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ZdravPlusII Six-month Report July – December 2007

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KAZAKHSTAN
Six-month Report
July - December 2007

The policy environment remained challenging in Kazakhstan during the second half of 2007, requiring political vigilance and close coordination with the MOH as well as international donors and organizations. However, a number of very positive movements occurred on the national level during the reporting period, including: 1) a declaration by the President that the health care budget will be increased to 4% of GDP (versus 2.3%, currently) in the near future, 2) a determination on the part of the GOK to address Treasury System issues, and 3) preliminary approval of the World Bank Health Sector Institutional Reform and Technology Transfer (IRTT) Project. On the other hand, some negative national-level events occurred over the past six months, including opposition to the single payer system and oblast pooling of health care funds by some officials, and attempts to introduce personal medical savings accounts and to reintroduce mandatory health insurance (which were mitigated through the consorted efforts of ZdravPlus, World Bank, and the WHO).

The end of 2007 marked the completion of Phase I of the State Health Care Development Program. Phase II of the Program now aims to deepen and expand health system reforms in areas requiring further attention, such as 1) clinical quality, education, and health management, and 2) the development and harmonization of the legal and regulative base needed to fortify the reforms, especially within the treasury system. Phase II of the reforms will be implemented within the context of a new World Bank Health Sector Institutional Reform and Technology Transfer (IRTT) Project. Health reforms implemented during the last decade have created a solid health foundation that will support the consistent, stepwise expansion of the reforms going forward, including core institutional elements such as: 1) a restructured health care delivery system that prioritizes PHC and family medicine at its core; 2) broad health financing reforms, including the single payer system, oblast-level pooling of funds, and incentive-based provider payment systems; 3) health information systems that support the health purchasing function, and 4) regional Medical Information Centers. Clinical and education reforms are also expected to expand considerably during Phase II and will also be supported through the World Bank Project IRTT Project. ZdravPlus contributed significantly to the design of the World Bank Project during the reporting period, particularly in the development of scopes of work and tasks for Bank consultants and input to the Project Operational Manual (POM), which will guide and support implementation of the project over the next five years.

Stewardship

Over the past six months ZdravPlus continued to pursue the following strategic health care legal and policy development goals:

- Maintain and develop national health policy that supports and ensures the consistent implementation, evolution and transition of health reforms in accordance with Stage II of the State Health Care Development Program (2008-2010) – within the context of the World Bank IRTT Project;
- Protect and strengthen the existing health care legal base so that it supports: 1) the core health financing structure – based on the single-payer system, oblast pooling of funds, and new provider payment systems; 2) the restructuring of the health care system centered on PHC and family medicine approaches; and 3) EBM and evidence-based clinical practices in internal medicine (Arterial Hypertension) and maternal and child health (MCH);
- Improve institutional structure, roles, and relationships within the MOH and its committees, and increase the management autonomy of health care providers, particularly in the context of the ongoing national administrative reforms;
- Create synergies and leverage resources and expertise through collaboration and coordination with international donors and partners such as the World Bank and WHO, accomplished during over

the past six months primarily through technical support for the design of the World Bank IRTT Project.

Legal and Policy

Administrative Reform

After dramatic changes in the MOH that took place in the beginning of 2007, the structure and staff of the MOH remained largely unchanged, and some changes that took place can be interpreted as positive. Within the framework of the national administrative reforms, a new position of Executive Secretary under the Ministry of Health was established. This new position, equal to that of a Vice Minister, is positive and significant in that the Executive Secretary would not resign in the event that the Government resigned, thus ensuring institutional continuity. A new Policy Development Unit was organized under the MOH Strategic Development Department. Serik Taninbergenov, the former Head of the progressive Aktyubinsk Medical Information Center (MIC) – recommended by ZdravPlus for the post – was appointed to this key position. Given these changes, ZdravPlus continued building the capacity of MOH staff, including new members, and their ability to implement health reforms, and also continued its support for MOH working groups. A new team of capable, reform-oriented policy makers with much potential to lead reforms into the future has formed within the MOH. In addition to its support for the MOH, ZdravPlus maintained routine policy dialogue and continued providing technical input on major aspects of health care reform, the single payer system, oblast pooling of funds, and provider payment systems.

World Bank Health Sector Institutional Reform and Technology Transfer Project (IRTT)

The design of the World Bank IRTT Project – which will support the implementation of institutional reform and the transfer of internationally proven technologies to the health sector – was accomplished during the first half of 2007, gaining preliminary government approval. ZdravPlus support for the design of the IRTT Project including assistance in defining priorities, shaping key tasks, and developing a set of related technical documents. Over the past six months policy dialogue focused on protecting the project design from undesirable changes, and also using the project as a political tool to gain further support from the MOH for key health reform priorities, such as health financing reforms. Specifically, ZdravPlus in collaboration with the World Bank provided technical assistance to the Ministry of Health to draft a policy letter expressing the political will of the MOH for supporting the single payer system, oblast-level pooling of funds, and other health financing reforms in line with the SHCDP and World Bank IRTT Project priorities. Significant contributions were also made to the IRTT Project Operational Manual (POM), which sets an operational framework for project implementation, and to developing scopes of work for IRTT consultants and coordinators. This work will be completed in early 2008. On December 4, the World Bank and GOK entered final negotiations on the Project and there is a good chance that the approved project will closely resemble its original design. The procurement process is expected to start in February 2008, and the project launch is scheduled for mid-year 2008. ZdravPlus will actively participate in the procurement and implementation processes as appropriate and as opportunities present themselves.

Health Care Code

In December, in accordance with the SHCDP implementation plan, the MOH has submitted to Parliament the draft “Health Care Code.” The new Code attempts to harmonize all laws and regulations and define roles and relationships between all entities in the health care system. The Code will replace a number of current laws, including the Laws on Health of the Nation and the Health System, Government Decrees, and MOH Orders. Given the importance of this new Code, ZdravPlus has worked closely with the MOH Strategic Development Department on finalizing the draft. A number of changes proposed by ZdravPlus that support health reform priorities were introduced into the draft, including improved conditions for new provider payment systems, rational allocation of functions and responsibilities between levels of government, and private sector development. The Code was published in The Kazakhstanskaya Pravda newspaper in October to encourage public discussion.

