbursed by performance results (volume of work) while PHC facilities will be funded by the size of their enrolled population; all under new provider payment systems.

#### Inpatient Care Cost Containment:

The *“Rules of Determining Ceiling Volumes of Inpatient Care Provided to the Population of Kazakhstan”* aims at reducing unjustified hospital admission rates and encourages shifting PHC-sensitive conditions to primary care. The Rules, initially designed as a separate document, have been finally integrated with MOH Order # 815 of November 17 2004 *“On Approving Regulations on Procuring Services within the Guaranteed Benefits Package (above)”*.

#### Enrollment:

*“On Approving Regulations on Provision of Outpatient Polyclinic Health Care”*: the final draft has been submitted to the Minister of Health for approval. The document includes *“Rules of Enrolling the Population in PHC Facilities”* which were developed based on ZdravPlus pilot sites experience. In particular, the recommended patient enrollment form replicates the registration form initially designed and implemented by ZdravPlus in its pilot sites. This would also encourage further rollout of the ZdravPlus-designed HIS across the country.

### Budget Consolidation:

The State Program of Health Care Reform and Development 2005-2010 sets forth the task of “maximal health program budget consolidation” to create conditions for “more efficient utilization of financial resources, improving efficiency of the health care delivery structure, establishing continuity of care throughout the system and reinvesting savings, generated through the rationalization process, back in the system”. In support of the Program’s objective a document named “A New System of Budget Classification” has been developed and submitted to the Minister of Economy for approval. The new system of program budget classification presupposes further health program budget consolidation.

### National Health Finance Workshop

National Health Finance and Management workshops, provided by ZdravPlus in close collaboration with the MOH, have become an efficient and highly effective tool of promoting reform products and transferring knowledge to oblast level health policy makers, managers, financiers, and other specialists. Their popularity both with the national and oblast level bodies continuously increases.

From November 24<sup>th</sup> - 26<sup>th</sup> the semi-annual National Health Finance Workshop, funded by AED, was held in Astana under the MOH; ZdravPlus provided significant organizational and technical support. The major purpose of the workshop consisted of educating the audience in new financial regulations and facilitating their implementation at the oblast level. The seminar hosted around 50 participants from oblast health departments and the national level agencies. The participants discussed how to prepare oblast health care systems for the process of health budget consolidation starting at the oblast level in 2005. The current situation in health care financing in each region was analyzed and recommendations on how to address potential difficulties and challenges in the consolidation process were developed. In relation to provider payment systems, such issues as provider payment methods and their role in improving the efficiency of the health care system were discussed. The status of regional information systems and their preparedness both for the budget consolidation process and effective support of new provider payment methods were analyzed. Priorities of the PHC sector (such as outpatient drugs) and methods of economic motivation of PHC development were addressed.

The national workshop will be followed by a series of four regional seminars on health finance and management to be implemented over the period from January through April 2005. All seminars have been approved by the MOH and will be implemented by ZdravPlus in close collaboration with and involvement of the MOH, MOE, and oblast level representatives. AED will provide funding and other support.

### ***Outpatient Drug Benefits***

Implementation of the Outpatient Drug Benefits package (ODB), introduced nationally by Government Decree #674 earlier in 2004, has remained one of the pending priorities of the Ministry of Health. The current (2004) ODB includes IMCI drugs for children under age one, as well as some drugs for specific groups of patients and diseases. In 2005 the package will be further expanded to cover children under age five. In 2006, all children under 14 with chronic diseases will be covered. By 2007 the list will be expanded further to cover such diseases as chronic obstruction of lungs, ulcer, hypertension, ischemic heart disease, and some others. To cover the ODB package needs, the government has allocated the following budget: 2005 - children under five - 532 million Tenge; 2006 - plus all children under 14 with chronic diseases - 1.064 billion Tenge.

### National Implementation

Though the allocated budget was sufficient for implementing Year I of the ODB program, the implementation process has been considerably complicated by lack of unified principles and efficient implementation mechanisms. The major problems encountered over the past year, were discussed by the MOH and ZdravPlus at a joint meeting on pharmaceutical issues in Almaty in early December. Below is the summary of problems discussed:

- There is no single drug benefits list approved by the MOH so far; this is why each oblast procures drugs differently. In addition, for some groups, diseases specific (restricted) lists of drugs have been approved by local bodies.
- There is no implementation mechanism in place to supply drugs to the patient. The health delivery/drug distribution systems are not ready to accommodate the ODB package.
- The rural pharmaceutical distribution network, in particular, is not sufficiently developed to fulfill the function effectively. There is lack of understanding of potential benefit and, as a result, lack of motivation on the part of pharmacies to participate in the system.
- It is important to carry out a study to identify groups of eligible patients and diseases against two key factors: cost efficiency and public health benefits.
- There is no government regulation over the accessibility of drugs for the population.

It has been agreed that more research is needed to investigate the reasons behind the low motivation of pharmacies to participate in the system, particularly in rural areas. ZdravPlus will provide materials outlining international experiences in implementing outpatient drug benefits.

#### ODB Karaganda Pilot

Karaganda, with support from ZdravPlus, has been progressing with implementation the ODB. A tender process, with the participation of wholesale pharmaceutical companies possessing developed retail networks, has been designed and tested; relationships between wholesale companies, retail pharmacies, primary care providers, and oblast/city health departments established and a reporting system introduced.

The Karaganda ODB program's budget for 2004 has been approved at 91 million Tenge. All children in the oblast under age one (total of 17,988) are covered. An oblast-level tender for ODB suppliers was carried out in July 2004. The tender was designed in accordance with the MOH's recommendations and with ZdravPlus technical assistance. Eight wholesale suppliers tendered and seven won contracts to supply various classes of drugs. The implementation of the ODB program has been carried out through the "GosPharm" state enterprise which has a good network of pharmacies throughout the oblast. Sixteen retail pharmacies are participating in the program. All these pharmacies have their respective representations in remote areas in the oblast territory. In 2005 the Karaganda Oblast Health Department (OHD) is planning the next steps:

- Analyzing disease rates with children under age five, particularly in terms of re-visits;
- Revising the ODB list in terms of its expansion to children under age five;
- Do cost accounting; and
- Computerizing the process, including drug dispensing and rational drug utilization, within the program framework.

The Karaganda Oblast experience in implementing the ODB program was presented at the national seminar on "Health Care Financing Regulations in 2005" held on November 24<sup>th</sup> -26<sup>th</sup> in Astana. As a result, the system currently implemented in Karaganda Oblast has been acknowledged as efficient, accessible to the population, transparent, manageable, and responsive to demand. A number of health departments in the country are considering implementing similar systems in 2005 for expanded ODB programs.

### ***Basic Benefits Package (BBP)***

Development of a BBP for 2005, matching the currently available resources as well as the technical capacities of the health care system, remains a priority of the MOH and the Government. The BBP is expected to be approved by end of 2004 and implemented in 2005. Its further revision is scheduled for 2006. ZdravPlus has provided technical assistance to the MOH on this politically sensitive and technically complex issue, predominantly through the working group mechanism, routine consultations, and technical materials. The major assumption is that establishing the right process of revising the BBP is as important as the product itself. It is particularly important in conditions of a generally unstable and unpredictable macroeconomic situation as well as of the level of resources allocated to health care, inequity in resource allocation across the country, changing treatment and diagnostic technologies, etc., impacting health care as a whole. Consequently, the BBP must be considered in the broader context of the healthcare system reform. Since the MOH has established a set of working groups (see Legal section) addressing specific aspects of health reform. Close coordination of BBP development and revision activities with other working groups is supported by ZdravPlus.

With this in mind, ZdravPlus contributed to the BBP national workshop that took place in Astana on November 2<sup>nd</sup> - 4<sup>th</sup>. This event was initiated by UNICEF with the World Bank, WHO, and ZdravPlus invited as facilitators and major technical contributors. In the course of the workshop the BBP draft initially developed by the MOH with ZdravPlus technical support was discussed and generally approved as providing a good start for further development. The major recommendations were: i) to accept the BBP draft in general with the consideration of technical comments; and ii) focus on establishing and developing a continuous process of revising the BBP overtime. As a follow-up, the World Bank, WHO, and ZdravPlus have developed and coordinated conceptual and technical recommendations on BBP submitted to the MOH for consideration.

### ***National Health Accounts World Bank Workshop***

The development and implementation of National Health Accounts (NHA) is one of the tasks set by the MOH in its Implementation Plan of the Health Care Reform and Development Program 2010. Kazakhstan is currently acknowledged as a middle-income country with a growing private health sector along with a dynamic public sector. The new economic situation allows more opportunities for accommodating NHA approaches. ZdravPlus strategically links with the World Bank to assist the MOH in implementing NHA in the future. On November 10<sup>th</sup> and 11<sup>th</sup> a workshop was organized by the World Bank under the MOH's NHA Working Group in the course of which the participants were introduced into the NHA concept. ZdravPlus provided technical assistance.

### ***National Health Finance and Management Study Tour***

ZdravPlus continued introducing national health policy makers to the international experience of health care development. From September 14<sup>th</sup> - 20<sup>th</sup>, ZdravPlus co-sponsored a national study tour to Canada organized under the auspices of the World Bank. The national team consisted of senior officials and technical specialists of the MOH, a leading economist of the Ministry of Economy, and the Head of East Kazakhstan Health Department (an advanced health reformer). The study tour focused on the following major topics of relevance for Kazakhstan: the Canadian Health Care System; Federal-Provincial Relations; Health Transfer Payments; Access to Healthcare in Remote Areas; Provincial Health Administration; and Tele-health. In the course of the study tour Alexander Katsaga, ZdravPlus Health Policy and Finance Specialist, conducted a number of meetings with the national delegation and provided assistance as necessary.

### ***Collaboration with the World Bank***

ZdravPlus has continued collaborating with the World Bank coordinating activities as opportunities presented themselves. The collaboration over the past period has been consistent, productive and encouraging.

- Over the past six months ZdravPlus has had a number of meetings with Peyvand Khaleghian (new World Bank health specialist), introducing him to the Kazakhstan policy environment and the national health reform agenda.
- Considerable work has been carried out with Denis Streveler (the World Bank's HIS consultant). A ZdravPlus team of information technology specialists worked closely with Steveler, introducing him to the overall situation in the area of HIS in the country and providing specific examples and experiences accumulated in pilot sites. Steveler visited Karaganda and Astana where he held meetings with major ZdravPlus counterparts. Within the framework of the visit, a national seminar with deputy heads of oblast health departments in charge of HIS development as well as programmers was organized.
- ZdravPlus advised the World Bank on the participants of the World Bank flagship course from Kazakhstan. The regional course "Health Care Sector Reform and Sustainable Development" was implemented in Bishkek from October 18<sup>th</sup> - 29<sup>th</sup>. Five national level representatives from Kazakhstan, recommended by ZdravPlus, took part in the course.
- ZdravPlus has provided the World Bank with technical, organizational and financial support in implementing the national study tour on health finance and organization to Canada.
- The World Bank, WHO, and ZdravPlus closely coordinated their actions in addressing the BBP issue.
- At the World Bank's request ZdravPlus provided technical assistance in implementing the national workshop on National Health Accounts.
- ZdravPlus has provided a substantial set of technical materials for the World Bank's Health Sector Public Expenditure and Investment Review, including technical documents on provider payment systems, health care funding, health delivery system, pharmaceutical spending, etc. ZdravPlus has also advised the World Bank on a research associate in health and education sectors to develop a database and analyze it.

### ***Health Information System (HIS)***

#### National HIS

Preparatory work towards developing the national integrated health information system continued. Within a working group under the MOH and in collaboration with Medinform, ZdravPlus has contributed to designing the National Health Information System Feasibility Study. The document creates a conceptual and technical base for developing the national integrated health information system over the next few years. Within the next two months the document will be coordinated with the Agency for Computerization and the Ministry of Economy.

Currently ZdravPlus is contributing to the development of technical specifications for the HIS components. The specifications along with other documents will be used for a national tender on HIS. The tender will identify the agency which will assume responsibility for designing the national HIS in 2005. The Government plans to allocate 10 billion Tenge in the first implementation stage.

#### Modular Integrated Health Information System: Karaganda and Zhezkazgan

Over the past six months work on integrating the Karaganda and Zhezkazgan information systems continued. Progress has been made in designing, testing, and adjusting software programs organized in modules, improving the systems' interface and compatibility, refining data collection and reporting forms, and training the respective personnel.

Further development of HIS software programs and modules has continued both in Karaganda and Zhezkazgan:

- In Karaganda the software programs supporting data entry functions for the general population, pregnant women, and health facilities reference lists have been further refined.
- The design of a module for collecting individual outpatient specialty visit data has been completed. The module has been further tested by collecting data from rayon outpatient specialty facilities. It is planned to analyze the collected data and test results.
- The data exchange module for the integrated system has been finalized based on test results. To test the module supporting data exchange between the Zhezkazgan and Karaganda databases, the so called “mail” module has been developed. Along with the LAN data exchange mode the module supports data exchange by e-mail. Beginning from January 2005 the integration of Zhezkazgan and Karaganda HIS databases as well as testing the data exchange module in the commercial mode, are planned.
- In Zhezkazgan the chronic patients monitoring module has been further developed and tested.
- The HIS modules supporting the collection of data on individual patients and visits to health facilities (pilot family group practices in Zhezkazgan: Zhurek, Tilman, Makenbayeva, the Karatal clinical diagnostic polyclinic, Pediatric hospital, Maternity home, and Ambulance services) continued to be maintained.

All reference lists used in both systems have been coordinated. The structure of tables of all databases has been revised and brought in to compliance. The revised structure will allow effective utilization of various user applications with a unified set of database tables after the systems are integrated. The user applications have been further refined against the changed structure of tables. The paper forms currently in use will be revised as the next step to meet individual patient recording requirements as coordinated with Karaganda. Training of the respective staff of health facilities will be carried out.

The Zhezkazgan HIS designers have continued working closely with the city health department to identify further needs and respond accordingly. Thus,

- the development of reporting forms for users in collaboration with the specialists of the city health department has progressed;
- further work on training IT specialists of the city health department has been carried out and the respective staff has been trained in using the new software programs that will enable them to work independently in the future; and
- the HIS has supported an annual re-enrollment process in Zhezkazgan, the collected data has been entered into the system and processed accordingly.

It is planned to expand the number of health facilities participating in the individual patient recording system. This will happen after the final integration of Zhezkazgan and Karaganda HISs and introducing the data exchange module. In this connection extensive training of respective staff in using new software programs and reporting forms will have to be carried out.

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## **Legal and Policy**

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### ***National Level Developments***

Over the past six months ZdravPlus has concentrated its effort on closely collaborating with the new MOH to educate, consolidate, and technically support reformers within the MOH, finalize the State Health Care Reform and Development Program before its approval by the President, ensure that the

Implementation Plan, consistent with the Program's agenda and goals, is designed and that the appropriate implementation mechanisms are introduced.

The routine work with the MOH has been carried out through the following mechanisms:

- Official and unofficial regular consultations with the key staff of the MOH, including the minister, vice ministers, and heads of departments;
- Continuous participation in working groups on the State Program and Implementation Plan;
- Provision of analytical and methodological materials to the MOH and its partners as requested; and
- Promotion and presentation of pilot sites' experiences and successes to the national level to use in the process of developing the State Program and Implementation Plan.

The major documents approved over the past few months incorporate key concepts and technical elements of health reform, largely conceived and tested in ZdravPlus pilot sites, promoted to and acknowledged by the national government.

### ***The State Health Care Reform and Development Program 2005-2010 and Implementation Plan***

The State Health Care Reform and Development Program 2005-2010 has been approved by President's Edict # 1438 as of September 13, 2004. The Program states that the "*Creation of efficient health care delivery system based on the principles of joint responsibility of the state and the population for health protection, priority development of primary health care aimed at improving the health status of the population*" is the major objective of the MOH and the Government over the years 2005-2010. Total expenditures from the state budget allocated for program implementation will make up 165,658.5 million Tenge, including 134,609.9 million Tenge from the central budget and 31,048.6 million Tenge from local budgets. More specifically, the Program aims to increase the role of the population and the responsibility of the state in health care, adopting international principles of health care delivery by shifting the focus to primary health care (PHC); creating a new health management model supported by an integrated health information system; strengthening maternal and child health; addressing public health issues by reducing the incidence of diseases that take a large toll on society; and reforming the medical education system. ZdravPlus has invested enormous technical effort, contributing to the Program at each stage of its development and approval, ensuring the correct interpretation of concepts and the matching content. Before its endorsement by the President the document had gone through a process of discussion by broad public including health professionals, academia, non-governmental organizations, international community, government, and parliament. In addition to the technical assistance provided in the course of drafting the Program, ZdravPlus supported the public discussion process.

The Implementation Plan has been approved by Government Decree #1050 as of October 13, 2004. The Plan envisages budget allocations of 165,658.5 million Tenge for implementing Phase I (2005-2007). It is expected that by 2010 the volume of health care funding will reach four percent of GDP. The Plan fully conforms to the Program's goals and objectives and outlines phased activities in the following health reform program areas:

- *Solidarity and joint responsibility* of the state and an individual for personal health. Further development and revision of the Guaranteed Benefits Package against the available budget resources and health needs of the population. Development of the overall health care legal base.
- *Health care delivery system reform* activities focus on: strengthening the PHC sector through the improvement of its technical and material base and clinical capacities; improvement of the

quality of health care services throughout the system, and development and reform of SES in line with international practices.

- *Health care system management* activities focus on improving management capacities at all levels of the system. Planned activities vary from the development of clinical practice guidelines to the training of health managers to meet the challenges and needs of a modern health care system. Further development of the health finance system and provider payment systems with regards to conditions of pooling funds and budget programs consolidation and reinvestment mechanisms are key issues.
- *Mother and Child Health (MCH)* is a top priority. Significant development of the technical and material base of MCH services along with improving clinical capacities through implementing the outpatient drug benefits package for children under five and then for all children and adolescents with chronic diseases before 2007 are the major activities.
- *The socially significant diseases* section identifies the improvement of prevention, diagnosis, and rehabilitation services as priorities.