Funds Pooling

Oblast-level pooling of funds – critical to equity and efficiency in the health system – is one of the major achievements of the health financing reforms in Kazakhstan. At the same time, oblast-level

funds pooling remains one of the most vulnerable elements of health financing reform, requiring continuous political support and technical capacity building on the oblast level. Over the past six months ZdravPlus, in collaboration with the World Bank and WHO, made significant efforts to protect oblast funds pooling, as described in a number of sections of this report. As a specific example, the Parliamentary Committee on Social and Cultural Development made a request that the Government consider decentralizing health care budgets to rayon level. ZdravPlus coordinated and consolidated international expertise to argue against further decentralization. During the past six months we continuously promoted the single payer system at all levels, providing analytical documents summarizing international experience in funds pooling to decision makers and using the design phase of the World Bank IRTT Project as leverage to this end. In addition, we engaged in policy dialogue regarding the threat that health insurance and medical savings accounts pose to pooling of funds. As a result, the new edition of the Budget Code approved by the President in December 2007 confirms oblast-level pooling of funds, which marks an important ZdravPlus achievement for the second half of 2007.

Treasury System and Provider Payment

Cumbersome Treasury System regulations remain the major obstacles to the successful implementation of new provider payment systems, and supporting policy dialogue on the simplification of Treasury System so that it can be more responsive to health care financing reform was a key ZdravPlus priority during the reporting period. Policy dialogue involved all key stakeholders, including the Prime Minister's Administration, the Ministry of Finance, Ministry of Economy and Budget Planning, Ministry of Justice, and other government agencies. In October the Government held a national meeting on the Treasury System and its impact on the efficiency of health financing reforms. ZdravPlus participated in preparing and conducting the event by assisting the MOH in developing their presentation and making our own presentation on the shared position of WHO, World Bank and ZdravPlus that provided rationale for the simplifying the Treasury System. Participants recognized that inefficiencies in the Treasury System have a negative impact on health finance reform and initiated the creation of a National Working Group to address this important issue in 2008. To reinforce these efforts, Treasury System Reform has also been included into the World Bank Project design. ZdravPlus will work closely with both the GOK and World Bank on this issue over the course of the next two years of the Project.

Mandatory Health Insurance

Reintroduction of Mandatory Health Insurance (MHI) is an issue occasionally raised at the national level and is lobbied for by various stakeholders. ZdravPlus has always carefully watched discussions around MHI to mitigate the potential negative developments, such as premature introduction of MHI and dismantling of the single payer system. Over recent months, ZdravPlus focused on providing technical assistance to the MOH (through an MOH subcontractor, ZdravConsult Company) in researching the existence of the conditions necessary for implementation of MHI, and potential threats and benefits related to MHI. ZdravPlus, World Bank and WHO prepared and submitted for MOH consideration joint comments on MHI that supported the conclusions of the resulting research paper, which recommended that MHI not be reintroduced at this period of health care reforms. While arguing against the introduction of MHI under current conditions, ZdravPlus, World Bank and WHO reiterated the benefits of the single payer system and oblast-level pooling of funds, and supported the development of voluntary health insurance.

Medical Savings Accounts

The Parliamentary Committee on Social and Cultural Development proposed the introduction of Medical Savings Accounts (MSAs), which are generally defined as an individual or family savings account from which routine medical expenses are paid. It is the position of ZdravPlus and international organizations such as World Bank that introducing MSAs is a risky proposition as the conditions required for their success do not appear to currently exist in Kazakhstan (e.g. a developed formal economy with legal labor force, mechanisms to protect the poor and vulnerable, and effective channels for consumers to educate themselves on providers, services, and their rights). ZdravPlus held meetings with members of Parliament to provide information and to share international experiences in order to consolidate a knowledgeable opposition. Similar meetings and consultations were held with representatives of the Ministry of Health, Ministry of Economy and Budget Planning, and Ministry of Finance.

Legal and Organizational Status of Health Care Providers

Increasing the autonomy of health care provider and the flexibility of the health purchaser are key conditions for the successful implementation of health finance reform. This element of health reform is closely connected with the legal status of health providers. Over the past six months, ZdravPlus made use of many opportunities to promote provider autonomy as an integral part of health financing and management reforms. For example, because of ZdravPlus suggestions, a specific indicator, “Percent of health providers with the status of ‘state enterprise’,” was introduced in the national rating system for oblast governors. “State enterprise” legal status allows health providers a much greater degree of autonomy in managing their internal resources, and the introduction of the indicator encourages oblast governors and health departments to retain and/or transition existing facilities into this legal and organizational status. Activities that support improvements in provider autonomy have also been prioritized for Year I of the World Bank IRTT Project.

National Integrated Health Information System (NIHIS)

ZdravPlus contributed to the development of the national HIS through participation in the national working group and through providing technical assistance to IT companies contracted by the MOH to coordinate HIS effort. (Please see the Resource Use section of the report for further detail).

ZdravPlus provided technical assistance to the MOH and World Bank in developing scopes of work for consultancy related to the HIS component of the World Bank IRTT Project.

EBM/CPGs and Quality Assurance

Policy dialogue continued aimed at ensuring funding of CPG development and implementation activities from the state budget, and incorporating EBM principals into medical and pharmacy education. Earlier in the 2007 ZdravPlus focused on developing the Quality and EBM promotion component of the World Bank Project, and as a result this component covers all areas and activities related to EBM and quality improvement that are also prioritized under the ZdravPlus Project. During the second half of the year, efforts centered on developing specific scopes of work for EBM/Quality consultancy within the World Bank Project.

The Kazakhstan Association of Family Practitioners (KAFP): PHC and Family Medicine

KAFP continued to pursue opportunities to promote itself as a professional family medicine association to international, national and local audiences and advocated for PHC and family medicine reforms among local policy makers and health professionals. In October KAFP participated in the American Academy of Family Physicians (AAFP) annual scientific meeting in Chicago, where they promote KAFP to an international audience and shared international experiences in developing family medicine practice. During this trip KAFP took the opportunity to apply for grants awarded by an American private family medicine foundation to support the training of family medicine trainers and new residency students, as well as subscriptions for clinical materials on compact disk and on-line. The grant applications were successfully approved. In October the KAFP Akmola Oblast branch succeeded in securing a \$78,000 Embassy of Japan “Grassroots Project Grant” for the development of a Cardiology Patient Club based at the “Kokshe” FGP.

KAFP is also making more active use of information technologies such as Internet in promoting family medicine, PHC, and EBM approaches to faculty members, PHC physicians, and students. The Almaty PGI Family Medicine Faculty, KAFP members and students participated in an Internet session organized by the Russian Internists’ Organization of Moscow in September, and KAFP continued maintaining and updating its web-site, publishing several new items developed for Chronic Obstructive Pulmonary Disease (COPD) Day.

KAFP continued their support family practitioners’ initiatives to promote PHC services to health care professionals and their communities – an open house implemented by the Karaganda Mixed Polyclinic #2 is a good example of such activities (please see details in the Population Involvement section of the report).

Internal Medicine/Arterial Hypertension

Cardiovascular disease remains a high priority for the Government and MOH. ZdravPlus continued its advocacy for increased attention to hypertension prevention, early diagnosis, and appropriate treatment through publications prepared jointly with the Cardiology Institute and pilot implementers,

and also through presentations at national conferences and medical schools. Highlight of such activities occurring over the past six months include:

- In September ZdravPlus supported the School of Public Health in conducting the VI Annual International Conference “Contemporary Issues of Public Health.” ZdravPlus and KAFP contributed to the conference by making presentations on 1) EBM promotion, 2) implementation of the AH IIP, and 3) the AH Clinical Module – developed by PGI/KAFP as an instrument for the AH CPG implementation.
- ZdravPlus published an article summarizing AH IIP results that was disseminated at two national conferences, one that was devoted to the 30th Anniversary of the Cardiology Institute and a second conference on “The role of Healthy Lifestyles in Preventing Non-communicable Diseases,” conducted by the International Scientific Conference.
- An article prepared for publication by ZdravPlus describing the AH IIP in Kazakhstan was accepted for publication by “Global Public Health,” an international peer-reviewed journal for research, policy and practice. The special issue of the journal in which the article will appear is dedicated to the Global Health Council annual conference.

Family Planning and Safe Motherhood

In collaboration with the WHO, UNICEF, and UNFPA, ZdravPlus continued providing technical assistance to the MOH and MCH Center in implementing MPS/PEPC strategies and improving the regulatory base, which included some changes to SES regulations. ZdravPlus contributed to the MOH National Working Groups revising regulative documents for MCH services, including the MOH’s Orders on Operation of Maternity Hospitals and Operation of Women’s Consultations, and assisted in developing the 2008-2010 Health Sector Program to reduce maternal and neonatal mortality. Changes reflecting the WHO effective perinatal care standards were introduced to all respective documents. Further steps in promoting MPS/PEPC in medical education were taken during the national conference on Effective Perinatal Care (EPC) in Obstetrics, conducted by the National Medical University in Almaty. The conference brought together 210 participants representing all medical academies of Kazakhstan. At the invitation of ZdravPlus, a WHO-certified international specialist delivered a series of lectures that were received positively by participants.

Earmarked family planning funds allowed for the promotion of family planning methods on the national, oblast, and provider levels. Family planning promotion activities were augmented by the distribution of contraceptive methods donated by the manufacturer Organon to support our FP/RH/SM pilots in counseling pregnant, post-partum and post-abortion women to reduce the abortion rate in Kazakhstan. (Please see Service Delivery section of the report for further detail). In September, a team of regional ZdravPlus experts participated in the conference “Best Practices in Family Planning in Europe and Eurasia Region,” held alongside the Romanian Family Health Initiative’s End of Project Conference. Participants discussed successful approaches and strategies in family planning and challenges to effective family planning service delivery in the Eastern Europe and Eurasia region. ZdravPlus presented the family planning population information materials it developed during the current programming year.

Tuberculosis (TB)

ZdravPlus in close collaboration with Project HOPE and counterparts continued participating in the national thematic working groups on TB during the second half of 2007. In September, ZdravPlus began providing technical assistance to the development of the Kazakhstan National Guidelines on TB and MDR-TB Control in collaboration with the National TB Program and other international donor organizations. It is expected that the new guidelines will compliment MOH decrees on TB and MDR-TB Control in Kazakhstan that were approved in 2007, and will contain detailed practical information for both PHC and TB services providers.

Institutional Structure, Roles and Relationships

MOH and OHD Functional Specification and Tenders

Within the context of ongoing National Administrative Reform, ZdravPlus continued supporting the MOH and national and oblast health care agencies in clarifying their institutional functions, roles,

responsibilities, and authorities in relation to 1) broader health policy development issues; 2) health financing and the single payer system; 3) Medical Information Centers; 4) monitoring the implementation of health care reforms and provider performance; 5) development, implementation and monitoring of clinical guidelines; and 6) quality improvement and provider attestation. Within the SHCDP the MOH has initiated the development of a national Medical Information Center to be completed in 2008. ZdravPlus paid considerable attention to this issue and provided recommendations on the institutional roles and functions of the national MIC due to the historical lack of clarity and duplication of oblast-level responsibilities within the context of health information systems. This work will continue in 2008. ZdravPlus also invested significant effort in developing technical tasks and scopes of work for tenders under the World Bank IRTT Project, advising on the roles and functions of individual participating agencies. The primary responsibility of the MOH for determining strategies, policies, and methodological approaches for the health sector was emphasized. KAFP also strengthened its institutional role as a representative of professional associations in the Physician Higher Attestation Committee, participating in attestation meetings and supporting PHC providers to prepare for and pass the national attestation (Please see the KAFP section of the report).

Policy Marketing and Public Relations

The importance of marketing the health reforms to policy makers, health professionals, and the broad public is generally acknowledged by the MOH and the Government both at the national and oblast levels. However, while some oblasts such as Karaganda Oblast have plans to promote health reforms consistent with the SHCD Program, little visible progress has been made in this direction at the national level. Policy marketing focused on the health financing reforms has been included in the World Bank IRTT Project design, so there is hope that national policy marketing will take shape within the WB Project framework. ZdravPlus will contribute this work to the extent possible. Over the past six months we adhered to the proven strategy of promoting health reform using scheduled programmatic events as vehicles, as well as other opportunities, including national roundtables, conferences, summary reports provided to various target audiences (e.g. national- and oblast-level working groups, OHDs, and providers), and publications prepared by the Project to promote the successes of health reforms in specific areas.

One important policy marketing promotion opportunity occurred on the occasion of the National Congress of Physicians that took place in Astana in October and was host to 1500 participants, including health policy makers and physicians from Kazakhstan and other CIS countries. A roundtable on health care strategy development conducted within the framework of the Congress provided a forum to discuss health financing issues. ZdravPlus provided technical assistance in developing key presentations and ZdravPlus Regional Director Sheila O'Dougherty made a lead presentation.