The Program states that “Strengthening PHC requires qualified medical staff including general practice doctors and nurses.” In pursuance of the program’s tasks, the Implementation Plan in its section *Training and retraining of medical personnel* outlines activities addressing medical education reform and training of health managers. Specifically, in the first stage of medical education reform it is envisaged to “Reconsider the curricula of medical higher institutions for doctors, including general practice/family doctors, by including integrated and “problem” approaches to training with the focus on practical training and deeper training of foreign languages” and “improve general practitioners training programs through revision of state standards of training with implementation of the practical training in internship (residency) based on the international standard.”

#### Implementation Mechanisms: MOH Working Groups

The MOH identified standing working groups under the MOH as one of the major mechanisms of implementing the Program. ZdravPlus has contributed to the development of the implementation process and mechanisms, advising the MOH on the composition of working groups, their agendas, and relationships. In general, ZdravPlus supports a process that would allow consideration of health program issues in a comprehensive and consistent manner through the concerted effort of working groups. According to MOH’s Prikaz # 743 of October 19, 2004 the following 11 working groups have been established:

1. Health Care Legal Base
2. Mother and Child Health
3. Guaranteed Benefits Package
4. Health Care Management
5. Prevention, Diagnosis, Treatment, and Rehabilitation
6. Drug Circulation
7. Quality Improvement
8. Medical Personnel Training and Retraining
9. Health Finance System
10. Integrated HIS
11. SES

ZdravPlus is represented directly in the Health Finance, Health Management, Medical Training, Drug Circulation, and HIS working groups and in all remaining groups through its partners from the national and/or oblast levels.

## ***National Documents Supporting the State Program***

### **Guaranteed Basic Benefits Package (BBP)**

The BBP has been drafted in accordance with the Implementation Plan (see Resource Section). The final draft submitted to the Government for approval looks good with the appropriate level of detail. ZdravPlus has provided significant technical assistance.

### **Recommended Organizational Structure of the Health Department**

The document was coordinated between the MOH and the Ministry of Economy and Budget Planning on October 18, 2004. The document will allow the establishment of a new organizational structure for oblast health departments enabling them to fulfill a single payer function. In particular, the new OHD's structure includes Health Purchaser and Information-Analytical departments with increased staff capacities.

### **"On the Health System"**

The draft of changes and amendments to this Law has been submitted to the Parliament and is under discussion. This new edition has considerable advantages compared to the original version. In particular, it systemizes definitions and terms according to international standards. The new definition of primary care includes such core characteristics as continuity of care, accessibility and the family and community context.

## ***Monitoring and Evaluation***

### **Karaganda Oblast**

The ZdravPlus-supported PHC monitoring system has been implemented in Karaganda since 2001. To date it has generated substantive evidence allowing health providers and organizers to detect problems, take knowledgeable action, and assess the progress. The PHC monitoring system is seen as a tool supporting comprehensive activities implemented in the oblast and aimed at strengthening the PHC sector and improving quality of care. The Oblast Health Department has provided political and organizational support in developing, implementing, and maintaining the monitoring system over these years. To make the system more efficient, in 2003 the OHD provided all PHC facilities in Karaganda City with computers enabling them to accumulate and use the M&E system's data on a continuous basis.

Over the past six months the following major objectives in developing the PHC monitoring system continued to be pursued:

- Update and prioritize PHC monitoring indicators to reflect the needs of the PHC system;
- Connect the PHC monitoring system with the Continuous Quality Improvement system;
- Roll out the system to other cities within the oblast;
- Share the experiences with other regions in the country and beyond; and
- Incorporate the core elements of the system in the national Health Care Reform and Development Program-2010 Implementation Plan.

Data has continued to be collected against the selected menu of indicators, including the new ones, identified as priority indicators and introduced in 2004:

- The ratio of complications in specific diseases (diabetes, ulcer, asthma);
- Rate of ambulance calls within working hours of family group practices (excluding deliveries and traumas); and
- The ratio of abortions and deliveries.

In addition to the set of PHC system indicators, process indicators have been selected and introduced to monitor and evaluate the CQI project in Maikuduk, which is aimed at improving health care for children under age five through implementing IMCI strategies.

The collected data was presented to the PHC monitoring working group under the OHD (including representatives of PHC facilities, health administrative bodies, and the FGP Association) which has held six meetings over the reported period.

The PHC monitoring system has provided data indicating the following positive changes in the health system:

- The level of preventive visits as well as those of chronic patients to PHC has increased;
- The level of hospital admissions for specific conditions such as ulcers has reduced twofold;
- The level of unjustified ambulance calls has decreased by 15 percent; and
- The mortality rate in children under age five has decreased twofold (the IMCI implementation effect).

The next regular meeting of the PHC monitoring working group will be held in January 2005 where monitoring results for the last quarter of 2004, semi-annual and annual (2004) will be presented and discussed.

In 2003 the Karaganda Oblast Health Department made a decision to roll out the PHC monitoring system throughout the oblast in two stages: in 2003-2004 introduce the system in Temirtau and in 2005 in Saran and Shakhtinsk. Since then Temirtau has progressed in implementing the system: a working group under the City Health Department has been established, an implementation plan developed and adopted, and a set of PHC monitoring indicators, reflecting local needs, designed. ZdravPlus has contributed technical assistance as needed. Over 2004 including the past six month period, data against the menu of indicators continued to be collected. The working group has conducted quarterly meetings to discuss the results. The data generated through the monitoring system in Temirtau is compared with Karaganda City and other cities in the oblast. The working group has developed a detailed working plan which includes the following objectives: i) to reduce the number of unjustified ambulance calls; ii) to improve vaccination coverage; and iii) to introduce IMCI into clinical practice. ZdravPlus has continued providing consultations, technical materials, and overall guidance as necessary. The Saran and Shakhtinsk health authorities have been introduced to the PHC monitoring system concept.

The four years of implementing the PHC monitoring system in Karaganda allows for drawing broader conclusions. Clearly, the system has been positively accepted both by PHC providers and health administrators as the one generating evidence to support decision making processes at all levels of the system. One of the good examples is the increase in the PHC capitated rate for Karaganda Oblast in 2005 (133 Tenge /per capita/per month versus 50.6 Tenge in 2004) approved by the MOH. This decision was made based on the data provided by the PHC monitoring working group. At the PHC provider level the collected data will be used to design the so-called "bi-component" capitated rate with the "base capitated rate" and the "motivation" component. The "motivation" part of the capitated rate will reflect the individual PHC facility's performance results and augment the financial incentive of capitated rate.

Since its introduction the Karaganda PHC monitoring system has drawn significant attention of the MOH. Over the past six months, under the new national health leadership, the system been promoted to the national level: based on the Karaganda PHC monitoring system experience, national PHC monitoring indicators have been adopted and will be used in implementing the State HealthCare Reform and Development Program.

Over 2001-2004, the Karaganda PHC monitoring system has been presented at national meetings, workshops, and conference within the country and beyond, arousing much interest. A comprehensive report, describing the four year experience of designing, implementing, and using the PHC system in Karaganda Oblast and Semipalatinsk, is currently being prepared by ZdravPlus and various counterparts.

#### Semipalatinsk

In Semipalatinsk the PHC monitoring system, designed and introduced with ZdravPlus support in 2002, continued collecting data, providing health care managers of all levels with targeted statistical information. The monitoring system, managed by a PHC monitoring working group under the CHD, is technically supported by the Medical Information Center in Ust-Kamenogorsk. Over the past six months data continued to be collected on a monthly basis against 10 selected indicators. Based on the data collected, reports were generated on a quarterly basis. The newly introduced reporting forms (including a reporting form for hospitals on the hospitalization rate for children less than age five caused by diarrheal diseases and ARI; hospitalization level for ulcer and hypertension; ambulance calls, abortions and deliveries report, etc.) have supported the data collection process.

The monitoring system, by taking in a continuous flow of meaningful information, allows for conducting analyses at any time and for any management level. Thus, the analysis of data accumulated over nine months of 2004 against the similar period of 2003 shows an increase in the level of staff salaries and that utilities costs in PHC facilities have been reduced by 14 percent. The percent of prevention visits to PHC facilities has increased by one point four percent while the level of referrals to polyclinics has reduced by seven point four percent. Unfortunately such an important indicator as the hospitalization rate, caused by diarrheal diseases and ARI, for children under age five, has not worked as hoped, since it has been difficult to get the required data from the database. The development of technical capacities of the system is one of the issues to be addressed in the future.

#### ***Collaboration with Donors***

ZdravPlus continued policy dialogue with donors, focusing on the New Health Reform and Development Program, the Basic Benefits Package, and broader health finance issues.

## **UZBEKISTAN**

### **Six-Month Report**

### **July – December 2004**

#### **COUNTRY SUMMARY**

Six years after starting to work on rural primary health care reform in just three pilot rayons in Ferghana, ZdravPlus in Uzbekistan currently covers three point three million people in seven out of 13 regions of the country, especially on supporting improved resource use by the PHC facilities through the financing and management reforms. About a quarter of all SVPs in the country (635) have been brought into the per-capita financing reforms. The complete ZdravPlus model, including service delivery and population involvement, however, remains focused on Ferghana Oblast.

##### Ferghana

The Ferghana Oblast Khokimiyat and Health Department have been very supportive and committed to implementing the roll-out of PHC F&M reforms to all rural areas within the oblast. Beginning in 2004, ZdravPlus has an oblast-wide coverage of the rural PHC F&M reforms in Ferghana, with 273 PHC facilities operating under the per capita finance and management model and serving 66 percent population of Ferghana Oblast. Also, preparatory work was continued in Marghilon City, Ferghana Oblast, to begin the urban PHC reform pilots in 2005. The pilot on a computerized hospital information system in three central rayon hospitals in Ferghana was continued. The results were reviewed to so that they could be used for the planned pilots on new financing systems for hospitals.

##### Navoiy and Sirdaryo

Oblast-wide coverage of the rural PHC per capita finance and management model has been completed in Navoiy and Sirdaryo Oblasts as well. Resource Use activities focused on: i) further refinement of the rural PHC financing and management reforms; ii) continuation of capacity building of the new and existing financial managers and head doctors of the PHC facilities; and iii) improvement in the collaboration with local authorities. Allocations to the PHC sector increased during the reporting year and were distributed among the pilot PHC facilities on the basis of capitated normatives, adjusted for sex, age, and size of the catchment populations. A new adjuster to ensure optimal financial allocations to the remote PHC facilities featured with relatively small catchment populations and large number of Feldsher points attached to them was introduced in Navoiy Oblast. The local Khokimiyat and the Health Departments in both these regions demonstrated increased support and commitment to the reform initiatives.

##### Andijon and Surkhondaryo

Preparatory activities to roll-out the rural PHC reforms to three rayons each in Andijon (Boz, Ulugnor, and Khodjiabad Rayons) and Surkhondaryo (Termez, Mizraobod, and Djarkurgan Rayons) Oblasts during the reporting period included special workshops with the oblast-level joint working groups to make recommendations to the Ministry of Health for inclusion of Andijon and Surkhondaryo Oblasts as the first candidates in the planned nation-wide roll-out of rural PHC reform. The local policy-makers and managers are very enthusiastic about the expansion of rural PHC F&M reforms in their oblasts.

##### Khorezm and Karakalpakstan

National roll-out of the rural PHC finance and management reform model has begun this year with expansion to three selected rayons in Khorezm Oblast (Urgench, Khiva, and Qoshqupir) and three in Republic of Karakalpakstan (Khodjeili, Amudaryo, and Turtkul). The per capita finance and management model has been introduced in 95 PHC facilities within these new sites. Local leadership has expressed greater buy-in into the reform initiatives and has decided to include at least three more rayons in each of these two regions for roll-out of the PHC F&M reforms in 2005.

There has been major progress towards reform of the health system in Uzbekistan, with the decision of the Government to take out new loans to dramatically expand the reforms. The World Bank and

the Asian Development Bank each agreed and negotiated \$40 million loans, with the World Bank project centering on roll-out of the rural primary health care reforms pioneered in Ferghana, Navoiy, and Sirdaryo, with ZdravPlus assistance, and the Asian Development Bank project focusing on improving maternal and child health services, particularly in central rayon hospitals, and also working in the context of the reforms. Both projects are due to commence work in January 2005. In keeping with its own priorities for health reform, ZdravPlus provided substantial assistance in the design of both the Bank projects and the vision of the two projects working together to advance the reforms. In addition, ZdravPlus has provided ongoing support to the project implementation bureaus in order to smooth preparations for future implementation of the projects.

In terms of improving the quality of care, Evidence Based Medicine is beginning to gain acceptance in Uzbekistan. Guidelines on iron deficiency anemia have been produced, the first of this type in the country, and new guidelines on hypertension are almost complete. If correctly adopted, disseminated, and taught, these guidelines should become a powerful force for change, not only in the practice of the medical profession, but also in their mindset. They represent a shift from the Soviet approach of handed-down orders from the central level to undertaking research and making decisions based on internationally recognized evidence and best practices.

The Quality Improvement (QI) Pilots on anemia, child health, and hypertension in Ferghana continue to show impressive results and, following a replication seminar, are now on their way to oblast-wide roll-out—as well as attracting considerable interest from other oblasts and projects. Linked to this has been the consensus of opinion to rollout the Quality Improvement Pilot programs to other rayons and oblasts, catalyzed by a seminar on the subject of Quality Improvement held in late Fall. This too has the potential to radically alter perceptions of patient care, with its patient centered approach, and evidence-based indicators. In addition the QI methodology is beginning to reach the hospital level, with a quality of care assessment having been carried out at three central rayon hospitals.

The move beyond PHC into the hospital level of the health system is also a landmark for the project. Training programs in Safe Motherhood and the newly developed hospital-level Integrated Management of Childhood Illnesses (Hospital IMCI) have commenced, with good results, not only in terms of improved knowledge and skills, but also with enhanced links to the rural clinic system.

ZdravPlus has also developed the first standardized curriculum and set of lesson plans for the 10-month program of retraining of GPs. This is helping to ensure higher standards across the country, and has the potential to catalyze changes to the GP curriculum at the undergraduate level.

Taking the role of lead training agency, ZdravPlus helped to plan and implement the successful regional Second Annual Conference on Public Health held in Charvaq, near Tashkent, in November. It drew about 250 participants from Kazakhstan, Kyrgyzstan, Tajikistan, and Uzbekistan. ZdravPlus organized the Primary Health Care track of the conference and the plenary sessions, worked with the MOH to obtain official approval, helped with logistical support and drafted sections of the conference report.

Significant areas of progress in population involvement have included publication of a booklet and video explaining the Health Reform for health professionals and policy makers; completion of the “Model Village” project conducted jointly with Mercy Corps/Community Action Investment Project (CAIP) to address diarrhea; growing momentum for the new Mahalla Health Initiative Groups and encouraging results on the impact of the past year’s health promotion activities from the latest KAP survey.

## **SUMMARY OF ACTIVITIES**

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### **Population Involvement**

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ZdravPlus' activities to market the reforms have moved forward with the printing of a Health Reform booklet for health professionals and drafting of a comprehensive plan for its distribution. Work on the Patients' Bill of Rights in collaboration with Project Health is slowly progressing. The School Health Curriculum is now available in three languages, English, Russian and Uzbek. Plans have been made, in collaboration with AED, to train additional teachers on how to teach health classes using the SHC.

The groundwork at the national level for the Hypertension Campaign has been completed and the campaign will be ready for launch after the New Year.

Meanwhile ZdravPlus' population involvement activities have focused on capacity building through continued trainings for the Mahalla Health Initiative Groups (previously known as the Local Health Initiation Groups) as well as health center and IPCS trainings.

The 2004 KAP was implemented and results provide indication that overall, the 2004 ZdravPlus health promotion activities had a positive impact on improving public knowledge about specific health issues. The results also reveal areas where continued health promotion efforts are needed.

Activities in the model community mobilization village, Katta-Tagob, were completed and results from a post-survey illustrate that great change in the populations' health knowledge and behaviors were affected: people were empowered to be more proactive in both preventing and treating diarrhea.

### ***Health Promotion Campaign on Hypertension***

The 2002 Health Examination Survey conducted in Uzbekistan indicated that more than 19 percent of women and more than 17 percent of men 35 years of age or older have hypertension. In addition, results of the ZdravPlus annual KAP survey found that general knowledge of hypertension, including prevention and management, among health workers and the general population was low although the majority of the people interviewed were cognizant of the seriousness of this health problem. Thus as the launch of the June of 2004 diarrhea campaign was underway, steps were being taken to finalize Information, Education, and Communication (IEC) products for a new health promotion campaign on hypertension. An advisory committee for the hypertension campaign was established, consisting of representatives from the Ministry of Health, Scientific Research Institute of Cardiology, National Institute on Health, WHO, Tashkent Institute for Advanced Medical Education (TIAME), and the Ferghana Oblast Health Department. The first advisory committee meeting was held to discuss research findings, and to refine goals, objectives and messages for the campaign. Following that meeting, text for a brochure and poster, as well as scripts for a soap opera and TV and radio spots, were developed. These products were then reviewed by the committee. The advisory committee was particularly enthusiastic about the poster and made minor recommendations for the other materials. However, during pre-testing of the poster in Ferghana through focus group discussions, it was found that participants were unclear of the messages and a number of suggestions to make the poster more accessible to the population. These suggestions and those of the committee were subsequently incorporated into the final materials which were then sent to the MOH for approval. After MOH approval, the mass media materials for the hypertension campaign were produced by Avesta Studios. A final advisory committee meeting was conducted on December 24<sup>th</sup> to view of all mass media products: overall the committee was pleased with the materials although minor changes will be made on the soap opera. It is expected that the campaign will be launched in late January of 2005.