Monitoring and Evaluation

National Monitoring Systems

The current national health reform implementation monitoring system – although cumbersome in the number of indicators it employs – allows for the collection of data and generation of reports to the government on SHCDP progress. When the monitoring system was created in 2006-2007, ZdravPlus provided technical assistance to its primary developer, the National Center for Healthy Lifestyles (NCHLS), to optimize the menu of indicators and ensure that key PHC indicators were included. In 2007, as the next step in developing a national monitoring and evaluation function, the MOH initiated the creation of a new national monitoring system to evaluate performance results of health organizations and health administrations delegated to the same national agency (NCHLS) that currently manages the system. ZdravPlus has contributed to the development of the new system through working groups and a technical review of the final draft in November that focused PHC, internal medicine, and maternal and child health.

ZdravPlus provided technical input to the National Institute of Health Care Development, which the MOH has assigned the task of developing a CPG implementation monitoring system. ZdravPlus provided a summary of international experiences in this area and also provided technical comments on the final draft. The Project disagreed in principle with the approach proposed by the developers, which connects CPG implementation to the costing of health care services. Such an approach risks reverting

to budget formation based on inputs instead of outputs (i.e. improved health outcomes) and provider incentives. It could also conflict with the evolutionary nature of clinical protocols, which must be revised as new clinical evidence becomes available (every five years, on average).

PHC Monitoring System

Maintenance of the oblast PHC monitoring system continued in Karaganda and EKO, generating evidence that providers and health care managers can use to support decision making processes. A quarterly working group meeting took place in Semipalatinsk to summarize the monitoring results. A number of positive results were discussed, including: an increase in PHC visits for prevention from 21.7% to 27.3%; an increase in vaccination coverage from 7.7% to 9.7%; a reduction in referrals from PHC to narrow specialists from 21.4% to 11.9%; and a reduction in the abortion rate from 64 per 100 births to 30 per 100 births. (All figures represent changes from baseline in 2003 to 2007).

Throughout 2007, ZdravPlus worked with the MOH, OHDs, and OHD MICs to prepare for the introduction of the two-level capitated rate in 2008. With the support of ZdravPlus, the Karaganda Oblast Health Department and MIC have taken the lead in piloting this new incentive-driven payment mechanism, and have served as a methodological center for other oblasts in sharing experiences and lessons learned.

Simple, user-friendly systems have successfully matured in pilot facilities and were rolled out to Pavlodar, Kokshetau and Semipalatinsk through KAFP branches, covering maternity and newborn services and family planning (both at hospital and PHC levels) and arterial hypertension services (at PHC level). (Please see Service Delivery section of this report for further details).

Donor/Project Collaboration and Coordination

ZdravPlus continued to collaborate and coordinate with all donors/projects supporting the MOH in implementing the SHCDP during the second half of 2007. Emphasis was placed on working with the MOH and World Bank to prepare the World Bank IRTT Project for launch its launch 2008.

World Bank Health Sector Institutional Reform and Technology Transfer (IRTT) Project

Continuous technical assistance was provided to the WB and MOH in preparing for the launch of the WB IRTT project. Specifically, the Project offered support in drafting core documents including the Project Operational Manual (POM) and Scopes of Work for project coordinators and consultants.

Collaboration with WHO, UN Agencies, and World Bank

ZdravPlus continued collaborating with the WHO and WB as described elsewhere in this report, with a focus on coordinating shared positions and approaches to key policy issues, as well as technical assistance to the MOH on health finance issues such as funds pooling and Mandatory Health Insurance. Collaboration with the WHO, UNICEF, UNFPA in implementing MPS/PEPC strategies, sharing results, and consolidating implementation efforts was also a priority. In the area of public health, ZdravPlus collaborated with Project Hope and the CDC on TB issues through national technical groups and other discrete activities (summarized in the TB section of the report).

While collaborating with long-standing international partners as described above, ZdravPlus also took advantage of emerging opportunities for collaboration with new stakeholders such as the European Commission, which is launching a new project in 2008 focusing on: 1) providing support to the MOH in implementing trainings; 2) improving MCH services; and 3) educating the population through NGO involvement. ZdravPlus held a meeting with the leader of the project and agreed on initial areas of collaboration.

Resource Use

Over the past six months ZdravPlus continued working with the MOH, MOEBP, MOF and oblast-level implementers to support SHCDP implementation in the following specific areas: 1) restructuring of the health care delivery system; 2) health financing, including the single payer system, oblast-level funds pooling, and provider payment systems; 3) health information systems; and 4) health management. The Project also prioritized our close collaboration with the World Bank and MOH in

developing scopes of work for consultants in health financing, health information systems, and health management components of the World Bank IRTT Project.

Health Care Delivery System Restructuring and Human Resources Planning

In accordance with the SHCDP Implementation Plan, the MOH and oblasts continued restructuring the health care delivery system centered on PHC. Through KAFP, ZdravPlus continued providing technical assistance to the MOH and oblasts in the development of family group practices and mixed polyclinics as core elements of the PHC delivery structure. The Astana KAFP Branch contributed to the creation of a PHC Development Concept that focuses on restructuring the PHC system through the formation of mixed practice PHC Centers in Astana. The plan is presently coming to fruition as PHC facilities are reorganized into mixed practices that include separate General Practice Departments as well as Specialty Care Units.

As mentioned previously in the Stewardship section of this report, ZdravPlus provided technical input in developing specific indicators for the oblast governors rating system against which governors' performance will be evaluated. At the suggestion of ZdravPlus, the indicator "Percent of expenditures to PHC of the oblast health budget" was included in the system. This indicator will encourage reallocation of resources and drive further reorganization of the system around PHC.

Health Financing

Health Budget Program Consolidation

The consolidation of health budget programs is one of the key elements of health financing reform, and impacts considerable on the structure of the health care delivery system. Historically, the health care budget has been split into multiple programs and subprograms with minimal flexibility in reallocating resources between programs. These divisions between programs and funds flows have always been an obstacle to the efficient use of health resources and optimization of the health delivery system. ZdravPlus has worked with the MOH, MOF, and MOEBP over the years to consolidate the multiple health care programs and funding mechanisms. In late 2007, the MOE assigned pilot status to South Kazakhstan Oblast for consolidating all health budget programs into one, and the model is expected to be implemented nationally based on the results of the pilot. This is one of the most important achievements in the health financing for the reporting period.