For the launch, all rayons and cities of Ferghana and Andijon Oblasts will actively participate through organization of activities focusing on hypertension. During the launch of the campaign, the new 40-45 minute soap opera, four TV spots, and four radio spots, one brochure, and one poster will be

presented. The campaign will run for six weeks, broadcasting video and audio materials on five local TV stations and two radio stations in Ferghana and Andijon. It is estimated that the campaign will reach two million people in Ferghana and Andijon Oblasts through TV, radio, newspapers, IEC materials, and interpersonal communications.

### ***Mahalla Health Initiative Groups (MHIG)***

A third series of seminars were conducted with the seven, now fully established, Mahalla Health Initiative Groups (MHIGs- previously referred to as the Local Health Promotion Initiative Groups) in Ferghana and Andijon Oblasts. The MHIGs serve as links between SVPs and their communities. The training was conducted over the course of one day and focused on prevention of anemia. Many local and governmental organizations have been increasing their attention on the prevention of anemia as the result of a governmental iron sulfate distribution program through SVPs. To complement the distribution program, it was decided to use the MHIGs to reinforce the importance of proper nutrition. During the seminars, TV spots from the 2001 Anemia campaign were shown, a discussion was held on high-risk groups (children, teenagers, pregnant and nursing mothers), and an explanation was given on what foods people should eat to have a balanced diet. The MHIGs came up with a number of different strategies for disseminating the information about anemia to their respective communities including: holding informal discussions with community members in chaikhanas (tea rooms); during women's gatherings; in the schools; conducting meetings with mother support groups; and organizing health corners at schools and SVPs. Responsible people from within the groups were selected to organize these events.

Monitoring of the MHIGs has provided indication that almost all group members of each MHIG have been active in their health promotion activities. One innovative example particularly stands out: following the anemia seminar, one MHIG group member, a religious leader, informed men about importance of proper nutrition during each dinner he was invited to during Ramadan. Traditionally, during Ramadan, religious leaders are invited to dinners that have in attendance many other members of the community. The information he provided included how fathers, husbands and fathers-in-law need to more involved in getting their women and children eat iron-rich foods. This MHIG member was particularly effective in motivating men to be more proactive in what kind of food products are purchased for consumption by their households. Typically it is the women who are responsible for buying foods but, by implicating men in the process, the importance of purchasing iron-rich food products is reinforced. Another example is the establishment of a "health corner" by MHIG members in the mahalla committee office near the cash desk. *"Every month pregnant and nursing mothers come to receive payment for child care and they are very interested about information from our health corner. They are now asking me many questions and of course I can now answer them. I'm very happy to be able to answer and to help them,"* stated a MHIG member from the Ahshak.

The next MHIG seminars will be conducted on hypertension and will focus on how to encourage the MHIGs to be actively involved in the launch of the Hypertension campaign in their local communities. As the MHIGs become popular and effective in communicating relevant health information to their respective communities, steps are being made to ensure that they become less reliant on ZdravPlus and will work closely with health [promotion] centers and SVPs.

### ***Model Village***

The ZdravPlus/Mercy Corps/CAIP collaborative, comprehensive community-mobilization program ("model village") to address diarrheal disease in Katta-Tagob came to a formal end in November. Katta-Tagob, a remote village in Uzbekistan District of Ferghana Oblast with population of around 3600 people, has not had direct access to safe drinking water in its history and the goal of the project was to reduce the incidence of diarrhea.

The CAIP drilled a well and installed potable water pipes and taps every 300 meters along the mahalla streets. To carry out CAIP activities, a community working group of 11 members was established. This group was mainly responsible for coordination of mahalla activities for the project. ZdravPlus,

in collaboration with CAIP's Health Promotion team, tackled community education through trainings with SVP staff, youth and teachers, and organization of community health groups.

Trainings included sessions on the IMCI Community Component and IPCS with SVP staff (doctors and nurses). Afterwards, the SVP gynecologist and midwife met weekly with pregnant women to talk about relevant health topics. There was a TOT on various topics at the Youth Professional Development Institute in Ferghana Oblast, including general health, business, labor market analysis, and conflict prevention. The health group had six participants who were trained for a three day period on how to train youth on a variety of health issues. After the TOT, the trained trainers conducted a one week seminar on sessions learned during the TOT for 30 youth from the CAIP project sites, including Katta-Tagob. Training for teachers of the local school was also held. The main goal of the training was to present the School Health Curriculum, review lessons and give information about interactive teaching methods. In addition, in collaboration with the Sports and Health Education Program, a five-day camp was held in the school. Eighty-seven pupils from the sixth grade participated in the camp. During the camp, pupils received information on hygiene, diarrhea, "bad" habits such drug addiction, human health and physical exercises, and first aid for injuries.

In collaboration with the local health center, several community meetings were held on hygiene and diarrheal diseases. A total of about 100 people from Katta Tagob village participated in these seminars. In addition, a Mahalla Health Initiative Group was organized in the SVP. Members of this group included: the SVP doctor, family nurses, mahalla activists, representative from the local school and kindergarten, and health center staff. Group members then conducted their own activities in the community such as meeting with mahalla members, school teachers and pupils; organizing health corners in the school, SVP and mahalla committee office; showing health promotion soap operas and TV spots during women parties and mother support group meetings.

A follow-up survey of 110 residents, ages 18-49, by the health center staff of Uzbekistan Rayon on hygiene and diarrheal disease was conducted in November once the primary activities had been completed. Results of the survey provide indication that not only do 100 percent of the respondents now have piped water compared to 39 percent at baseline but also, that 100 percent are now boiling their drinking water (compared to 39 percent at baseline). Use of other sources of water such as a river or stream dropped from 38 percent (baseline) to 0 (follow-up). In addition, availability of water for washing hands within the courtyard increased from 69 percent to 94 percent and having soap in the washing place increased from 58 percent to 84 percent. Assessment of where people are receiving health information shows that 89 percent of the respondents reported receiving health information from the SVP at follow-up compared to 15 percent at baseline; and 60 percent of respondents reported receiving health information from their health [promotion] center at follow-up compared to 0 at baseline.

Knowledge related to diarrhea also improved, with the percentage of the population who know that a child can die from having diarrhea increased from 60 percent to 100 percent; and knowledge that a child can die from dehydration rose from 11 percent to 96 percent. Knowledge of basic hygiene practices also improved and there was an increase in the percentage of respondents reported that a child with diarrhea should be given more fluid than usual (from 32 percent to 76 percent) an increase in percentage reporting that a child with diarrhea should be given Rehydron (from 37 percent to 98 percent).

One SVP doctor remarked that he had noticed a decline in the number of cases diarrhea during the summer and that the demand for Rehydron had greatly increased. "People from nearby villages envy us because with outside help we were able to create conditions that reduce diseases in our area, we have increased our knowledge on health issues and on prevention of various diseases, personnel of our SVP work closely with population and we support them too" stated the mahalla secretary of Katta-Tagob. ZdravPlus will continue to support health promotion activities in Katta-Tagob village

through continued seminars with the MHIG, through provision of IEC materials to the SVP and provision of health education trainings to the local health center staff.

### ***Oblast Health Promotion Working Groups***

After the successful health promotion efforts of Spring 2004, the Oblast Health Promotion Working Group held several meetings to decide upon and refine their next activities. Many group members had taken notice of the successes of the MHIGs and, in effect, the group decided that future efforts needed to have a stronger emphasis on working with community. The group decided that they would organize their own MHIGs and conduct several seminars with them during the first six months of 2005 in order to foster greater involvement of the local communities and their SVPs in providing health information to the larger population.

The first series of trainings for the MHIGs will include a session on team building skills and the topics of the subsequent seminars will then be chosen by the MHIGs members themselves. A total of nine MHIGs will be organized in nine SVPs. In December the working group met with selected SVP and GVP doctors and Mahalla members to prepare lists of MHIG members. These members will conduct the series of seminars and it is expected that these will include about 180 community members including SVP/GVP doctors and patronage nurses, selected mahalla activists, representatives of local schools and kindergartens, and health centers.

### ***Inter-Personal Communications Skills (IPCS)***

A Memorandum of Understanding was signed between ZdravPlus and AED for conducting IPCS trainings in Andijon. The training began in December in Andijon and will continue through January, 2005, consisting of five three-day sessions with a total of 120 participants. The main goals of the proposed training are to strengthen interpersonal communication skills and effective use of information, education, and communication (IEC) materials by the SVP doctors and nurses, and by health centers and local NGOs health educators of Andijon Oblast.

Two of the Andijon IPCS trainings, in Boz and Ulugnor Rayons, have already been completed. Pre-test scores (the average was 48 percent) indicate that the participants had little knowledge of the topics to be covered during the training. However post-test scores demonstrate that the trainings were successful as the average score increased to 98 percent. Participants were very pleased that ZdravPlus has started working in Andijon. One participant from Boz said, "Before ZdravPlus started work in Andijon we didn't have any health information materials for population. Then ZdravPlus distributed very large amounts of materials such as brochures, leaflets and posters and at the end organized this IPCS training for us. During this training I learned about communication skills and equally important, how to work with brochures. I think it was very helpful not only for me but in the future, for my patients as well."

### ***School Health Curriculum (SHC)***

The School Health Curriculum (SHC) developed by ZdravPlus will soon be available in three languages, Uzbek, Russian and English. This will provide the opportunity for people to use the SHC not only in Uzbekistan but also in other Russian-language countries.

In February 2005, ZdravPlus, in collaboration with AED will organize an eleven-day training session in Ferghana on Introducing Health Education in Schools. The main goals of the proposed training are to provide detailed information on skills in Adult Learning and Training (ALT) and to train teachers on how to teach health classes in schools for students of Grade one through eight. The training will be attended by 25 teachers from 12 Teacher's Retraining Centers of Uzbekistan.

ZdravPlus was invited to participate in a Peace Corps conference organized for new volunteers and their counterparts. At the conference, ZdravPlus conducted trainings on how to use the SHC in the fields and distributed 40 copies to the Peace Corps volunteers.

### ***Health Centers (Institute on Health)***

ZdravPlus continues to provide short monthly training courses to the health centers in Ferghana, who in turn then work with various target audiences in the local population. In August a training session was held with Qoqan health center staff on “Adult Learning Techniques” and “Health and Nutrition for Mother and Child.” Over the next few months ZdravPlus will continue work with Health Centers of Ferghana and Andijon Oblasts through conducting seminars on how to conduct health education on hypertension, how to organize Mahalla Health Initiation Groups, and how to work with the population on Patient Bills of Rights.

### ***Patients’ Rights***

There has been some momentum on the concept of patients’ rights. Counterpart International held a conference on the topic, in which ZdravPlus participated, and the Second Annual Conference on Public Health included a recommendation that patients be informed of their rights. During the past several months work has continued on improving the Patient Rights brochure in collaboration with Project Health and seeking to build support for it in the MOH, but there seems to be some consensus that the brochure will have to be approved by the Oliy Majlis. Meanwhile, it has emerged that the MOH has developed a manual on Patient Rights. The manual will be reviewed and compared against the brochure developed by ZdravPlus to assure that messages are consistent with MOH guidelines.

### ***Marketing the Health Reforms***

A plan for the distribution of the detailed brochure and documentary on Health Reform for health professionals and policy makers has been drafted including plans for distribution to: GP Training Centers; oblast and rayon Health Departments during their annual meetings; the Republic GP Association, Project Health, and the MOH. The brochure will be distributed and the documentary will be presented at all ZdravPlus orientation meetings and seminars.

### ***NGO and Grants Program***

#### **Healthy Communities Grants Program**

The fourth round of the Healthy Communities Grants Program was announced in June of 2004. Local review committee (LRC) meetings were held in seven Civil Society Support Centers. The role of these LRCs was to carry out primary selection of project concept papers and provide recommendations on improving them. In the second stage, when selected concept papers were submitted as project proposals, the LRCs were assigned to carry out selection and examination of competitive project proposals, with a focus on priority issues in the localities. The benefit of using the LGC mechanism has been the inclusion of local experts (physicians, engineers, economists, etc) who are well aware of problems of their region, and who can fairly evaluate possibility of realizing the proposed projects.

As a result of the LRCs’ work, the National Grant Committee (NGC) received 27 project proposals from all regions of Uzbekistan out of which nine were approved for financing. Six of the approved projects provide support for communities and are aimed at improving health status of population through providing access to clean potable water. Three of the nine approved projects are health focused. The Uzbek Association of Reproductive Health (Andijon branch) project aims to improve knowledge of young parents, providing them with reliable information and consultations on main principles of childcare, safe motherhood, immunization, breastfeeding, and family planning. Increasing knowledge on reproductive health and reproductive rights are the goals of the other two projects, the Tashkent Oblast, Kibray Rayon branch of the Disabled Women’s Association “Opa Singillar” and the Namangan “Tarakkiyot Markazi”.

Over the reporting period, from June to December of 2004 a series of consultations were conducted, to both grantees and to grant seekers. Grant seekers received assistance, which included information

on how the program works, and about how to correctly write project ideas and proposals. Additionally, grantees have received significant technical assistance from ZdravPlus, which has helped them improve their skills in working with the community and provided them with up-to-date health information.

Unfortunately, significant problems have arisen with the third round of grants. A decree of the Cabinet of Ministers of Uzbekistan #056 was issued on February 4, 2004. It was entitled “Measures aimed at improving efficiency of keeping records on financial aid as technical assistance, grants and humanitarian aid; received from international, foreign governmental and nongovernmental organizations.” This has led to the formation of a governmental interdepartmental commission, which controls the transfer of grant money and keeps records of grants. As a result of the work of the interdepartmental commission, only five out of the 13 Healthy Communities’ approved projects have been allowed to be implemented. The remaining organizations were not permitted to unfreeze their grant accounts and funds already transferred were returned to Counterpart International.

These problems have adversely affected interest among NGOs to apply for the grants. Many NGOs state that even if the grant program does approve their project proposal, their project will still have to go through the interdepartmental commission that, as time and experience show, rejects most of the projects. As a result the number of organizations seeking consultations has considerably decreased.

The difficulties which local NGOs are now facing in light of government regulations hold significant potential to place a serious damper on local capacity for grassroots work in health.

#### NGO Network

The NGOs of Ferghana oblast continue to meet on a monthly basis. On average, around 20 nongovernmental organizations participate, together with several initiative groups. During the meetings participants identified the strategy and goal of NGO Network – establishment of an open Forum for exchanging information, ideas and experience by NGOs.

The Network is planning to focus on this primary objective and provide each member organization with access to accurate and up-to-date information on grant programs, events, seminars and trainings (including TOTs) of various international donors and organizations; resource center of books and materials; consultations of specialists on various issues in the sector.

#### **KAP**

The fourth annual Uzbekistan 2004 KAP survey was completed by the end of August 2004 and the results indicate that project health promotion efforts are achieving some results.

The results of re-running the ARI campaign in January 2004 provide indicate that it reinforced people’s understanding of the importance of giving plenty of fluids to a child with a cough or cold (in Okhunboboyev the percentage of the population reporting to give a child plenty of fluids increased from 11 percent in 2003 to 32 percent; and in Marghilon the percentage increased from 20 percent to 23 percent). The results in Quva however, demonstrate a decrease in knowledge from 13 percent in 2003 to five percent in 2004 although it is not clear why this is the case. In all Ferghana sites there was a decrease in the percentage of the population reporting use of antibiotics to treat a child with a cough or cold (in Quva there was a decrease from 29 percent to 23 percent; in Okhunboboyev from 27 percent to 24 percent; and in Marghilon from 32 percent to 14 percent). Overall in Ferghana, there were improvements in the respondents’ knowledge of important danger signs: there were increases in the percentage of the respondents reporting “cough or cold with difficult or rapid breathing” (in Okhunboboyev from 19 percent to 26 percent and in Marghilon from 14 percent to 27 percent); the percentage of respondents reporting “high temperature” increased in Quva from 75 percent to 93 percent; for convulsions, fits or seizures there were increases from 11 percent to 40 percent in Quva, increases from 19 percent to 39 percent in Okhunboboyev and increases in Marghilon from 23 percent to 62 percent. Although improvements were made, it is apparent that there is still a need to improve awareness of when a child needs medical attention.

In March 2004, a new campaign on breastfeeding, “Mother’s Milk Is a Gift of Nature” was launched with the goal of promoting exclusive breastfeeding for the first six months of life. Overall in Ferghana there was an increase in the percentage of respondents reporting that a child less than six months of age should be given breast milk from 89 percent to 91 percent with corresponding decreases in percentages of respondents reporting to give water (from 15 percent to seven percent) and fruit juices (from 24 percent to 13 percent) and tea (from five percent to two percent). There was also an increase in the percentage of respondents reporting that breast milk is both food and drink from 55 percent to 65 percent overall in Ferghana.

In June of 2004, ZdravPlus re-launched the diarrhea campaign, “Stop Diarrhea” inclusive of three new TV and radio spots. The new spots focused on prevention, dehydration, danger signs, and antibiotic use. Results from the KAP indicate an overall increase in Ferghana in the percentage of the population reporting that a child can die from diarrhea (from 70 percent to 73 percent, with particularly impressive results in Marghilon where knowledge increased from 59 percent to 80 percent). More importantly, there was an increase in knowledge that a child can die from dehydration overall in Ferghana from 55 percent to 59 percent. The diarrhea campaign also made headway in increasing peoples’ understanding of the importance of giving a child with diarrhea more fluid than usual (in Quva there was an increase from 62 percent to 70 percent; in Okhunboboyev there was an increase from 84 percent to 86 percent; and in Marghilon the rates went from 69 percent to 88 percent). The campaign also had impressive success on increasing awareness that antibiotics should not be given to child with diarrhea: in Quva the percentage of respondents reporting that antibiotics should be given decreased from 28 percent to 16 percent, in Okhunboboyev there was a decrease from 22 percent to four percent and in Marghilon from 18 percent to four percent.