Oblast Single-payer System

Removing technical the barriers to implementing the oblast single-payer system remained a ZdravPlus priority during the second half of 2007. Major obstacles to implementation include rigid and cumbersome treasury system procedures that impede effective reallocation of pooled health resources, and insufficient consolidation of health budget programs that reduces the health purchaser's ability in use health resources efficiently. ZdravPlus continued to address these two issues, achieving some success as described elsewhere in this report. An inadequate reward system for health care providers – that does not match the competitive market relationships emerging in Kazakhstan's health care system – is another obstacle to the oblast single payer system. ZdravPlus continued providing technical assistance in addressing this issue by supporting the implementation of a two-level capitated rate for PHC that includes a "bonus" component.

Treasury System

As described in detail in the Stewardship section of this report, ZdravPlus addressed treasury system issues in close collaboration with the World Bank during the second half of 2007. Together with World Bank, the Project analyzed current problems in the treasury system and provided recommendations to the MOH and GOK on how best to reorganize the system.

Provider Payment System Refinement

The two-level capitated rate for PHC and the case-based hospital care payment system institutionalized by MOH Order #665 and Government Decree #965, respectively, are the core provider payment methods implemented nationally. The background and evolution of these incentive-driven provider payment methods over years of health reform are summarized in the previous six month report (January-June 2007). ZdravPlus continues supporting implementation of the two-level capitated rate and the hospital payment system using the updated DRG system in oblasts. Both

provider payment systems and the accompanying health information systems are a core element of World Bank IRTT Project. ZdravPlus contributed to the development of the World Bank Project's scopes of work and tasks for further refinement and implementation of the PPS connected to the HIS. We will continue collaborating with the World Bank on these issues.

Outpatient Fee Schedule

At the request of the MOH and with ZdravPlus technical support, the Karaganda Medical Information Center has been working on developing an updated and upgraded outpatient fee schedule – a payment system for outpatient specialty services. Their work began in July, and they have since developed technical approaches to costing health services and collecting data. ZdravPlus provided the Karaganda MIC with technical recommendations on costing outpatient specialty services and assisted with calculating fixed and overhead costs as well as costs associated with specific medical services. As part of the development process, the Karaganda Oblast Health Department hosted a national seminar in November on the outpatient fee schedule, which was attended by participants from the MOH and Aktubinsk, Pavlodar, East Kazakhstan, North Kazakhstan, South Kazakhstan, and Karaganda oblasts. ZdravPlus provided technical assistance and actively participated in the discussions. The fee schedule was completed in late 2007 and submitted to the MOH for approval.

Outpatient Drug Benefits Package (ODBP)

Improving the management of the ODBP program remains an important issue, and one which has been acknowledged by the MOH Pharmacy Committee. While health professionals and patients alike have welcomed the ODBP, the information management system that supports its operation is inadequate. The data collected through the current information management system is of poor quality. Oftentimes, pieces of information such as the name or dosage of the prescribed medicine, the name of the FGP that prescribed the drug, the name of the pharmacy that dispensed the drug (all of which are required for appropriate reimbursement) are oftentimes recorded incorrectly or missing altogether. The excessive amount of information that must be entered into the system is another drawback to the current system. Finally, the system's software program does not support intelligent and systematized data processing such that meaningful reports can be easily generated for decision makers at national and local levels.

In the course of meetings and consultations over the past year, a greater degree of understanding has been reached among high-level Pharmacy Committee officials with regard to these flaws. As a result, the Pharmacy Committee began to take steps to improve the situation, including the revision of the ODB management information system. During the past six months ZdravPlus provided technical assistance to the MOH and Pharmacy Committee to make the program more user-friendly and consistent with its analytical needs. The revision of the ODB management information system is expected to be completed in early 2008. The ODPB is also a priority component of the World Bank IRTT Project. ZdravPlus will continue supporting the MOH and collaborating with the World Bank on improving the content and management of the ODBP in the coming year.

Finally, as resources and opportunities allowed, ZdravPlus provided technical input on such health finance issues as budget formation, the geographic resource allocation formula, national health accounts, and privatization.

Health Information Systems

Efforts in the area of health information systems during the second half of 2007 focused on 1) maintaining and developing the Karaganda Integrated HIS; 2) supporting provider payment systems operated through the HIS; 3) supporting the development of the national HIS; and 4) contributing to the HIS development component of the World Bank IRTT Project.

ZdravPlus continued to provide ongoing support to maintain HISs in Karaganda and East Kazakhstan oblasts, which support provider payment systems, population databases, PHC monitoring, the ODBP, and AH and FP/RH/SM quality improvement programs.

ZdravPlus contributed to the development of the national HIS through participation in the national working group, through technical assistance for IT companies contracted by the MOH, and through reviewing technical documentation. Specifically, the Project:

- Participated in and contributed to information and coordination meetings with the MOH, Ministry of Labor and Social Protection, Ministry of Justice, Ministry of Internal Affairs, Ministry of Defense, Agency for Computerization, and others. The Project also held meetings with end clients in pilot sites and made clarifications regarding the IHIS and its relation to other information systems created within the e-government system framework.
- Provided international IT consultants with comprehensive information on the evolution of provider payment systems and HIS in the country, and the development and implementation of the national integrated HIS. Much attention was given to educating HIS developers on provider payment systems and their connection to the HIS.
- Reviewed and provided recommendations on analytical reports on IHIS implementation progress prepared by the international IT consultants. The consultants were generally positive in their assessments of IHIS development and implementation. Major recommendations include improving organization and coordination of the design process; improving standardization; integrating clinical protocols into the system; involving end clients –including professional associations – in the development process; training staff, and improving intersectoral collaboration. ZdravPlus will continue to support the MOH in addressing the above issues.

Health Management

Specific Support for Service Delivery Programs

Through the AH and FP/RH/SM programs, ZdravPlus continued supporting oblast health departments and individual providers to improve their ability to manage their internal resources more effectively. At the Project's invitation, a WHO-certified international consultant made follow-up visits to four pilot maternity hospitals in Almaty, providing recommendations on investments in staff training; maintaining and improving individual birthing rooms in maternity hospitals; and equipment.

ZdravPlus advocated for investment in appropriate areas of the EPS/PEPC program during meetings at the Karaganda OHD, SKO, and Almaty national seminars on Effective Perinatal Care (EPC) in Obstetrics, national working group meetings and other events. In AH, specific recommendations on drug treatment choices and tests were made based on the findings of chart reviews implemented at pilot sites during the reporting period. (Please see Service Delivery section for further details).

Service Delivery

General Health Care System Functions

Family Medicine Residency Program

KAFP invited doctors and Medical School graduates from all parts of Kazakhstan to submit applications and received a total of 12 applications. Following residency entrance examinations, the Almaty PGI FM Faculty selected six new residency students for 2007-2009, and the student started their two-year program in September.

Project Consultant Support to KAFP

In July ZdravPlus consultants David and Hilda Kuter worked closely with the ZdravPlus Safe Motherhood PHC sites in Almaty and Astana to observe obstetrical and prenatal care practices, the operation of prenatal schools, and family planning counseling. The purpose of their work was to identify and document best practices and practices requiring improvement, and to provide peer counseling and support to practicing doctors. The consultants report notes that, "there has been extensive implementation of some of the practices taught in the safe motherhood program. The attitude toward patients is distinctly better than we saw years ago. Most women were taking iron, iodine, and folic acid appropriately, which is a marked improvement from past experience. In all clinics, women are offered prenatal classes for themselves and their partners. In some clinics these classes are vigorously promoted."

At the same time the report concludes, "There is still much room for improvement. The prenatal classes are not always convenient for the mother and partner. In many clinics, there should be more widespread use of appropriate written patient handouts. There is still vast over-medicalization of

prenatal care with excessive narrow specialty visits, excessive testing, far too many medications based on out-dated and unscientific protocols which are still enforced, and far too many false diagnoses and hyperdiagnoses leading to hospitalization, infusions, and even unnecessary Cesarean sections. Making changes in these areas will require attention to MOH policy, conflicting orders and protocols, and support from all levels of administration.” In 2008 ZdravPlus will continue to focus on advancing improvements in these areas.

KAFP: EBM

KAFP continued playing a role in promoting EBM to the broad public and providing EBM trainings to PHC professionals. Important events over the last six months included the KAFP President’s participation in a popular TV show, “Better to Be Healthy,” where she discussed the principles of EBM, as well as an EBM training course provided in partnership with the PGI for practicing physicians on the critical assessment of clinical literature and its correspondence with evidence-based medical practice.

EBM/CPC Development

ZdravPlus continued to support the Cardiology Institute in its effort to develop a new AH CPG for primary- and hospital-level care. ZdravPlus encouraged the Institute to utilize CPG development methodology developed by the Project and approved by the MOH, as well as the AGREE instrument and expert review by KAFP and the DIC. The process, however, has been slow and difficult – revealing a lack of capacity within the Cardiology Institute, a lack of resources, and insufficient incentives for developers who are overburdened with their regular workloads. While these are key issues that must be addressed in terms of future CPG development, the Institute has made progress in developing the new AH CPG, which is expected to be completed in 2008.

Quality Assurance: PHC Provider Attestation

KAFP actively participated in the PHC Provider Attestation process as a member of the Highest General Practitioner and Internist Category Attestation Commission. During the reporting period it contributed to Commission meetings and provided support for the application process to its members in Kyzyl-Orda, Zhezkazgan, and Akmola. Forty-five PHC physicians from all parts of Kazakhstan were awarded this category over the reporting period.

Pharmaceuticals and DIC

ZdravPlus advised on the development of a National Drug Prices Monitoring System, which the MOH is designing as a component of the National Integrated HIS. The new system will allow the MOH to obtain information on drug prices from throughout the distribution chain (i.e. from manufacturer to retailer). The monitoring system will also collect data on public drug procurement.

Consistency between Kazakhstan’s Essential Drug List (EDL) and the WHO EDL, and the role of medicines in addressing maternal and child mortality are two important issues that the MOH and the National Formulary Committee (NFC) are addressing with ZdravPlus support. ZdravPlus made presentations on these two important issues at a November meeting of the NFC. ZdravPlus also provided technical assistance to the NFC over the reporting period to support its efforts to improve NFC operations. Following the Project’s assistance in drafting a 2006 Order governing the operational framework of the NFC, ZdravPlus continued to advocate for improving the clarity and transparency of selection procedures for EDL medicines.

With ZdravPlus support, the DIC made a successful bid in 2007 for an MOH grant to develop a National Drug Formulary Reference book, which lists all of the medicines that are on the National Essential Medicines List and provides a brief description of indications, dosage, common adverse affects, and counter indications for each medicine.

Physical Infrastructure

ZdravPlus technical assistance in this area continued targeting AH and FP/RH/SM pilots as a priority. At the provider level, ZdravPlus helped the AH and FP/RH/SM pilots assess their infrastructure needs through on-going monitoring and mentoring visits, and provided recommendations to the pilots in organizing and equipping maternity hospitals, prenatal schools and AH schools for patients. These recommendations were disseminated on the oblast and national level through working groups, meetings, and other channels.

CPG Implementation/Quality Improvement/Integrated Improvement Projects (IIPs)

Arterial Hypertension IIP

The AH IIP continued to progress during the second half of 2007 through the concerted effort of key partners, including three government organizations (Cardiology Institute, PGI, and Karaganda OHD), two NGOs (KAFP and DIC), ZdravPlus, and implementing health care providers. Each organization contributed to strengthening the pilot sites in Karaganda City, as well as rolling out pilot experiences nationwide.

National Dissemination

ZdravPlus provided technical support to the Cardiology Institute in developing and publishing recommendations for arterial hypertension schools. These materials include the description of the concept, design, and implementation experiences of the AH IIP in Karaganda, within which the AH patient schools have been successfully implemented.

Disseminating AH IIP Experiences in CAR

In July ZdravPlus provided technical assistance to ZdravPlus/CitiHope International in Kyrgyzstan in designing an AH project in Bishkek focused on improving treatment adherence among AH patient. Karaganda AH IIP experiences were shared.

During a December visit to Tajikistan, Kazakhstan Project staff held several meetings on future AH CPG implementation, including two meetings in Dushanbe with the AH CPG implementation working group and representatives of pilot facilities. Discussion focused on the Kazakhstani experience in implementing the AH CPG, as well as the systemic approaches and specific tools that have been used in Kazakhstan to improve PHC providers' ability and willingness to use the AH CPG in their everyday practice.