The 2004 KAP survey data indicates that overall, the 2004 ZdravPlus health promotion activities did have a positive impact on improving public knowledge about specific health issues. The results also reveal areas where continued health promotion efforts are needed.

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## **Quality Improvement**

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In addition to numerous ongoing medical education activities, two major new developments have occurred in the last six-month period. Firstly, ZdravPlus has worked with GP trainers to compile a complete standardized curriculum and set of lesson plans with presentation materials for the 10-month General Practitioner (GP) training program. This has been of considerable help to the GP trainers, and opens the door for adapting the GP part of the undergraduate curriculum in the future, with World Bank support.

Secondly, in order to strengthen the links between hospitals and rural clinics, ZdravPlus has devised a training program for hospital pediatricians, which not only gives them an understanding of the IMCI principles currently practiced in many of the rural clinics, but also teaches them about the next steps in management at the hospital level. The practical nature of the training in the actual hospital environment has led to a number of significant improvements which already being implemented at the hospitals involved.

Evidence Based Medicine is beginning to gain acceptance in Uzbekistan. Guidelines on iron deficiency anemia have been produced, the first of this type in the country, and new guidelines on hypertension are almost complete. If properly implemented, these guidelines can become a powerful force for change, not only in the practice of the medical profession, but also in their mindset. They represent a shift from the Soviet approach of orders from the central level to undertaking research and making decisions based on internationally recognized evidence and best practices.

The Quality Improvement Pilots on anemia, child health and hypertension in Ferghana continue to show impressive results and, following a replication seminar, are now on their way to oblast-wide roll-out—as well as attracting considerable interest from other oblasts and projects. In addition the

Quality Improvement (QI) methodology is beginning to reach the hospital level, with a quality of care assessment having been carried out at three central rayon hospitals.

### ***Family Medicine Physician Education and Training***

#### **Family Medicine Curriculum Development**

Despite the tremendous work done in establishing the family medicine training centers throughout the country, little attempt has ever been made to standardize and synchronize the training program. This lack of coordination has led, for example, to materials available at some training centers not being made available to others, and this is leading to significant discrepancies in the quality of trainees. In addition, little prioritization of training needs was made, leading to too little time spent in training on topics relevant to a family doctor in a rural clinic setting, and too much time spent teaching specialist hospital level topics.

Working with a committee of GP trainers, ZdravPlus has now developed skeleton plans for each lesson on the whole 10 month course, prioritizing topics and giving detailed instructions for teaching. In addition, a number of presentations have been included on an accompanying CD, together with films on how to conduct neonatal and neurological examinations.

Presentation of the newly revised lesson was made to a gathering of the leaders of the GP training program and to leaders of the undergraduate GP training departments from across the country. The lesson plans, together with the CD presentation materials, were presented in two ring binders, each lesson in a plastic holder, to allow for ongoing updates and revisions of the curriculum in the future. GP trainers are already using the materials, and invariably state that they have simplified and improved the teaching process. Undergraduate teachers have stated that many of the lesson plans could be useful to them, but that they will need more training in how to use them. ZdravPlus therefore plans to conduct short training seminars at each of the Medical Institutes throughout the country during the coming months.

ZdravPlus has thus laid the foundation for the continuous revision of the lesson plans and teaching methodologies, which is envisaged under the upcoming World Bank Health II project.

#### **Bishkek Family Medicine Training Courses**

Training the trainers remains a priority of ZdravPlus activity, and to this end ZdravPlus continues to assist the monthly mini-residency program in Bishkek for GP trainers. Two newly qualified GP trainers from the Urgench GP Training Center returned from a one-month mini-residency course to the Bishkek Family Medicine Training Center. Based on discussions with them, it is clear that they received training on key topics, and under the supervision of consultants they undertook a number of clinical consultations and improved their practical skills. Their positive feedback to the course shows that the training increases the understanding of roles and responsibilities of GPs and enhancing their clinical and teaching skills. Three nurse-trainers also returned from Bishkek, after completing an 11-month course preparing them to teach family medicine nursing.

In order to continue assisting the enhancement of GP training program ZdravPlus plan to send six more trainers to the Bishkek Family Medicine Training Center during the first three month period of 2005.

#### **Tashkent International Medical Clinic (TIMC) Mini-Residency Program**

A significant future phase of the health reforms of Uzbekistan includes the development of pilot urban family medicine clinics supported by the upcoming World Bank loan. In order to help newly qualified family doctors from the first of these planned urban clinics in Marghilon ZdravPlus sent them to receive international experience in family medicine at the Tashkent International Medical Clinic. Five GPs consulted patients together with international experts daily for one month. Trainees also learned the working day of a family doctor, reviewed case studies, interpreted laboratory tests, and learned to use modern medical technology so that they will be able to implement this new knowledge into their daily practice in an urban setting. In later discussion with them it was evident

that they are already beginning to implement family medicine principles into the polyclinics, using their training and simple bags of diagnostic equipment provided by ZdravPlus.

### Evidence Based Medicine (EBM) Training for the GP Trainers

As a catalyst for worldview change in medical thinking in Central Asia, EBM is key. Thus ZdravPlus is pushing to introduce the ideas about it at every level of the system. Just before the start of the new teaching term in September, ZdravPlus arranged for a TOT of the GP trainers in EBM. This was carried out with the regional help of the ZdravPlus, Kazakhstan and the Kazakhstan Association of Family Physicians. A five-day in-depth study of EBM was conducted, using an internet café in the afternoons for hands-on practical experience. Knowledge scores increased from 36 percent before the course to 66 percent afterwards, almost doubling the knowledge level of the participants. Although ZdravPlus supported only 20 participants for the training, a number of other medical staff joined the sessions on a voluntary basis, such was the interest and enjoyment in the program. These GP trainers are now teaching the GP trainees at their training centers, and will also be called upon to teach at the undergraduate level at some sites, disseminating these crucial ideas throughout the medical education system.

In addition, and at the request of medical students from the Tashkent Pediatric Medical Institute, ZdravPlus supported an extra-curricular course in EBM taught by one of the accredited GP trainers. 20 students attended, and their comments following the course included “This challenged our thinking and ideas”; “it encourages us to study and practice up to date medicine”; “we need to be more sure that when we doctors prescribe medicines that these medicines are proven to be effective”. One of the students even began to question her medical institute teacher about his use of EBM in his teaching and practice. ZdravPlus will continue to sponsor such ground level events (the attending students want to bring their friends to the next seminar series), in the belief that a change of mindset will begin, and must permeate the system at every level.

### General Practitioner’s Association and General Practitioner’s Bulletin

ZdravPlus assisted in conducting a conference for Oblast coordinators about the work of the GP Association and, in particular, its focus on using the GP Bulletin for continuing medical education purposes. The coordinators have since passed out the bulletins to hundreds of GPs across pilot regions of the country with test answer reply slips being returned at a steady rate to the Association for inputting into the new database. This database, developed by ZdravPlus, analyses the pre- and post- test results in order to accredit the respondents. The database will also enable sophisticated study of the answers, which can be used to improve future courses. The GP oblast and rayon coordinators are helping in distribution of the bulletin, and in collecting and sending readers’ answer sheets back to the GP Association.

### Nurse Training

Building on its initial work in 2002-03 training patronage nurses and midwives for ZdravPlus, the international NGO CAFÉ has continued to train the 15 nurse coordinators in Ferghana Oblast, deepening their knowledge and strengthening their training skills. This has also included the training of five coordinator replacements. Plans have also been made to rollout this nurse trainer program to Bukhara and Surkhandaryo, also in cooperation with CAFÉ, and with AED support.

### ***Integrated Management of Childhood Illnesses (IMCI)***

There is currently a need to integrate the work of the hospital doctors and the rural clinic doctors. One approach is to focus on the IMCI training that has been given to the SVP doctors, and to train the hospital doctors in this and in the next steps needed at the hospital level.

In order to achieve this, ZdravPlus has spearheaded the development of a Hospital IMCI training module. This has involved working with other organizations to adapt the WHO book on the subject; developing a set of lesson plans and teaching materials; organizing a TOT course; and finally, implementing the training in collaboration with AED for every hospital pediatric unit in Ferghana oblast. For the training-of-trainers 10-day course, post-test scores were 84 percent, up from 61

percent, an average increase of 23 percent. ZdravPlus has made a special effort to cooperate throughout with the USAID-funded Healthy Family Project, who may further utilize, adapt and rollout the training program to other regions.

Initial feedback and results have been encouraging, and as a result of the Quality Improvement principles embedded in the course a number of changes are being made in the practice of emergency pediatrics at every site where the course has been held. Such changes include increased provision of oxygen with correct tubing and attachments, changes in prescribing practices to increase effectiveness and reduce costs, and improved monitoring techniques and recording. For example, in Tashlak Rayon, Ferghana Oblast, the head doctor of the pediatric unit fitted an oxygen cylinder with a flow-speed regulator the day after the practical training on this topic. Also, they compared the cost of the antibiotic they have been using with that recommended by this course and found that the savings would be 65 percent. In an actual case, a child with respiratory distress was given oxygen alone, according to the hospital IMCI principles and after several minutes the child improved considerably. This real life scenario convinced the participants that some of the drugs they used before were not needed at all, and that the simple WHO recommendations are very effective and do not harm their young patients.

While much emphasis has been placed on the hospital-level IMCI in the past six months, ZdravPlus also continues to support IMCI at the PHC level. One of the factors inhibiting the practice of IMCI principles in SVPs is the cost of supplying the forms. To address this issue, at a recent conference, ZdravPlus introduced a newly developed laminated-IMCI “template” form, allowing users to follow IMCI algorithms while using plain paper. All participants were interested in the idea, and a couple of improvements were suggested which are currently being considered. ZdravPlus is now conducting a survey using the new form to assess its applicability and usefulness.

## ***Reproductive Health***

### **Reproductive Health Training**

ZdravPlus continues to support Reproductive Health (RH) trainings in Uzbekistan. Two five-day trainings for SVP doctors were conducted in July in three rayons of Sirdaryo oblast. A total of 45 SVP doctors were trained on reproductive health and modern contraceptive counseling by the Uzbekistan Medical Pedagogical Association (UZMPA) trainers. The results of pre-and post-tests showed that the average knowledge score increased from 79 percent to 93 percent. Sirdaryo has had little training in modern clinical practices and the participants were very excited about the training. ZdravPlus received a letter from the head of Sirdaryo Oblast Health Department expressing their thanks for the training and hopes that other rayons will also receive the same training in the near future.

In August, twenty trainers of “Perzent” training center in Nukus participated in a five-day training on RH and modern contraceptive technologies. This activity was funded by NGO “Perzent” who asked ZdravPlus to provide technical assistance in the form of materials and identifying trainers.

### **Midwife Family Planning/IUD Project**

A little more than a year ago, ZdravPlus started a pilot project to improve access to family planning services in rural areas (Yozyovon and Soh Rayons in Ferghana Oblast), while at the same time expanding the role of midwives by training them to provide these services, including IUD insertion and removal. To protect the safety of patients, a program of follow-up visits to the midwives was put into place and two client surveys were conducted.

The second round of the Client Satisfaction survey was conducted in July in Ferghana Oblast in collaboration with the Institute of Obstetrics and Gynecology. A total of 100 women from Yozyovon and 70 women from Soh Rayon who had IUDs inserted by trained midwives were interviewed. In Yozyovon the trained midwives are overall seeing an increase in the number of clients and results of follow-up visits indicate that their IUD insertion and removal skills continue to improve. The Client Satisfaction Survey results indicate that 94 percent of the women in Yozyovon and 99 percent of the

women in Soh made the choice themselves to have an IUD inserted. The survey also provides indication that although the midwives in Yozyovan were more likely to counsel women on different family planning methods than the midwives in Soh, the Soh midwives did make remarkable improvements in their counseling skills (as reported by the clients) between the first and second surveys (from 56 percent to 83 percent for oral contraceptives, from 56 percent to 81 percent for injections, and from 44 percent to 56 percent for condoms). All of the women interviewed in Yozyovan and 81 percent of women in Soh were fully satisfied with the IUD services they received from the trained midwives. In Yozyovan 100 percent of the women and in Soh, 93 percent of the women were still using the IUD at the time of the survey. The results of the client survey provide indication that with time, the midwives have earned confidence in their own abilities, that they have been able to successfully counsel women on family planning choices, and that they can provide safe IUD services. As a result of these trainings and the enthusiasm of the clients, the Oblast Health Department has recently begun to put together a plan for rolling-out this project to other rayons.

### Safe Motherhood

In order to provide continued support for its Safe Motherhood (SM) site in Yozyovon in Ferghana Oblast, ZdravPlus organized a study tour for twenty people from Yozyovan, who previously received training on Safe Motherhood, to Andijon Maternity House number three in July. This roddom is particularly well known as a pioneer in SM implementation in Uzbekistan. Participants included the SES head doctor, ob-gyns and midwives from the roddom, as well as SVP doctors and midwives. During the study tour participants were able to see a successful SM project and were able to share their own experiences and problems. Together with staff from the Andijon Maternity House, the participants developed further plans for ensuring continued implementation of Safe Motherhood in Yozyovan. In addition, the head doctor of Zhezkazgan Maternity House in Kazakhstan, known for their successful implementation of SM, visited Yozyovan to Zhezkazgan experiences and gave recommendations on how to improve the work in Yozyovan roddom. He was particularly impressed by the SM skills of the Yozyovan personnel but was concerned about the lack of proper equipment.

In order to increase population awareness of SM, ZdravPlus developed and printed 120,000 SM brochures in collaboration with the Healthy Family Project. These brochures focused on the importance of antenatal care and the role of partnerships and support during deliveries. The bulk of the brochures were distributed in Quva, Yozyovan and Beshariq rayons where medical personnel had received SM trainings. The remainder of brochures was distributed to other rayons in Ferghana Oblast.

A second series of SM trainings took place in Beshariq and Quva Rayons of Ferghana Oblast, in collaboration with AED/START. Between October and December about 152 doctors, midwives, and nurses from the SVPs and central rayon hospitals were trained. The seminars included an eight-day in-patient training for the maternal house, two eight-day outpatient trainings for SVPs and one eight-day training for neonatologists. The team of trainers, lead by an ob-gyn professor from the Andijon medical institute who started the first pilot project on SM in the Andijon Maternity House in 1999, consisted of an ob-gyn and a midwife. The average test scores increased from 40 percent at pre-test to 80 percent at post-test. The participants were particularly struck by the contrast between SM principles and what they had been practicing in the past. Previously, the birthing process had been very medicalized and the mother depersonalized; she was not perceived as an active member of the labor process. The participants now recognize the importance of de-medicalizing labor, communicating with and counseling the mother, and involving the family. The participants' only concern about applying SM principles in their respective services is the existence of old prikazes that may inhibit their ability to put into practice all SM principles. However, in both the Beshariq and Quva Central Rayon Hospitals, protocols are currently being developed to assure that SM principles will be supported

In addition, the course director held several meetings with the rayon health administrations and Khokimiyat on what changes and improvements needed to be made within the maternal houses in order to comply with SM principles. In both Beshariq and Quva there was a need for reconstruction

of the maternity houses. Although reconstruction has begun in both rayons, Beshariq continues to have problems addressing how to keep the delivery rooms heated. These problems have been discussed with the Ferghana Oblast Health Department and solutions are currently being sought to help with the reconstruction and heating issues.

### ***Laboratory Training***

Completion of a full set of digitally photographed slides for a training manual is underway, and will be used to help establish an updated five-day program of training for laboratory technicians at the SVP level throughout the country. This course will help pave the way for more such trainings under the upcoming World Bank “Health II” Project and the Asian Development Bank’s (ADB) “Woman and Child Health Development Project”.

### ***Pharmacy and Drug Information Center (DIC)***

The work of the Ferghana Drug Information Center (DIC) progresses, with the fifth, sixth, and seventh editions of the Drugs Bulletin completed and distributed. It continues to serve the community, providing seminars and materials on pharmaceutical topics in response to requests made by practicing physicians working at the PHC level and in hospitals. Particular emphasis is placed on topics that tie into other ZdravPlus activities, like rational antibiotic use and management of hypertension. On average, the DIC receives about 100 requests per month, most of which are related to information on new drugs and treatment methods for various conditions.

The DIC wrote a proposal to WHO and Health Action International (HAI) and received funding to conduct a drug Pricing and Availability survey, using the new methodology they learned at the Eurasia Drug Information Network meeting. Preparations to conduct the survey are well advanced.

A report is being written on the results of the first two studies of prescription practices in Ferghana. The DIC is preparing for a third round of chart reviews to examine prescription practices—this time, only charts for children under age five and adults with hypertension will be examined.

### ***Quality Improvement Strategy***

The quality improvement strategy for Uzbekistan continues to follow the three-pronged strategy of EBM promotion, implementation of pilot Quality Improvement Projects (QIPs), and the development of Republican capacity in quality improvement and management.

Over this last reporting period, significant progress was made on all these fronts. First, the EBM Center published its first EBM guideline on iron-deficiency anemia. Second, the three clinical care improvement projects in Ferghana are being replicated in three more rayons. Finally, the Ministry of Health is considering a proposal to develop a national QI policy/strategy.

### **Evidence-Based Medicine and Clinical Guidelines and Protocols**

With the assistance of an EBM expert from Moscow, Oleg Storozhenko, the first evidence-based clinical practice guideline on iron-deficiency anemia in women and children has been finalized and published. One thousand copies are being distributed (both in Uzbek and Russian) to cover at least all primary care facilities of the Ferghana Oblast. The implementation of the guideline is part of the replication strategy for QI in Ferghana. The EBM Center also finalized a draft of the Hypertension guideline, and started its field-testing in 10 SVPs of the Toshloq Rayon in Ferghana. Once the test is completed by the end of January 2005, the guideline will be finalized and ready for approval by the Ministry of Health. In addition, it completed a draft of its manual to develop evidence-based clinical practice guidelines in Uzbekistan. The document is under expert review and is being finalized based on his comments.