Karaganda AH IIP Pilots

ZdravPlus and KAFP continued to support and strengthen AH services at six pilot primary health care facilities in Karaganda City. The KAFP Karaganda branch continued implementing CQI initiatives in pilot facilities that focus on specific improvement areas, such as health care workers' compliance with measuring and recording patients' body mass index (BMI). This is the second indicator selected for improvement by pilots and KAFP after achieving good results on the first CQI indicator – hypertension screening – from 2006-2007.

ZdravPlus, KAFP, and the Cardiology Institute conducted two follow-up visits to pilot sites over the last six months, during which they: 1) provided feedback on doctors' utilization of the AH CPG in everyday practice, 2) discussed CQI results, 3) reviewed plans for 2008, and 4) provided methodological support for establishing and implementing AH classes.

During the follow-up visits, doctors from pilot facilities presented the results of their work and discussed questions and ideas regarding patient education at PHC level. 141 AH patients in total attended AH classes in 2007, and the classes – established at two mixed polyclinic pilots – have helped PHC providers expand their services and improve their relationships with patients. AH Patient School success was demonstrated and promoted among patients and health care workers during an open house event implemented by the Karaganda Mixed Polyclinic #2 in November (Please see the Population section of this report for further details).

At the request of the pilots, ZdravPlus also provided additional copies of AH CPG “reminder” tool for doctors and patients, which are leaflets developed by ZdravPlus that carry essential information and advice on AH treatment adherence for both doctors and patients. The reminder tool has been institutionalized by the Cardiology Institute, and is included in the National Methodological Recommendations on AH Patient Schools.

Replication and Rollout of AH IIP in Other Oblasts Through KAFP Branches

The Karaganda OHD continued rolling out AH CPG implementation within the oblast using its own resources, and with help from AH CPG trainers who were trained in 2005 with ZdravPlus support.

During the last six months, KAFP and PGI shared AH IIP implementation experiences in Pavlodar and, together with the Pavlodar OHD, selected three new PHC facilities as pilots for implementing the AH CPG in connection with CQI processes. Seventy-five doctors – including PHC, hospital, and ambulance specialists – received AH CPG Clinical Module Training provided by the PGI and KAFP. All participants received AH CPG reference books published by ZdravPlus.

The Post-Graduate Family Medicine Departments of the Karaganda and Semipalatinsk Medical Academies – which also provide the AH CPG Clinical Module Training – also contributed to AH CPG rollout. The total number of doctors trained by project partners over the past six months is reflected in the table, below:

Doctors Trained in AH CPG, July-December 2007

| | Site | City | Who trained | # Doctors trained |
|---|------------------------|------------------|---|-------------------|
| 1 | Pavlodar | Pavlodar | KAFP, PGI | 72 |
| 2 | Karaganda Oblast | Karaganda | Karaganda Medical Academy, FM Postgraduate Department | 111 |
| 3 | Karaganda Oblast | Abai; Shakhtinsk | Karaganda Oblast Health Department | 30 |
| 4 | East Kazakhstan Oblast | Semipalatinsk | Semipalatinsk State Medical Academy, FM Department | 19 |
| 5 | Semipalatinsk | Semipalatinsk | KAFP branch | 30 |
| | Total | | | 262 |

The introduction of the AH CPG and module training to undergraduate-level faculty members is the next stage of AH IIP rollout. As the first step in the process, ZdravPlus organized meetings at the Karaganda Medical Academy (KMA) with faculty members of the Outpatient and Ambulance Care Departments, where ZdravPlus and the KMA postgraduate Family Medicine Department shared experiences in AH CPG implementation and training.

ZdravPlus made a presentation on the AH IIP for PHC doctors in Almaty in collaboration with the Almaty City Health Department and PGI, where hard and electronic versions of the AH CPG were distributed to doctors.

In December the Cardiology Institute in collaboration with ZdravPlus delivered a one-day training course for doctors from Karaganda Oblast. The Karaganda OHD selected participants based on their readiness to open AH classes at the PHC level. Fifteen doctors participated in the training, representing eight PHC facilities in cities of Karaganda and Shakhtinsk. Each facility received a set of materials for establishing and launching AH classes, including presentation slides and patients handouts. Participants also received AH CPG books, and tools such as the CPG treatment algorithm and patient and doctor reminders, described above.

Monitoring and Evaluation

AH IIP implementation monitoring continued during the second half of 2007. Three types of monitoring tools were employed: chart review, patient survey, and a review of indicators included in the existing Oblast Health Information System. Monitoring activities are summarized as follows:

- In fall 2007, ZdravPlus and KAFP conducted an annual chart review and patient survey in Karaganda. 240 AH patients were interviewed and more than 890 charts were reviewed. Data from this monitoring component are being processed and data entered at the time of this report.
- KAFP conducted a chart review in the three new Pavlodar pilots (described above) in order to collect baseline data for future monitoring of the AH CPG implementation and quality improvement processes. 607 charts were reviewed in the three facilities. Findings show that 64.3% of AH patients receive just three of the five main primary care tests recommended in the AH CPG (ECG, urine test, blood glucose). Specific areas for improvement were identified, including improved healthy lifestyles counseling and adherence education for patients, and improved prescription of first-line medications.

- KAFP continued supporting and monitoring Kokshetau PHC facilities, where they implemented a follow-up review of 411 charts. Findings indicated improvement in drug administration and treatment, HLS counseling, and patient adherence compared to 2006 baseline data. For example, 53.3% of AH patients received HLS recommendations in 2007 versus just 17% in 2006 – a three-fold increase in this important component of quality of care.
- With KAFP branch support, Semipalatinsk also progressed in implementing the AH CPG, and the chart review implemented in Semipalatinsk PHC facilities indicated considerable improvement in doctors' and patients' adherence to AH CPG recommendations.

Family Planning/Reproductive Health/Safe Motherhood Integrated Improvement Projects (IIPs)

Family Planning and Contraceptive Method Supply

Family planning strategies were emphasized during mentoring MPS/PEPC visits for providers from maternity pilots in Almaty, Karaganda Oblast and Astana. All ZdravPlus-supported FP/RH/SM inpatient and outpatient pilot facilities continued providing family planning counseling services and methods to women during prenatal visits to PHC, and in post-partum and post-abortion departments (within the Tiahr framework). Pilots continued providing family planning information to pregnant women during prenatal classes. In addition, ZdravPlus provided technical support for a training course for midwives and physicians on family planning counseling conducted by the Almaty City Health Department in October.