ZdravPlus continued to strengthen the capacity of the EBM Center, and its sustainability: an information specialist, Dr. Diorama Sadikkhodzayeva, was identified, trained as a librarian in Moscow, and recruited by the Center on a part-time basis. She started to gather information for the

development of protocols for the case-management of patients referred to hospitals with severe anemia or hypertension. An EBM teacher, Professor Mukharram Isamukhamedova, was recruited on a part-time basis and is developing an EBM course to be integrated in the curriculum of TIAME. The EBM Center now has five staff: a director, one information specialist, two EBM methodologists, and one teacher. The next step is to train all five staff as EBM trainers, following the recommendations for capacity development made one year ago by the ZdravPlus consultant, Professor Vlasov. This is being planned for January/February 2005, along with the official inauguration of the center at a small ceremony.

ZdravPlus also organized a strategic planning meeting, during which the future of the EBM center was discussed, as well as the evolution of the working relationship, with ZdravPlus as a client rather than an employer. The Center is developing a brochure to promote EBM and advertise its services to potential clients, including the Ministry of Health.

#### Quality Improvement Projects (QIPs) in Ferghana Oblast

Three pilot Quality Improvement Projects started in Ferghana in October 2002 on anemia, hypertension and child health. After two years of work, standards and indicators have been developed, a quality monitoring system has been institutionalized, and all 62 primary care facilities of three rayons are involved. Results can be summarized as follows:

- In Quva Rayon, prevalence of anemia among women of reproductive age decreased by 50 percent, while appropriate treatment increased to 80 percent and the proportion of patients cured rose from 10 percent to 40 percent.
- In Toshloq Rayon, the correct diagnosis of patients with hypertension increased from 29 percent to 72 percent, appropriate treatment is around 80 percent and the proportion of patients with normal blood pressure increased from 50 percent to 68 percent.
- In Yozyovon Rayon, the correct case-management of children under-five is around 90 percent.

A Quality of Care assessment was carried out in the three central rayon hospitals of the pilot area. A final report will be published in January 2005, but progress was made in the treatment of women with anemia, testing patients with hypertension and correct referral and hospitalization of children with pneumonia.

The results of the QIPs are published in the quarterly newsletter "Journey to Quality," produced in Ferghana and disseminated to all primary care facilities in the Ferghana Oblast. It provides details on best practices that lead to improvement and on challenges and issues to address.

The most important step made in the last six months was the development of a replication plan to cover all rayons of the Ferghana Oblast with the QI activities. In collaboration with AED, a two-day seminar was organized in December, with over 100 participants including representatives from all rayons of the Ferghana Oblast, all oblasts in the Republic, and staff from the Ministry of Health. By the end of the seminar, participants decided to begin replicating these best practices (results from the initial pilot rayons) and a QI dynamic (teams managing facility-based QI efforts) in three new rayons: Beshariq, Bagdad and Quvasoy. The main features of this plan are:

- All three new rayons should be covered by the end of March 2005;
- All primary care facilities will be trained in two short training sessions: the first one on the new guidelines (anemia and hypertension) and on the adoption of the best practices and changes made by the pilot rayons; and the second one in QI methods and tools;

- The five QI trainers, trained in Issyk-Kul during the summer, will provide technical assistance to the rayon coordinator for replicating activities and measuring their spread, through quarterly missions; and
- New rayons will be added and a replication strategy finalized after drawing the lessons learned from this first round of scaling-up activities.

### Working with Partners

ZdravPlus is working more closely than ever before with other partners on quality improvement. In addition to the ongoing close relationships with the current and planned World Bank and ADB projects, the relationship with the WHO office and representative in Uzbekistan was strengthened, partly through the development together on the proposal for the QI policy. During the Ferghana QI replication seminar, UNICEF approached ZdravPlus to help them integrate QI in the rayons where they work, but no formal collaboration has started. Finally, ZdravPlus also strengthened collaboration with the USAID-funded Healthy Families Project, by inviting them to the Ferghana seminar and sharing information on ZdravPlus work to improve quality.

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## **Improving Resource Use**

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ZdravPlus in Uzbekistan currently covers three point three million rural people in seven out of 13 regions of the country, especially on supporting improved resource use by the PHC facilities through the financing and management reforms. Over the last six months, various activities were conducted to support further roll-out of per capita finance and management (F&M) reforms in the new pilot regions of Khorezm and Karakalpakstan, prepare Andijon and Surkhondaryo regions for the planned expansion of the F&M reforms within the upcoming World Bank loan project “Health II” and ADB loan project “Woman and Child Health Development” beginning 2005, and consolidate and institutionalize the F&M reforms in the old pilot sites of Ferghana, Navoiy and Sirdaryo. An oblast-by-oblast summary is included in the overall country summary at the beginning of this report. However, Ferghana Oblast continues to be the primary pilot site for ZdravPlus in Uzbekistan.

The overall focus of the last six-month activities undertaken by the Resource Use component in Ferghana was to: i) continue further consolidation of the rural PHC F&M reforms already implemented throughout all 17 rayons in the oblast from this year; ii) build capacity of the local managers in estimating per capita normatives with sex-age and other needed adjustments and in preparing facility budgets; iii) institutionalize within the Oblast Information Department the training programs for the Rayon Computer Centre and SVP staff in setting up and running the computerized population data base; iv) review data collected from the new hospital information system under piloting; v) complete the design of the pilot on a SVP performance monitoring report; and vi) continue to collaborate with related authorities so that they take greater ownership of the reform process.

### ***Finance and Management (F&M) Reform***

Although the pilots in finance and management (F&M) reforms started slowly in the initial years, and there was reluctance of the Uzbek stakeholders to accept the health financing and management reforms, the actual process of step-by-step implementation along with preliminary successes resulted in increased ownership of the model and greater momentum for the pilots. The year 2004 signifies the beginning of oblast-wide coverage by the per capita finance model for rural PHC facilities in all three initial pilot oblasts (Ferghana, Sirdaryo, and Navoiy). Currently 540 rural PHC facilities in 37 rayons are functioning under the per capita financing and new management systems within these three oblasts. Also, using unspent money from the first WB health loan, the rural PHC finance and management model was rolled-out to 95 rural PHC facilities in three additional rayons in Khorezm Oblast and three in Karakalpakstan. Thus, a total of 635 SVPs - or around a quarter of all SVPs in the country serving around three point three million rural people – have so far been brought under the per capita financing reforms. Furthermore, preparatory work on initiating a roll-out of the rural PHC

F&M reform model in six selected rayons of Andijon and Surkhandaryo Oblasts, under the auspice of the WB follow-on Health II<sup>7</sup> Project, has been completed by ZdravPlus

The main focus of the activities in health financing, health management, and health information systems during the past six months was to support and strengthen further the above roll-outs, as well as build local capacity for the forthcoming roll-outs under the national scaling-up plan. A second focus of the Resource Use activities was to prepare the technical basis for the next generation reforms, focused on hospitals and urban PHC polyclinics.

Therefore, over the past six months, key activities in health financing were focused on: i) local capacity building to support the F&M reforms in the three initial pilot oblasts; ii) providing technical assistance to the expansion of rural PHC F&M reform model in the two new pilot regions (Khorezm and Karakalpakstan) as part of the national roll-out, continuing to implement preparatory activities for the rollout in Andijon and Surkhandaryo Oblasts, and planning work on the urban PHC reform pilot in Marghilon City in Ferghana Oblast; and iii) continuing to extend technical expertise to the World Bank, Asian Development Bank, and Uzbek counterparts in completing all needed preparatory work to initiate the next loan projects in 2005.

Health management activities were focused on: i) conducting technical seminars for the health and finance managers in new pilot sites on a per capita finance approach, and extending limited technical assistance to the training seminars on basic management and financing for the Financial Managers of the newly-included PHC facilities; ii) implementing special training seminars for the health and finance managers to support institutionalization of the per capita financing approaches; iii) developing and disseminating training modules and manuals on various health management topics; and iv) accomplishing the analyses and final reports of a number of special studies on critical operational issues relating to health finance and management reforms.

Activities on health information systems and monitoring and evaluation were focused on: i) completion, publication and dissemination of the ICD 10 materials in the Uzbek language; ii) supporting operation of the population database (PDB) in existing pilot sites and setting it up in new pilot rayons by providing training to the PHC facility staff and rayon computer personnel; iii) continuation of the pilot on a new hospital information system in three CRHs in Ferghana Oblast (Toshloq, Yozyovon, and Okhunboboyev); and iv) completion of the design of the SVP/PHC facility performance reporting system for piloting.

The above key activities aside, the Resource Use component continued its collaboration with the World Bank and CPIB of the current Health Project in analyzing the implementation status of the ongoing and planned activities, and conceptualizing the F&M reform and related information system activities for the follow on Health II project and the forthcoming ADB Women and Child Health Project.

### ***Health Financing and New Provider Payment Systems***

#### **Activities on National Roll-Out of the Rural PHC Reforms and Planning the Urban PHC Reform Pilot**

Beginning this year, per capita PHC financing has been introduced to 48 rural facilities in Hodjeili, Amudaryo and Turtkul Rayons in autonomous Republic of Karakalpakstan and 47 within Urgench, Khiva and Qoshqupir Rayons in Khorezm Oblast. Over the last six months, ZdravPlus specialists worked with the regional managers to plan and support further extension of the F&M reform to six additional rayons. Accordingly, ZdravPlus experts started collection and analyses of historical data on chapter-wise actual budget financing of the PHC facilities in the rayons planned for inclusion in next year. Results of the analyses and their implications for estimating the capitated rates will be presented and reviewed in participatory workshops to enable local decision-making on the base capitation rate.

Also, similar analyses were updated for three rayons in Andijon (Boz, Ulugnor, and Khodjiabad Rayons) and three in Surkhandaryo (Termez, Muzrabod, and Djarkurgan Rayons) Oblasts. These two oblasts are planned for inclusion into the national roll-out process within the Health II project next

year. ZdravPlus continued to work during the reporting period on the preparatory activities for the urban PHC F&M reform model in Marghilon City. ZdravPlus specialists actively contributed to the meetings of the national working group for finalizing the urban PHC pilot model. Similar pilots are now also planned for Tashkent and Samarqand. Based on the input of ZdravPlus specialists and discussions with the working group, the urban PHC model on F&M reforms will be finalized early next year. This is expected to be a model analogous to the one used in the rural F&M reforms, featuring pooling of PHC funds at higher levels and capitated financing of the primary care clinics, with refinements as needed in the urban settings.

#### **Analyses of Financial Performances of the Reformed Rural PHC Facilities**

As part of analyzing the per capita finance system, monthly data on actual financing and expenditures in the pilot rural PHC facilities in Ferghana and Navoiy Oblasts for 2004 were analyzed. The computerized software developed and installed by ZdravPlus at the oblast level to monitor financing of the PHC facilities proved to be highly useful. Results of these analyses showed that, although problems still exist with regard to the regularity of fund disbursements and adequate allocations for Chapter four (non-salary recurrent) expenditures, the overall trend in terms of timeliness of financing and compliance with the initial capitated budgets improved in the pilot regions. In particular, ZdravPlus policy advocacy has resulted in a notable increase of fund allocations to the rural PHC sector in Navoiy Oblast.

The per-capita rate for rural PHC facilities in Ferghana Oblast has been fixed at 1,831 Uzbek soum in 2004, compared to 1,615 in the previous year and 1,305 in 2002. The per capita normatives in Navoiy and Sirdaryo Oblasts amounted to 2,835 and 1,839 soum respectively. Recent assessments conducted by World Bank consultants showed that the new F&M reforms have resulted in a more equitable distribution of rural PHC resources and increased per capita allocations to the PHC facilities. For example, the relative share of the rural PHC funds in the rayon budgets has risen from 16.3 percent in 1999 to 22.5 percent in 2004 in Ferghana and from 21.8 percent in 2001 to 28.3 percent in 2004 in Navoiy Oblast. Also, the per capita finance and management reforms have demonstrated higher efficiency gains with reductions in hospital admissions and increased use of outpatient primary care services, improved resource use with increased funding for recurrent expenditures such as pharmaceuticals and supplies and decreased staff inputs (five-15 percent depending upon pilot oblasts), and better availability of resources and quality of services of the rural primary care facilities in the pilot sites than in the non-pilot ones.

#### **Technical Support to Initiation of the World Bank and Asian Development Bank Health Projects**

Inputs from the Resource Use component in preparation for the upcoming loan projects were focused on health financing, management, information systems, and related regulatory (legal and policy) issues. Specific activities included: defining the technical steps in oblast pooling of PHC funds, further improvements in the per capita allocation formulae and management information systems, and finalization of the required regulatory and policy documents. Also, the preliminary concepts of the urban PHC F&M approaches and case-based provider payment systems for the hospital services were developed.

### ***Health Management***

#### **Health Management Trainings and Seminars**

Eleven training seminars were conducted during the reporting period for the rayon health and finance managers in the pilot sites. The training was designed to provide them with knowledge of basic health management and the technical skills for estimating the per capita rates and preparing PHC budgets. A total of 324 rayon and PHC managers were trained. Also, limited technical assistance was provided to the CPIB for organizing the introductory management training courses for the newly recruited PHC financial managers in the Khorezm and Karakalpakstan pilot sites. The key focus of the ZdravPlus training seminars during the reporting period was to build technical capacity locally and support institutionalization of the per capita finance and management activities.

### Development/Update of Training Modules and Materials

Efforts were streamlined to complete and disseminate a number of training materials and manuals. The following training materials were published and disseminated among the local counterparts: “Accounting for Budgetary Organizations (in Russian, Uzbek and English)”, “Introductory Management for Financial Managers (in Russian and Uzbek)”, and the updated version of the “Practical Manual for PHC Managers (in Russian)”. Work is ongoing to complete and disseminate by early next year three more reference materials on “Financial and Management Reforms in the Health Sector”, “Strategic and Business Planning of PHC Facilities and Their Financial Analyses” and “Administration and Personnel Management in PHC Facilities”.

### Special Studies on Critical Operational Issues of the Rural PHC F&M Reform Model

Although the new finance and management systems for the rural PHC facilities have contributed to improved funding and resource use, there are still a number of operational issues that need to be addressed before the existing model is modified and recommended for national roll-out. ZdravPlus has recently conducted a number of ‘quick and clean’ field studies to this end. The findings are meant to provide ground-level evidence and perspectives to feedback into the decision-making process, and secondly to foster an evidence-based problem-solving and decision-making culture among policy makers. The following operational issues were studied: i) analyses of the per capita funds by the reformed PHC facilities, including the trends in accumulation and utilization of the Facility Development Funds, ii) assessment of the Chapter Four (non-salary recurrent cost) requirements for optimal functioning of the PHC facilities, iii) job and workload assessment of the Financial (Practice) Managers, and iv) management training needs’ assessment for the PHC managers. These studies have shown that: a) per capita rates for the PHC facilities will require further adjustments to provide at least 25-30 percent of facility budgets for the non-salary recurrent costs (drug, medical supplies, utilities, etc.); b) monthly funding should be made available to the PHC facilities by the finance departments according to the approved budgets in a timely fashion and in a single disbursement; c) flexibility to retain and reinvest savings for facility and service development; d) the Oblast Health Department should assist and support the PHC managers in making local decisions to allocate the Facility Development Funds more towards the provision of drugs and other needed medical supplies; and e) to the extent feasible, Financial Managers could be shared to serve multiple facilities- at least small PHC facilities could share with other similar facilities in the vicinity.

### ***Health Information Systems***

#### Collaboration with RIAC on Uzbek ICD-10 Materials

The bilingual Russian-Uzbek electronic and paper versions of ICD-10 have been completed and published. This work was formally disseminated by ZdravPlus through a presentation at the WHO CARINFONET regional seminar in Tashkent. 1,250 copies of the bilingual Russian-Uzbek paper version of ICD-10 and 1,400 CDs with the electronic version were handed over to the Republican Information and Analytical Center (RIAC) of the MOH for circulation among the Uzbek medical community.

#### Technical Support to Institutionalize the Population Database

ZdravPlus continued to assist in organizing the computer centers, setting up population databases in the new rayons within the pilot regions, hiring and training of the data entry operators, and training in data collection for the population database. The old pilot sites are now updating and maintaining the Population Database (PDB), needing only limited ZdravPlus support. During the past six months, with the emphasis on institutionalization, a series of special seminars were organized (jointly with RIAC) in the pilot oblasts to support the complete operation of the PDB by the local managers.

#### The Ongoing Pilot “Hospital Information System”

A mid-term review of the new hospital information system piloted by ZdravPlus in collaboration with RIAC in three Central Rayon Hospitals in Ferghana Oblast was accomplished. The new hospital information system demonstrated initial success in collecting and reporting the information needed for a case-based hospital financing system. It provided basic information on the number of hospitalizations, diagnoses, number of beds, length of stay, operations and procedures as well as

information on the facility, which referred the patient to the hospital. Although designed primarily for financing purposes, the new hospital information system exhibited the potential of performing a broader range of tasks, including analysis of morbidity, referrals, quality indicators, etc. Therefore, if connected to the PHC facility level information systems, it could further provide a comprehensive picture of the health services within the rayons. The new hospital information system now needs to be adapted for better connection with the planned case-based financing reforms of the hospitals services.

#### **Planning Work on the New Pilot for SVP Facility Monitoring**

The proposed computerized SVP Facility Monitoring Report is meant to serve as an information tool to provide the heads of PHC facilities as well as rayon level managers with fast and reliable information on key indicators of the PHC facility performance. In light of the joint technical group meetings with CPIB and RIAC counterparts, a preliminary list of PHC monitoring indicators has been agreed. Further, this short report will be brief, based on the data which is already being collected by the facilities, and to include only major indicators on PHC sensitive conditions. Submitted to the rayon information centers on a monthly basis, these indicators will be entered into the computer database and fed back to the facilities in the form of comparative analysis across the rayon and individual SVPs. Initially this information will be used for local-level decision making, but in the future it is planned to become a part of integrated health information system, vertically connected to the central rayon hospital level and horizontally to other rayon level healthcare structures. It was decided in a recent joint meeting of the World Bank, ADB, RIAC CPIB and ZdravPlus to initiate the pilot of the SVP Facility Monitoring Report in January, 2005.

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### **Legal and Policy**

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#### ***Collaboration on World Bank and Asian Development Bank Projects***

In almost every area of the work of the World Bank and Asian Development Bank as they prepared their loan projects, ZdravPlus played an active role to help ensure success. ZdravPlus experts took part in a number of policy dialogues and review meetings with the Ministry of Health, Ministry of Finance, World Bank, Asian Development Bank, Central Project Implementation Bureau of the "Health" Project and other related agencies.

ZdravPlus helped with legal and policy issues related to financing, management, information systems as well as developing the preliminary concepts of the urban PHC F&M approaches and case-based provider payment systems for the hospital services. Decisions were taken regarding finalizing the draft of the Cabinet of Ministers' Resolution on the planned nationwide roll-out of the rural PHC finance and management reforms; pilots on per capita finance reforms for the urban PHC polyclinics; and case-based provider payment systems for hospital services. Also, a special workshop was organized in collaboration with the World Bank to explain to Ministry of Finance officials the technical steps needed for oblast pooling of health funds and per capita financing of PHC facilities.

#### ***Proposal for a National Quality Improvement Policy***

After the First Regional Conference on Improving the Quality of Healthcare Services in Central Asia, organized by ZdravPlus in Tashkent, ZdravPlus joined with WHO to develop a proposal for the development of a national QI policy in Uzbekistan. Meetings were held with the Minister and the First-Deputy Minister and also with the World Bank staff, and a proposal was finalized for a process to develop such policy, based on the successful Kyrgyz experience. A democratic, consensus-building process involving all key stakeholders in the healthcare system, spread out over a nine - 12 month period, is at the heart of this plan. A three-level structure would develop the policy: a steering committee, a core working group and a national taskforce. The Ministry would appoint the working group members, ZdravPlus would provide technical support and financial support would come through the Health II project and ZdravPlus. The vision is of a comprehensive policy that will promote the integration of QI activities and mechanisms within existing organizations and schedules,

with a focus on building the capacity to carry out key improvement activities (developing standards, monitoring quality, improvement projects, etc.) Dr. Rakial Immune Shaihutdinova, Chief Specialist of the main Department for Curative and Preventive Care of the MOH, has taken the lead in developing a draft QI policy, inspired by her participation in the ISQUA conference in Amsterdam in November.

### ***A New Law on Reproductive Health***

Over the past six months, ZdravPlus has worked with staff of the Women's Committee of the Cabinet of Ministers to develop a new law on reproductive health. The intent is that the new law should move away from a model where health workers tend to make decisions for the population to one based on internationally recognized concepts of reproductive rights.

### ***Co-Sponsoring Joint Working Group Meetings***

Two meetings of the Working Group on Health Financing and Management were held in the past six months. The following issues were addressed: i) review of F&M implementation status in the three initial pilot oblasts (Ferghana, Navoiy and Sirdaryo) and two new regions (Karakalpakstan and Khorezm); ii) expansion of the financial pilot to additional rayons and oblasts; iii) strategies for fine-tuning and solidification of the ongoing reforms in the area of financing and management; and iv) recommendations on future financing and management reforms of the hospital and urban PHC facilities.

### ***Legal Support for Project Activities***

In order to carry out many of its activities, ZdravPlus requires constant legal support. This most often takes the form of prikazes agreed upon by the local authorities, and sometimes at the Republican level. Such support has been most often needed in Ferghana, where many of the ZdravPlus activities are focused. Examples include prikazes for the rollout of the Quality Improvement pilots, and for the conduction of training programs such as Safe Motherhood and Hospital Level IMCI. These prikazes often need to stipulate that practices carried out as part of the pilot activities are exempt from usual regulatory procedures. Without such clauses, punishments can be meted out for "new", and different, behavior. ZdravPlus has an excellent working relationship with the authorities there, and as a result most of the activities run smoothly.

## **TAJIKISTAN**

### **Six-Month Report**

### **July – December 2004**

#### **COUNTRY SUMMARY**

During the reporting period, ZdravPlus Population Involvement activities in Tajikistan included continued support of Healthy Communities Grants Program grantees and a Keeping Children Healthy Campaign and Measles Immunization Campaign. Additionally, a Press Center was established, at the request of the Ministry of Health, which will facilitate a freer flow of information between the MOH and the public – providing important information about the Ministry's activities and the health care reforms to the population via mass media.

With in the Quality Improvement component, progress was made towards further implementation of Clinical Practice Guidelines (CPGs) through a conference focused on raising awareness and promoting the use of those CGPs already approved at the national level. The Drug Information Center in Dushanbe celebrated its one year anniversary in December. The Center's work over the past six months has included promoting the use of Evidence Based Medicine, issuing a bi-monthly Drug Bulletin on rational drug use, updating the list of falsified drugs available in Tajikistan, giving presentations on rational drug use to health care workers, and supporting those pilot sites now using the DIC-developed drug side-effect monitoring form. In addition, the Family Medicine training-of-trainers course moved forward with a new group of eight trainers having begun their training at the Postgraduate Medical Institute in October.

Over the past six months the Ministry of Health has increasingly been taking a lead role in the coordination and direction of the reform activities. The recently established Health Care Reform Coordination and Implementation Unit of the MOH provided support to the activities of international NGOs in the country, and is making a strong effort to increase the coordination and focus of health reform activities among and between the MOH and various health Donors and NGOs operating in Tajikistan. ZdravPlus welcomes this approach, and has expressed a willingness to help the MOH coordinate different donors' inputs in the health sector. ZdravPlus already plays such a role by co-chairing the Health Coordination Meetings with the WHO. This coordination will become increasingly important as more health reform activities and system changes begin to be implemented. There are signs that this coordination is already paying off in a more unified approach to activity implementation on the part of the various Donors, as well as clearer communication between donors and the MOH.

In the Resource Use and Legal and Policy components, there has been a great deal of activity during this reporting period. The MOH took the important first implementation step in the area of health financing by introducing a Guaranteed Benefit Package (GBP) in the pilot rayons of Dangara and Varzob. The Ministry is under increasing pressure to continue the implementation and wider roll-out of health finance reforms and is eager to extend the GBP. In response to this, ZdravPlus had given significant support to the evaluation of the pilot program to ensure that the proper review and appropriate changes are made to the GBP to ensure viable implementation which will correspond with and support the other planned financing changes. ZdravPlus coordinated a joint review and meetings of various donors and partners and with the MOH to ensure this effort. Additionally, Zplus has given the MOH significant support in addressing regulatory and legal issues in the design and implementation of the GBP and other finance reforms. As the implementation continues to broaden, ZdravPlus is committed to actively supporting the MOH and working in close coordination with the other partners active in this area.

## **SUMMARY OF ACTIVITIES**

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### **Population Involvement**

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#### ***Healthy Communities Grants Program (HCGP)***

Over the past six months the HCGP, administered by ZdravPlus in conjunction with Counterpart International (CI), gave grants in both the third and fourth rounds of the program. Fourteen third round grants were officially awarded and given out in early July. ZdravPlus provided grantees with technical assistance which included advice on project information dissemination.

The fourth round grant selection process took place over the course of the reporting period. Out of the 174 concept papers initially received from NGOs all over Tajikistan, 57 were chosen to be developed into full project proposals and 11 were eventually awarded grants. The selection of concept papers and then project proposals was conducted by local Grant Review Committees (GRC) with the participation of CI, ZdravPlus, Civil Society Support Centers (CSSCs), local health authorities, Hukumats, and international NGOs. This kind of participation of different groups in the selection process helps to ensure openness and transparency. In addition, the inclusion of the CSSCs in the process increases the responsibility of local CSSCs from the early stages of HCGP implementation. It also provides good experience for the health authorities who have gained a better understanding of the NGO's activities and are now recognizing them as partners in improving health services and the health status of the population.

On December 10<sup>th</sup>, a round table devoted to the achievements of NGOs supported within HCGP was organized in order to raise awareness about different health topics, and aimed at encouraging interaction between the international organizations, local NGOs, and health facilities implementing health focused social projects. The round table welcomed representatives from NGOs that have taken part in the program, mass media, the MOH, and USAID. At the event NGOs gave presentations on the outcomes achieved within their projects. Particular acknowledgment was given to a safe water project undertaken in one of Gasser's villages in partnership with NGO "Munis" and the local community; as a result of the project 2,250 inhabitants gained access to pure drinking water. Among the other successful projects which were recognized at the roundtable were an educational project by NGO "Avesto", which helped to reduce the rate of infectious diseases among the population in Varzob; and an STD, HIV/AIDS project in prisons № one and seven in Dushanbe, where the prisoners received assistance from the NGO "Peshgori."

The round table gave the MOH and mass media the opportunity to learn about the work undertaken by the local NGOs and hear about lessons learned from the implementation of these projects.

#### ***Keeping Children Healthy Campaigns***

ZdravPlus, in collaboration with the MOH and UNICEF, supported a Keeping Children Healthy Campaign focusing on diarrhea which was held in four rayons of Khatlon Oblast (Timurmalik, Vose, Khurosson, and Jomi). The capacity of the IMCI working group was developed through the campaign as they worked together with ZdravPlus and UNICEF to develop key messages and health promotion materials. ZdravPlus printed and distributed brochures and posters on exclusive breastfeeding, which were some of the materials developed in conjunction with the working group.

In support of the campaign ZdravPlus, together with AED and the MOH, funded IPCS trainings for medical workers in Vose and Timurmalik Rayons. At the beginning of the training IPCS knowledge of the trainees was between 20 and 26 percent according to the pre-test; by the end of the training those scores rose to between 72 and 76 percent. The improved interpersonal communications skills of the health workers will help them to implement IMCI strategies more effectively, thus contributing to the improvement of the communities' health.

## ***National Measles Immunization Days***

From September 27<sup>th</sup> - October 10<sup>th</sup> a Measles Immunization Campaign was implemented in Tajikistan. ZdravPlus is a member of the working group, also including the MOH, UNICEF, and WHO, which planned and carried out the campaign. ZdravPlus contributed to the development of health promotion materials for the campaign and provided technical advice and part of the funding printed materials – a manual for the Ministry of Education and schools along with fliers for care takers of children.

## ***Press Center***

During the reporting period a Press Center was set up within the MOH, at the request of the Ministry itself. Dr. Nasiba Gulymova, an experienced journalist, was selected as the head of the center and has already undertaken a study tour to Kyrgyzstan in order to learn from the experience of the Bishkek Press Center. The Center will ensure more effective linkages between the MOH and the public and Mass Media on a broad range of health related topics and will be able to provide reliable health information to the public.

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## **Quality Improvement**

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### ***Clinical Practice Guidelines***

While Clinical Practice Guidelines (CPGs) with a foundation in evidence-based medicine hold great potential to improve the quality of medical services, there is currently very little knowledge and understanding of the 36 nationally-approved CPGs and there has not yet been implementation at the facility/practice level. To raise awareness and trigger an implementation process, ZdravPlus, with financial support from AED, conducted a national seminar on “Implementing CPGs: Regional and International Experience.” Along with international experience, specific successful interventions from Uzbekistan, Kazakhstan, Kyrgyzstan, and Tajikistan were presented. More than fifty participants from all regions of the country participated in the event. The participants included high level management and policy makers (senior staff of MOH and Oblast Health Administrations), health practitioners, donors, and NGOs.

### ***Drug and Pharmaceutical Issues***

#### **Drug Information Center (DIC)**

The DIC has developed the second, third, and fourth issues of its Drug Bulletin which is devoted to promoting Rational Drug Use. Topics such as Antibiotic Use, Rational Prescribing Practices, Injection Use, and use of methamisole (an analgesic which is very commonly prescribed in post-Soviet countries, but has potentially-serious side effects and is recommended internationally for use only for serious pain that does not respond to other pain-killers) were covered in the issues that were disseminated by DIC to all regions of the country. The next issue will be on Drug Use among the elderly.

The DIC prepared and printed eight drug informational flyers to continue educating the general public. Some of the topics included: ‘Can Expired Drugs be used?’ ‘Rational Drug Prescribing,’ and ‘Bioequivalence.’

In collaboration with the State Drug Expertise the DIC collected new data on falsified drugs and disseminated the information to health facilities and pharmacies in the oblasts and Dushanbe. The list includes names of medications which are available in the pharmaceuticals market but are of poor quality and should not be purchased

The DIC team developed a drug side-effect monitoring form (the “yellow form”) that was presented to the Ministry of Health. The MOH started using of the yellow form for collecting information on drug side effects from pilot hospitals (The Republican Clinical Cardiology Center, City Hospital

number five, The Dushanbe Infectious Diseases Hospital, Maternity Hospital number three, Oblast Hospitals in Kurgan Tyube and Khojend, and the Central Rayon Hospital in Rudaky).

The DIC received a grant from Health Action International (HAI) to conduct country-wide drug price monitoring and evaluation (WHO/HAI methodology). Data collection is planned for early 2005.

The DIC is taking an active part in developing of first Tajik National Formulary. Draft formulary information on specific medicines (30 medicines) have been developed by the DIC staff and submitted to the MOH Drug Formulary Working Group for discussion and comments.

The DIC prepared and conducted a class on Rational Drug Use (focusing on its principles and issues of Excess Antibiotic and Injection Use) for the eight Family Medicine (FM TOT) trainees at the FM center.

### ***National Drug Policy***

Tajikistan has developed a National Drug Policy Document. The MOH is looking for technical support on implementation approaches. ZdravPlus pharmaceutical consultant, Brenda Waning, met with Mr. Isupov, Head of the MOH Pharmacy Department to start planning a national seminar on international experience addressing drug policy issues through implementation of similar policy documents. Fifty participants will include high level management and policy makers (senior MOH and Oblast Health Administrations personnel), pharmacists, donors, and NGOs.

### ***Evidence-Based Medicine (EBM)***

A round table on rational drug use and EBM was conducted at the DIC by David Burns, the ZdravPlus Infection Disease and Clinical Practice Guidelines (CPG) Director. The Head of Health Services for the Ministry of Health, Mr. Bobokhojaev, leading professors from Tajik Medical University (Professor Ishankulova, and Professor Kadirova), teachers from Postgraduate Medical Institute (PGMI) along with some graduate level students participated at the round table. After a presentation, members of the Tajikistan EBM working group presented the work they have done since last meeting.

For the first time, an EBM course has been introduced at Tajik State Medical University. This became possible as the result of hard work of the DIC staff and EBM working group. The course is taught in the Family Medicine department for fifth year students and practical classes are facilitated by the DIC.

Two computers and a printer along with two desks and two armchairs have been put in the Medical University's library to create an "EBM Corner". The computers will provide access to the Internet. The DIC staff intends to promote EBM among teachers and students by using the corner and developing an EBM library.

Two leading professors, Ishankuloava Buston from the Tajik State Medical University and Rahimov Zikriya from the Post-Graduate Medical Institute (PGMI), studied at a one week advanced EBM course in Bishkek. They plan to work closely with DIC to promote EBM in their related institutions among teachers and students.

### ***Family Medicine Training***

The development of Family Medicine (FM) is one of the top priorities of the MOH in Tajikistan. The MOH is now placing significant emphasis on improving quality of the FM trainers as well as training even more Family Doctors. New FM clinical Training Centers were established replacing the existing Republican and Oblast Family Medicine Centers (FMCs). The ZdravPlus team continued to lead discussions with the MOH, Asian Development Bank consultants, and WHO about the further development of Family Medicine in Tajikistan.

In August 2004, eight new trainees were admitted to the second TOT course organized jointly with PGMI. The ZdravPlus team devoted a lot of time and effort to the establishment of selection criteria, test questions, interviews, and selection of trainees. The Family Medicine Clinical Training Center (FMCTC) was provided with basic furniture and training equipment. This second FM training of trainers course began on October 11<sup>th</sup>.

ZdravPlus supported a round-table organized by the Association of Family Doctors and Nurses on fund-raising and its further development. It is envisaged that the Association will play an important role in FM implementation and support in the country. Currently the association needs training and capacity building in order to become a supporting institution for Family Medicine.

### ***Nursing***

Over the reporting period ZdravPlus continued to support nursing activities in Tajikistan by sponsoring the participation of nurses in the Bishkek Family Nurse training course and working to establish stronger ties with parties interested in the field of nursing.

With support from ZdravPlus four nurses completed an 11 month TOT course on Family Nursing in August 2004. Three of the nurse trainers now work in the nursing department of the PGMI and the other is employed by the Family Medicine Training Center in Kurgan-Tyube and, pending adequate funding, will start providing training and retraining for nurses in family nursing.

ZdravPlus worked with the National Coordination Committee (NCC) on Nursing in developing the Terms of Reference for the NCC. This committee functions under the guidance of the National Center for Nursing in order to ensure coordination and joint work between the MOH, international agencies, and NGOs actively supporting nursing development. A working group under the NCC is developing a curriculum for fourth year students of the Medical Colleges for nurses and midwives; the fourth year is devoted to family medicine.

ZdravPlus provided the Nursing Department of PGMI and the Nurse Administered Hospital with stethoscopes and sphygmomanometers and copies of the books "Basics of Nursing in Family Medicine."

### ***STI Syndromic Case Management Implementation***

In conjunction with AED and the SINO project a cascade training program on STI Syndromic Case Management was launched during the past six months. Local trainers were trained from all five pilot districts, Baljuvan, Taboshar, Shahristan, Dangara, and Varzob, who then led the trainings for the Primary Health Care providers from their districts. Funding for PHC provider training was provided by AED, ZdravPlus, and Sino project.

ZdravPlus made efforts to find funding for the needed STI medications. Several organizations were approached to discuss the issue. The Global Fund provided funding for treatment of 140 patients for two pilot districts (Taboshar and Baljuvan). Access to these medications enables the trained health care providers to put their new knowledge into practice according to the WHO protocols.

ZdravPlus conducted Focus Group discussions in the pilot districts to identify awareness levels among the population of STIs. ZdravPlus will provide health education for the population of the pilot districts early in 2005.

### ***IMCI***

ZdravPlus continued working with WHO and UNICEF on IMCI implementation in the pilot districts. Training seminars were provided to doctors and nurses of Temurmalik and Vose Rayons of Khatlon Oblast. National trainers conducted the seminars jointly with the local trainers. This allowed the local trainers to practice their newly acquired training skills and receive support from the

experienced national trainers at the same time. This is an important area of work that provides opportunities for joint work and improvement of quality of care at PHC level.

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## **Improving Resource Use**

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### ***Health Care Financing***

#### Guaranteed Benefit Package (GBP)

The Ministry of Health started the implementation of the State Guaranteed Benefit Package/Paid Services (GBP/PS) Program in July/August 2004 on a pilot basis in Dangara and Varzob Rayons. Despite the short period of implementation, the MOH plans to conduct an assessment and make decisions about further expansion of the program in 2005. At the request of the MOH, ZdravPlus coordinated and facilitated a group of counterparts, including the World Bank, Swiss Agency for Development and Cooperation, Project Sino, UNICEF, WHO, and ADB, to evaluate the GBP. The joint team met to discuss the results of the review and proposed next steps.

Based on the recommendations of the joint team and priorities of MOH, it was agreed to:

- Conduct a review of the current legal and regulatory base for the GBP/PS program;
- Draft a decree to consolidate the benefits package into one Basic Benefit Package covering both guaranteed services and services with co-payments to be implemented in 2005;
- Develop operational plans for the expansion of the Basic Benefit Package Program, starting implementation by April 2005 (following approval of the new government decree to consolidate the GBP/PS Program into the Basic Benefits Package Program); and
- Begin training and capacity-building for the implementation of the Basic Benefit Package Program in additional oblasts/rayons, including training in business planning.

ZdravPlus' legal advisor also provided legal and regulatory support to MOH Benefit Package Group in developing Basic Benefit Package for the year of 2005. The draft document is currently under discussion at the MOH.

#### Health Finance Strategy

ZdravPlus continues to support the MOH in their efforts to gain official approval for the Strategy of Health Care Financing in the Republic of Tajikistan for the period 2005-2015, which lays out a new health financing strategy for Tajikistan. The MOH has received final comments on the Strategy document from all concerned governmental institutions. The comments are being discussed and appropriate changes are being introduced to the document.

Responding to a request by the Ministry of Health and Ministry of Finance, Olga Zues, ZdravPlus Regional Health Economist, developed a capitated payment rate for rural primary health care facilities. The Ministry of Health, Ministry of Finance, the World Bank, and Project Sino commented positively on the practicality and appropriateness of the document. The Ministry of Finance accepted the document and intends to use the base formula as a tool for 2005 geographic budget allocation.

#### Health Information Systems (HIS) and Cost Accounting

ZdravPlus is working on the creation and implementation of new provider payment systems for in-patient and out-patient care in Tajikistan. This implies development of a case-based payment system for hospitals. A necessary step in this development is collection of new data and information on hospital budgets and finance, and creating a data base on clinical cases treated in order to calculate the appropriate rate of reimbursement for hospital diagnostic groups. In the past six months data collection and entry continued in four pilot hospitals (Dyakov's Republican Clinical Hospital number five, Kurgan-Tyube Oblast Hospital, Khojend Oblast Hospital, and Leninsky Rayon Hospital). To date, about 65,000 cases have been entered into the clinical database:

<b>Pilot Health Facility</b>	<b>Number of cases</b>
Dyakov's Republican Clinical Hospital	29,181
Kurgan-Tyube Oblast Hospital	15,010
Khojend Oblast Hospital	10,610
Leninsky Rayon Hospital	9,488
<b>Total</b>	<b>64,289</b>

The MOH suggested and approved 11 new pilot sites - Central Rayon Hospitals (CRH) in the Kurgan-Tyube zone (Khatlon Oblast) - to expand the Clinical Database program. The CRHs are in the following rayons: Bokhtar, Jomi, Kolkhozabad, Vakhsh, Jilikul, Kabodiyon, Kumsangir, Shahrituz, Yavan, and Kurgan-Tyube city hospital.

ZdravPlus IT consultants conducted one day training on Clinical Database program for five of the new pilot CRHs, Kurgan-Tyube city hospital and the Khatlon Oblast Medical Statistics Center. Four of the CRHs were provided with computers. The IT consultants also installed the appropriate programs, and all of the new pilots have started entering clinical data. By now about 1,000 clinical cases have been reported to Oblast Medical Statistics Center.

### ***Health Reform Dissemination***

With support from ZdravPlus, the MOH Health Reform Department conducted a health reform dissemination campaign to disseminating information on health reforms processes and concepts to health professionals. The Health Reform Department and key MOH staff, including Heads of Oblast Health Departments, have facilitated cascade seminars to provide information on health reform concepts and current reform-related activities to the health workers in rural rayons. In August and September, seminars were conducted in districts and towns of distant Gorno-Badakhshan Autonomous Region (Murgab, Ishkashim, Rushon, Roshtkala, Shugnon, Khrog, and Vanj) and the Kulob zone of Khatlon Oblast (Kulob, Vose, Farkhor, Baljuvon, Khovaling, Shurabad, and Muminobod). These were the last regions for health reform dissemination seminars. Overall these seminars were attended by about 5,000 health professionals.

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### **Legal and Policy**

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The ZdravPlus Tajikistan team, lead by the ZdravPlus Regional Director Sheila O'Dougherty, meet with the Minister of Health to discuss a number of issues related to further project activities; in particular, activities on the Guaranteed Benefit Package, Health Financing Strategy, and Health Insurance. ZdravPlus, in collaboration with other concerned counterparts, evaluated the current GBP and gave recommendation for its improvement and implementation in 2005.

ZdravPlus' legal advisor worked with MOH key personnel to address legal and regulatory issues on developing the Basic Benefit Package for the year of 2005.

ZdravPlus continued to advocate for the policy changes spelled out in the health finance strategy document, and is pushing for its approval at the national level. The MOH prepared a review of the document based on the comments from concerned institutions and will resend the document for final approval to the institutions.

ZdravPlus' legal advisor also met with key MOH personnel including the Minister of Health Mr. Fayzulloev, First Deputy Minister Mr. Temurov, Deputy Minister Ms. Sharopova, and the Heads of Health Financing, Health Reform, Health Services, and other departments to present strategic legal and policy issues in the health system using the latest examples from Kyrgyzstan. At the request of the MOH, he gave a presentation on the development of the Kyrgyzstan Health Insurance Law. In addition, the ZdravPlus legal advisor commented on the current State Guaranteed Benefit Package Program developed for Tajikistan.

## **TURKMENISTAN**

### **Six-Month Report**

### **July – December 2004**

#### **COUNTRY SUMMARY**

Over the past six months, ZdravPlus activities in Turkmenistan have continued to be successfully implemented with support from the Ministry of Health (MOH). While the environment in Turkmenistan remains both difficult and unpredictable, ZdravPlus has continued to implement its planned activities according to the long term strategies previously laid out. Additionally, ZdravPlus has found opportunities to expand activities in several challenging and exciting new areas. ZdravPlus was approached in November by the Director of the National Health Center with requests to support activities for World AIDS Day. This represents a significant shift in MOH policy, as the topic of HIV/AIDS has been extremely sensitive and largely off limits in the past. This opportunity is testament to the continued strong and collegial relationships that ZdravPlus has labored to build with the National Health Center and MOH, as well as the leadership and relative openness displayed by the Director of the Center himself. The other new area in which ZdravPlus had become involved is with health financing and the restructuring of the Turkmenistan health system. Changes in the health financing system with intended increases in efficiency, more equitable distribution of funds, and a higher quality of care are clear priorities for the Government of Turkmenistan and the MOH at present. Through involvement with a study tour to Canada and a health financing workshop in Ashgabat, ZdravPlus had engaged directly with the MOH at a high level to discuss this topic. The MOH has expressed its appreciation for this support, and is actively encouraging continued dialogue and activity in this area.

In October, Alanna Shaikh left the ZdravPlus Project, and the responsibilities of Country Representative for Turkmenistan were transitioned to Simon Smith. While continuing to be based in Almaty, he is in close contact with the Turkmenistan office by telephone and email, and will travel to Turkmenistan on a regular basis to support the program there. This transition has not affected the project's relationship with the Ministry of Health, or the ongoing activities in the country.

#### **SUMMARY OF ACTIVITIES**

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##### **Population Involvement**

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###### ***Healthy Pregnancy Training of Trainers***

ZdravPlus conducted a six day Healthy Pregnancy TOT for 20 family nurses from five IMCI pilot sites from July 12<sup>th</sup> - 17<sup>th</sup>. This was a cost sharing program with the AED/START Project. The curriculum for the training was developed in coordination with ZdravPlus, a local medical specialist (gynecologist), and two Peace Corps Volunteers. Topics covered by the training included the following communication topics: negotiation skills, effective communication, talking to your husband, and talking to your doctor; as well as healthy pregnancy topics such as nutrition during pregnancy, healthy habits, warning signs for when to visit a doctor immediately, what to expect during labor and delivery, care for newborns, the importance of breastfeeding, and changes to a mother's body during pregnancy. The group consisted of four women from each pilot velayat. All women were nurses of varying age and level of experience. The TOT program challenged many of the nurses' preexisting practices and beliefs, but through discussion the participants learned significantly from this course.

Pre- and post test were given to the participants of the seminar. The average percentage of correct answers at the beginning of the training was 31.9 percent; at the end of the seminar the figure increased to 89.4 percent; showing a 57.5 percent increase in knowledge. Upon completion of the

course, sixteen participants received certificates of trainers, while the remaining four participants received certificates of participation.

### ***Healthy Pregnancy Rollout for Family Nurses***

After successful implementation of the TOT for Healthy Pregnancy in July, ZdravPlus began the rollout of Healthy Pregnancy training in November. Two seminars took place in Lebap Velayat. The first group consisted of 19 women and one man from Farap Etrap, and the second group consisted of 20 women from Serdarabat Etrap. All participants were nurses, of varying age and experience levels.

For most participants it was their first experience in such a seminar. The training was delivered through a variety of formats including discussion, mini-lectures, and role-playing. ZdravPlus also provided trainers with video material which was used during the seminars, and which contained examples of real deliveries. Participants were surprised by the format of the seminar, but enjoyed the opportunity provided by a creative learning environment, and especially enjoyed the role-playing section. Pre- and post-tests were given to measure the participants' knowledge of healthy pregnancy issues. The first group's pre-training average knowledge score was 41.6 percent, which improved to 92.3 percent for the post-test. The second group's pre-training average knowledge score was 36 percent, which improved to 96.6 percent for the post-test. In both groups, the increase in knowledge of healthy pregnancy issues was dramatic.

In December, ZdravPlus conducted two Healthy Pregnancy seminars in Mary Velayat, Sakar-Chaga Etrap. Each group of participants consisted of 20 women. As in the first set of trainings, all of the participants were nurses, of varying age and experience levels.

Pre- and post-tests were given to measure the participants' knowledge of healthy pregnancy issues. The first group's pre-training average knowledge score was 42.6 percent, which improved to 71.3 percent for the post-test. The second group's pre-training average knowledge score was 33.6 percent, which improved to 82.4 percent for the post-test. In both groups, the increase in knowledge of healthy pregnancy issues was significant and the participants remarked upon the value of the seminar. The training events were conducted by local velayat nurse-trainers from the July TOT course and one nurse-trainer from the MCH Institute in Ashgabat, in coordination with a ZdravPlus consultant who helped to teach the TOT course

### ***Health Promotion Training***

In October, ZdravPlus conducted three Health Promotion Training sessions in cooperation with the National Health Center in Ashgabat. Each session was targeted at a different audience. The first group consisted of medical workers from houses-of-health, the second group consisted of medical workers from hospitals, and the third group was for participants from non-medical organizations who spread health promotion information. For the sessions with medical audiences, the participants were a mixture of physicians and nurses, which offered a collaborative atmosphere in which these two professions were able to exchange opinions and engage in dialogue. This was noted by the participants, and particularly by the nurse participants, as a very positive experience. The training events were designed to give participants basic current health promotion information that they would then be able to use and disseminate to the population through their various channels.

ZdravPlus also designed a handbook for health promotion workers which was distributed to all participants. This handbook contained summaries of each lesson along with important handouts. Trainers from the National Health Center provided up-to-date information on relevant health topics in supplementary booklets. Participants were primarily from Ashgabat, although some velayat representatives also attended.

### ***Health Promotion Action for Youth on World AIDS Day***

On December 1<sup>st</sup>, ZdravPlus, in cooperation with National Health Center of Turkmenistan and AED/START, had the unique opportunity to conduct a Health Promotion Action for Youth seminar, dedicated to HIV/AIDS issues. HIV/AIDS is a highly sensitive topic in Turkmenistan, and so the opportunity to discuss it so openly with youth is a significant success for the ZdravPlus program, and a valuable step forward in HIV/AIDS awareness and activity in Turkmenistan. The event focused on a group of male and female students from schools of higher education in Ashgabat. The event lasted four hours and was organized in the form of presentations, distribution of informational materials, contests, competitions, and other activities. Trainers and presenters for this event included the director of the National Health Center, specialists from the National Health Center, ZdravPlus staff, and four Peace Corps Volunteers.

The event opened with informational presentations on HIV/AIDS - its causes, effects, ways of transmission and prevention - and other STIs, which were made by specialists from the National Health Center. These presentations were followed by various activities designed to introduce information about HIV/AIDS and its transmission through games, exercises, and group participation. While the topic of the event is very serious, the program was designed to be enjoyable and participatory and adapted for the audience. Participants received informational materials about HIV/AIDS and other sexually transmitted diseases with information about anonymous consulting centers in Turkmenistan. Promotional prizes, t-shirts and other materials were also distributed to the students with encouragements to spread the message to their peers and families.

This was ZdravPlus' first experience in Turkmenistan with organizing an event focused on youth in this age group, and the first work done on this topic. Results indicate that the event was effective and positively received. Pre- and post tests were given to the students which asked basic questions to gauge level of understanding and awareness of HIV/AIDS. The tests indicated an increase in the knowledge average from 77.25 percent to 94.23 percent. In addition, the event was covered by local media coverage.

### ***Keeping Children Healthy (KCH) Campaigns***

A final KCH campaign took place in Rukhabat Etrap of Akhal Velayat in April and May 2004. In keeping with the ZdravPlus strategy for institutionalization of the KCH Campaign approach, ZdravPlus will no longer fully organize and implement health education campaigns. Instead, ZdravPlus will support local Velayat and Etrap authorities in implementing campaigns through financial support and technical assistance. Local authorities will be able to either implement existing campaigns in new areas, or develop education campaigns on new topics in etraps that have already been exposed. Currently, ZdravPlus is in contact with local authorities to begin and support this new phase of KCH campaigns.

### ***Other Activities***

As planned, health promotion materials were reprinted in September. The majority of the materials were given to the National Health Center for further distribution to the population of Turkmenistan, including the most remote regions. The remainder will be given to NGOs, Peace Corps Volunteers, and other organizations for use at various sites. The health promotional materials cover the topics of nutrition of children and pregnant women, avoidance of antibiotic use without doctor's prescription, diarrhea, breastfeeding, and healthy pregnancy.

In September, ZdravPlus staff gave a presentation to a new group of Peace Corps Volunteers, regarding ZdravPlus' activities in Turkmenistan. Future activities and plans were discussed, along with potential ways to involve PCVs in our activities, particularly in the distribution of health promotion materials.

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## **Quality Improvement**

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### ***Laboratory Training***

On July 19<sup>th</sup>, ZdravPlus, in coordination with the AED/START program, conducted a Laboratory Training program review meeting. During the review, the results of the second series of Laboratory Training courses, held from June 2003 – June 2004, were discussed. The MOH was represented in the review meeting by a MOH Senior Specialist and Chief Laboratory Physician. In his opening remarks the Chief Laboratory Specialist underscored Laboratory Training program's importance to the overall continued improvement of the health care system in Turkmenistan.

Among the 25 participants in attendance were ZdravPlus laboratory trainers from all five velayats of the country as well as laboratory specialists from Ashgabat hospitals. All participants were active in sharing their views on the implementation experience of the Laboratory Training Program. The laboratory trainers from all five velayats reported on the results of the Laboratory Training Courses implemented to date. Additionally, ZdravPlus prepared a consolidated report on the results of the Training Program from pre and post test scores. Based on these scores, the average increase in knowledge was 42.2 percent. The participants of the review meeting agreed that this figure speaks to the efficiency of the methodology used during the Laboratory Training Courses. The review meeting resulted in a recommendation to the Ministry of Health to continue with the Lab Training program. Recommendations also underscored the importance of organizing training courses for lab workers in Ashgabat houses of health. As a result of the review meeting recommendations, the MOH approved the implementation of a third series of Laboratory Trainings.

ZdravPlus and AED/START organized and conducted four five-day lab training courses in Ashgabat for a total of 80 laboratory physicians and workers in Ashgabat in November and December. Each participant received a copy of Amanda Cooper's Laboratory Training Module. Additionally, a quantity of laboratory supplies and microscopes were purchased to be used during the training, and then given to the laboratories of the trained lab workers. In response to discussion during the July review meeting, a specialist professor from the Turkmen State Medical Institute who has been trained by the Centers for Disease Control and Prevention (CDC) and works on the DOTS program made a presentation at each of the four training events on the DOTS program in Turkmenistan to further add to the participants' knowledge. The events have proved successful with an average increase in participant knowledge of 35 percent from the pre- to post tests. In subsequent meetings with the Ministry of Health, the First Deputy Minister has repeatedly mentioned the importance of the laboratory training program, and the appreciation of the MOH for its continued implementation.

### ***IPCS Training***

In coordination with the AED/START program, ZdravPlus continues to implement Interpersonal Communications Skills (IPCS) trainings in Turkmenistan. ZdravPlus worked with the MOH to gain final approval and written Prikaz to conduct IPCS training courses in Akhal and Lebap Velayats. The first course took place from October 6<sup>th</sup> – 9<sup>th</sup> for 20 nurses from Rukhabat, an IMCI pilot etrap. The course was conducted in Ashgabat by an Akhal Velayat IPCS trainer, an IPCS master trainer from the MCH Institute, and an IPCS trainer from the Turkmen Medical Institute. The second course took place from November 29<sup>th</sup> - December 2<sup>nd</sup> for 20 nurses from Serdarabat, also a pilot etrap. The course was conducted in Turkmenabat by a Lebap velayat IPCS trainer, as well as the IPCS master trainer from the MCH Institute and the IPCS trainer from the Turkmen Medical Institute.

Participant responses to this training were very positive, and nurses from both trainings reiterated that the IPCS training gave them a new perspective, approach, and understanding of how to interact with patients. Interestingly, the nurses also commented that the IPCS courses helped to improve some of their technical vocabulary in Russian and Turkmen (the course was conducted in both languages). Nurse participants suggested that the quality of their medical care would improve as a result of this course, and that they were eager to share their new knowledge and skills with other co-

workers as well. Pre- and post-test training scores indicated an average increase of knowledge of 56 percent and 67 percent, respectively. ZdravPlus endeavors to link IPCS training to clinicians from IMCI and other clinical training sites in order to compliment new clinical knowledge with improved skills in interacting with patients.

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## **Improving Resource Use**

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### ***ZdravPlus/AIHA Health Financing Study Tour to Canada***

In September, ZdravPlus and the American International Health Alliance (AIHA) organized and supported a study tour for a high level delegation of five technical experts from Turkmenistan (including representatives from the Ministry of Health, Ministry of Economy and Finance, State Tax Service, and Cabinet of Ministers) to visit Canada and view the Canadian health system. The purpose of the trip was to allow the participants to gain exposure to the Canadian health system model and specifically to the health financing and health insurance system which is in use there. The group went to Ottawa to visit the National Ministry of Health and learn about the national health system, and then traveled to Toronto to learn how the health system and health financing methods are implemented at a provincial level. Topics included the use of the Single Payer System, medical service packages, coverage and status of insured persons, funding payment systems, health information systems, the role of the Ministry of Finance and the tax policy (funding sources), and distribution and equity of service provision.

The delegation was highly engaged throughout the study tour, and focused on understanding the Canadian Health System and Canada's single payer experience in terms of its usefulness and compatibility to the Turkmenistan environment and needs. The delegation was impressed by the single payer system and its ability to enable a higher level of accessibility, equity, efficiency, and quality. This study tour helped to open up opportunities for future work with the MOH and the Government of Turkmenistan in the area of health financing.

### ***ZdravPlus/ WHO Health Financing Workshop***

On November 29<sup>th</sup> and 30<sup>th</sup>, ZdravPlus and the WHO held a workshop for the Ministry of Health to discuss topics of health financing, and to discuss the introducing health insurance by 2006 (as part of a Presidential decree). The purpose of the Turkmenistan Health Financing Workshop was to learn from international experience and adapt the relevant lessons learned to Turkmenistan; in order to develop strategies and plans to move forward on health financing in keeping with the Presidential decree on the introduction of health services.

The acting Deputy Minister Chary Mamedkuliev chaired the workshop and represented the MOH. ZdravPlus was represented by Project Director Sheila O'Dougherty, and Regional Program Manager Simon Smith. WHO consultants Igor Sheiman and Sergey Shishkin from the Russian Federation also attended as technical consultants. The workshop was attended by 53 participants, including senior level positions within the MOH, and Heads and Deputy Heads of all five velayat Health Departments. Also in attendance were directors of central velayat and etrap hospitals; representatives from Republican and Ashgabat health facilities (hospitals, clinics, and houses-of-health), the Ashgabat City Health Department; and the medical education sector; along with representatives of the Ministry of Finance and other governmental bodies who were involved in the September study tour to Canada and the United States.

The two day seminar included presentations on international experiences in health finance along with significant group work to discuss their relevance, and possible adaptations, to Turkmenistan. Topics included funds sources, funds pooling, co-payments, system structure, provider payment systems (capitation and case-based reimbursement mechanisms), and legal and taxation considerations. The event was a significant success on the part of ZdravPlus and the MOH, and the directions discussed and agreed upon in the workshop are in keeping with the ZdravPlus approach and views on viable health financing development in the region. As follow-up to this workshop, ZdravPlus wrote a short

technical report summarizing the results of the workshop, and distributed it to the MOH. The MOH has expressed its appreciation for the technical report, and is eager to continue its engagement with ZdravPlus in the area of health financing. ZdravPlus has been invited to participate in future discussions on this topic, and the MOH has requested that ZdravPlus help to frame some of technical next-steps in implementation of the topics discussed and agreed to in the workshop. It is intended that dialogue in this area will continue to expand in the future.

## ABBREVIATIONS

<b>AC</b>	Licensing and Accreditation Commission
<b>ACTED</b>	Agency for Technical Development and Cooperation
<b>ADB</b>	Asian Development Bank
<b>AED</b>	Academy for Educational Development
<b>AFPZ</b>	Association of Family Physicians in Zhezkazgan
<b>AIHA</b>	American International Health Alliance
<b>AKF</b>	Aga Khan Foundation
<b>AKHS</b>	Aga Khan Health Service
<b>ALT</b>	Adult Learning Techniques
<b>AMEE</b>	Association of Medical Education in Europe
<b>AMEG</b>	American Manufacturing Export Group
<b>AOH</b>	Agency of Health
<b>APUA</b>	Alliance for the Prudent Use of Antibiotics
<b>ARI</b>	Acute respiratory infection
<b>ASVP</b>	Association of SVPs
<b>BBP</b>	Basic Benefits Package
<b>BWAK</b>	Business Women’s Association of Kazakhstan
<b>CA</b>	(USAID) Cooperating Agency
<b>CAFE</b>	Central Asian Free Exchange
<b>CAG</b>	Community Action Grant
<b>CAP</b>	Community Action Projects
<b>CAR</b>	Central Asian Region
<b>CARINFO</b>	Central Asian Region Information
<b>CBO</b>	Community based organization
<b>CI</b>	Counterpart International
<b>CDC</b>	US Centers for Disease Control and Prevention
<b>CDD</b>	Control of diarrheal diseases
<b>CDIE</b>	Center for Development Information and Evaluation
<b>CG</b>	Community group
<b>CHD</b>	City Health Department
<b>CHH</b>	Community-Home Health
<b>CHL</b>	Center for Healthy Lifestyles
<b>CIF</b>	Clinical information form
<b>CINDI</b>	Countrywide Integrated Non-communicable Disease Intervention Program
<b>CME</b>	Continuing medical education
<b>CNE</b>	Continuing nursing education
<b>COC</b>	Combined oral contraceptive
<b>COR</b>	Council of Rectors
<b>CPG</b>	Clinical practice guidelines
<b>CPIB</b>	Central Project Implementation Bureau
<b>CQI</b>	Continuous Quality Improvement
<b>CRH</b>	Central Rayon Hospital
<b>CSG</b>	Clinical Statistical Group
<b>CSSC</b>	Civil Society Support Center
<b>CTU</b>	Contraception Technology Update
<b>DBMS</b>	Database Management System
<b>DDRP</b>	Drug Demand Reduction Project

<b>DEC</b>	Development Experience Clearing House
<b>DFID</b>	Department for International Development (United Kingdom)
<b>DIC</b>	Drug Information Center
<b>DOTS</b>	Directly observed treatment short course
<b>DRG</b>	Diagnosis related groups
<b>EBM</b>	Evidence Based Medicine
<b>EDL</b>	Essential Drug List
<b>EKG</b>	Electro Cardiogram
<b>EKO</b>	East Kazakhstan Oblast
<b>EDL</b>	Essential Drugs List
<b>EM</b>	ExxonMobil
<b>EPC</b>	Economic Policy Council
<b>F&amp;M</b>	Financing and Management
<b>FAP</b>	Feldsher/Midwife Ambulatory Post
<b>FD</b>	Family Doctor
<b>FGP</b>	Family Group Practice
<b>FGPA</b>	Family Group Practice Association
<b>FM</b>	Family Medicine
<b>FMC</b>	Family Medicine Center
<b>FMCTC</b>	Family Medicine Clinical Training Center
<b>FMNTP</b>	Family Medicine Nurse Training Program
<b>FMRP</b>	Family Medicine Residency Program
<b>FMTC</b>	Family Medicine Training Center
<b>FOP</b>	Feldsher Obstetrics Point
<b>FP</b>	Family Planning
<b>FPEI</b>	Family Planning Education International
<b>FY</b>	Fiscal Year
<b>GBAO</b>	Gorno Badakshan Autonomous Oblast
<b>GBP</b>	Guaranteed Benefit Package
<b>GBP</b>	Gorodskou Vrachevnii Punkt (Uzbekistan)
<b>GP</b>	General Practitioner
<b>GRC</b>	Grant Review Committee
<b>GSAC</b>	Government Services Adjustment Credit
<b>GTD</b>	Global Training for Development Project
<b>HA</b>	Hospital Association
<b>HCGP</b>	Healthy Communities Grants Program
<b>HCT</b>	Health Communication Team
<b>HF</b>	Health Finance
<b>HIC</b>	Health Information Center
<b>HIF</b>	Health Insurance Fund
<b>HIS</b>	Health Information System
<b>HMC</b>	Health Management Center
<b>HOH</b>	Houses of Health
<b>HPC</b>	Health Purchasing Center
<b>HR</b>	Human Resources
<b>ICD-10</b>	International Classification of Diseases Version 10
<b>ICMA</b>	International City-County Management Association
<b>ID</b>	Information Dissemination
<b>IDA</b>	International Development Association (World Bank)
<b>IDC</b>	International Diseases Code
<b>IDS</b>	Intensive Demonstration Site

<b>IEC</b>	Information, Education, and Communication
<b>IESC</b>	International Executive Service Corps
<b>IHF</b>	International Hospital Federation
<b>IKO</b>	Issyk-Kul Oblast
<b>IMCI</b>	Integrated Management of Childhood Illnesses
<b>IOH</b>	Institute of Health
<b>ION</b>	International Organizations Network
<b>IPCS</b>	Interpersonal Communication Skills
<b>IPPF</b>	International Planned Parenthood Federation
<b>IR</b>	Intermediate Result
<b>IUD</b>	Inter-Uterine Device
<b>JHPIEGO</b>	Johns Hopkins University affiliate working in reproductive health
<b>JICA</b>	Japan International Cooperation Agency
<b>JSI</b>	John Snow International, Inc.
<b>JWG</b>	Joint working group
<b>KAP</b>	Knowledge, attitudes, and practices
<b>KAFP</b>	Kazakhstan Association of Family Practitioners
<b>KCH</b>	Keeping Children Healthy
<b>KFLHP</b>	Kyrgyz-Finish Lung Health Program
<b>KFW</b>	Kreditanstalt Fuer Wiederaufbau
<b>KMPA</b>	Kazakhstani Association for Sexual and Reproductive Health (formerly known as the Kazakhstani Medical Pedagogical Association)
<b>KSICME</b>	Kyrgyz State Institute for Continuous Medical Education
<b>KSMIRCME</b>	Kyrgyz State Medical Institute on Retraining and Continuous Medical Education
<b>KSMA</b>	Kyrgyz State Medical Academy
<b>LAC</b>	Kyrgyzstan Licensing and Accreditation Commission
<b>LAM</b>	Lactational Amenorrhea Method
<b>LRC</b>	Learning Resource Center
<b>M&amp;E</b>	Monitoring and Evaluation
<b>MA</b>	Medical Academy
<b>MAC</b>	Medical Accreditation Commission
<b>MASHAV</b>	Israel's Centre for International Cooperation
<b>MCH</b>	Maternal and Child Health
<b>MCHC</b>	Maternal and Child Health Center
<b>MES</b>	Medical Economic Standards
<b>MHI</b>	Mandatory Health Insurance
<b>MHIF</b>	Mandatory Health Insurance Fund
<b>MHIG</b>	Mahalla Health Initiative Group
<b>MIC</b>	Medical Information Center
<b>MIS</b>	Medical Information System
<b>MOE</b>	Ministry of Education
<b>MOF</b>	Ministry of Finance
<b>MOH</b>	Ministry of Health
<b>MOU</b>	Memorandum of understanding
<b>MSF</b>	Medicins Sans Frontieres
<b>MTBF</b>	Medium Term Budget Framework
<b>NCC</b>	Nurse Coordinating Council
<b>NCDE</b>	National Center for Drug Expertise
<b>NDP</b>	National Drug Policy
<b>NFMRP</b>	National Family Medicine Residency Program

<b>NGO</b>	Non-Governmental Organization
<b>NHA</b>	National Health Accounts
<b>NHLC</b>	National Healthy Lifestyles Center
<b>NHPC</b>	National Health Promotion Center
<b>NIS</b>	Newly Independent States
<b>NJWG</b>	National Joint Working Group
<b>ODBP</b>	Outpatient drugs benefits package
<b>OFD</b>	Oblast Finance Department
<b>OHD</b>	Oblast Health Department
<b>OMT</b>	Office of Market Transition
<b>OPD</b>	Outpatient Department
<b>OPIB</b>	Oblast Project Implementation Bureau
<b>ORA</b>	Orphans, Refugees and Aid International
<b>ORS</b>	Oral Rehydration Solution (Rehydron)
<b>OSCE</b>	Objective Structured Clinical Exam
<b>OSI</b>	Open Society Institute (Soros Foundation)
<b>OST</b>	Office of Social Transition
<b>PACTEC</b>	Partners for Communications Technologies
<b>PAL</b>	Practical Approach to Lung Health
<b>PC</b>	Prenatal care
<b>PCV</b>	Peace Corps Volunteer
<b>PDB</b>	Population Database
<b>PEPC</b>	Promoting Effective Perinatal Care
<b>PGI</b>	Postgraduate Institute
<b>PGMI</b>	Postgraduate Medical Institute
<b>PHC</b>	Primary Health Care
<b>PHCP</b>	Primary Health Care Practice
<b>PHF</b>	Primary Healthcare Facility
<b>PIB</b>	Project Implementation Bureau
<b>PIU</b>	Project Implementation Unit
<b>PMP</b>	Performance monitoring plan
<b>POC</b>	Progestin – only contraceptive
<b>PPS</b>	Provider Payment System
<b>PRA</b>	Participatory Rapid Appraisal
<b>PSI</b>	Population Services International
<b>PTC</b>	Pharmacy and Therapeutics Committee
<b>QA</b>	Quality Assurance
<b>QI</b>	Quality Improvement
<b>QIP</b>	Quality Improvement Pilot Project
<b>QIS</b>	Quality Improvement System
<b>QPHC</b>	Quality Primary Healthcare
<b>R&amp;D</b>	Research and Development
<b>RCCME</b>	Republican Center for Continuing Medical Education
<b>RFA</b>	Request for Application
<b>RFP</b>	Request for Proposal
<b>RH</b>	Reproductive health
<b>RHPC</b>	Republican Health Promotion Center
<b>RIAC</b>	Republican Information and Analytical Center
<b>RK</b>	Republic of Kazakhstan
<b>SDC</b>	Swiss Development Corporation
<b>SES</b>	Sanitary and Epidemiological Service

<b>SHEP</b>	Sports and Health Education Project
<b>SIF</b>	Social Insurance Fund
<b>SPH</b>	School of Public Health
<b>SRC</b>	Systemic Research Center
<b>STG</b>	Standard treatment guidelines
<b>STI</b>	Sexually transmitted infection
<b>STLI</b>	Scientific Technology and Linguistics Institute
<b>SUB</b>	Small rural hospital
<b>SVA</b>	Semeinaia vrachebnii ambulatoria (Kazakhstan)
<b>SVP</b>	Semeinaia vrachebnii punkt (Kyrgyzstan)
<b>SVP</b>	Selskii vrachebnii punkt (Uzbekistan)
<b>SVPA</b>	Semeinaia vrachebnii punkt association
<b>TA</b>	Technical assistance
<b>TARF</b>	Training Activity Request Form
<b>TASHME I and II</b>	Tashkent Medical Institute I and II
<b>TIAME</b>	Tashkent Institute for Advanced Medical Education
<b>TB</b>	Tuberculosis
<b>TB/DOTS</b>	Tuberculosis / directly observed treatment short-course
<b>TIMC</b>	Tashkent International Medical Clinic
<b>TOR</b>	Terms of reference
<b>TOT</b>	Training of trainers
<b>TQM</b>	Total Quality Management
<b>TRG</b>	Training Resource Group
<b>TS</b>	Treasury system
<b>TSMU</b>	Tajik State Medical University
<b>TWG</b>	Technical Working Group
<b>UNICEF</b>	United Nations Children's Fund
<b>UNFPA</b>	United Nations Population Fund
<b>USAID</b>	United States Agency for International Development
<b>USAID/CAR</b>	United States Agency for International Development/Central Asian Region
<b>UZMPA</b>	Uzbekistan Medical Pedagogical Association
<b>WAN</b>	Wide area network
<b>WB</b>	World Bank
<b>WCHD</b>	Woman and Child Health Development Project
<b>WG</b>	Working group
<b>WHO</b>	World Health Organization
<b>WONCA</b>	World Organization of Family Doctors
<b>WTO</b>	World Trade Organization
<b>ZP</b>	ZdravPlus