On the population side, the Red Apple Hotline – supported in part through ZdravPlus grant – continued providing family planning information to a broad audience. Within the framework of the ZdravPlus Youth Strategy, a group of Astana student peer-trainers was trained in the provision of information on family planning and reproductive health services. (Please see the Population section of this report for further details).

Distribution monitoring activities continued for contraceptives donated by Organon to end clients in ZdravPlus pilot maternity hospitals and outpatient facilities in Almaty, Astana and Karaganda Oblast. Monitoring results show that the contraceptive supplies have been used appropriately. As agreed with Organon, and coordinated with the health departments and pilots, the last shipment of contraceptive commodities arrived in the country in October and were delivered to the pilots in Almaty, Karaganda and Astana. Since late 2006, three shipments of Exluton (an oral contraceptive pill), totaling 18,522 packs, and Marvelon (a combined oral contraceptive pill), totaling 69,419 packs, have been delivered to the pilots. ZdravPlus developed and implemented clinical training on family planning counseling and services for health care providers who received the donated contraceptives and conducted follow-up visits with providers. To ensure the appropriate distribution and use of the contraceptives, and to prevent leakage to the market, ZdravPlus initiated a simple system for tracking the receipt, utilization, and audit of donated contraceptives. These forms are now used to track all contraceptives supplied to pilot health facilities through a number of different donors.

Safe Motherhood

Over the past six months, ZdravPlus continued implementation of the safe motherhood program, focusing on the following major areas of activity:

- Promote evidence-based clinical approaches on the national level through national working groups and conferences;
- Promote MPS/PEPC to medical education faculty as a step towards institutionalization;
- Support the MCH Center as a coordinating body and leader in the national implementation of the MOH-approved WHO PEPC program;
- Provide continuous support to FP/RH/SM IIPs in Karaganda Oblast, Astana and Almaty pilots, with a focus on quality improvement through training, mentoring and monitoring.

National-level SM activities are summarized in the Stewardship section of the report. IIP activities and results are summarized below.

Safe Motherhood IIPs

Karaganda Oblast

From July-December 2007 the Zhezkazgan, Karaganda City, and Temirtau FP/RH/SM IIP pilots took further organizational steps to support IIP rollout within the Karaganda Oblast. The Coordination Committee organized a working group to develop information, education and communication (IEC) materials for women on: 1) the advantages of free positions in labor and delivery in the first and second stages of labor; 2) partnership delivery; and 3) neonatal care. ZdravPlus supported an August meeting in Karaganda Oblast to address safe motherhood (WHO PEPC) program implementation and rollout issues. Eighty-eight MCH specialists attended the event, and discussed specific PEPC practices, such as active management of the third stage of labor. In addition, lectures were delivered on the use of evidence-based medicines during pregnancy and new approaches to neonatal care. The importance of providing prenatal classes for pregnant women and their partners was also emphasized.

Monitoring of the Karaganda Oblast program also continued during the reporting period, and working group meetings were held in Karaganda and Temirtau maternity hospitals to discuss preliminary M&E results. Monitoring instruments were also discussed, and proposals to introduce some changes in the format and content of monitoring forms were made. Findings from the 2007 postpartum survey implemented in safe motherhood pilots were discussed at a special meeting of Karaganda Oblast Chief Gynecologists, where both positive results and problems were considered. One positive result was the fact that the percent of normal deliveries in pilots has increased – reaching approximately 68% on average.

Almaty

Mentoring visits to maternity pilots by respected international trainers, during which staff received on-the-job counseling and practical support, proved a highly effective quality improvement tool. At the Project's invitation, Stelian Hodogojea, a WHO certified consultant, conducted mentoring visits at Kalkaman Maternity Hospital #1, Maternity Hospital #2, and the MCH Center. During her visits, Ms. Hodogojea conducted informal site assessments of infrastructure, management and provider practices, and performance issues and priority improvement areas with maternity and MCH Center staff. The consultant reviewed monitoring findings with staff. A number of improvements were highlighted, including an increase in the rate of normal deliveries from 53.4% in 2006 to 81.5% in 2007 at Kalkaman Maternity. ZdravPlus also supported trainings conducted by the Almaty City Health Department for PHC physicians and midwives, from both ZdravPlus pilot and other facilities. The two trainings were on the topics of 1) family-focused antenatal care and prenatal classes, and 2) family planning counseling skills.

Astana

In Astana, the safe motherhood program continued in three maternal hospitals and referring PHC facilities with support from the ExxonMobil GDA Project, implemented by KAFP and ZdravPlus. (Please see the Population section of this report for further details.)

Monitoring

Postpartum and post-abortion patient surveys were conducted in Astana, and patient chart reviews were conducted in all safe motherhood pilots (Almaty, Astana, Karaganda, Zhezkazgan, Satpaev and Temirtau) during the latter half of 2007. Comprehensive results are available from the ZdravPlus Almaty office. The summary table below highlights some of the results:

SM Implementation Sample Results, September 2007, Karaganda, Almaty, Astana (Avg.)

| | |
|--|-------|
| Immediate postpartum skin-to-skin newborn-mother contact | 82.2% |
| Exclusive breastfeeding | 89.9% |
| Newborns breastfed upon their wish | 87.8% |
| Newborns delivered in a room at least 25° C | 97.9% |
| Newborns wrapped warmly but not tightly | 95.4% |
| Newborns roomed together with mothers | 85.4% |

Child Health

ZdravPlus contributed to the national working group on Mother and Child Care organized under the MOH in accordance with the MOH Order "On Creating a Working Group on Developing Legal Acts

on Mother and Child Health Protection” (August, 2007). ZdravPlus discussed the role of medicines in addressing maternal and child mortality in relation to revision of the Essential Drug List was discussed.

Population and Community Health

From July to December 2007, Population and Community Health activities focused on 1) promoting and marketing health care reforms to the MOH, oblast health reform implementers, health care professionals, and patients; and 2) educating the population on select health topics related to AH, FP/RH/SM, and GDA IV activities.

Promoting and Marketing the Health Reforms

On the national level (as summarized in the Stewardship section of this report), ZdravPlus used conferences, roundtables, and working group meetings to promote and market the core health reforms to national policy makers. Promotion efforts on the oblast level focused on oblast authorities, health workers, and population, and included: 1) advocating for PHC and the advantages of family medicine; and 2) promoting specific PHC services like family planning counseling, birth preparedness and AH patient schools. KAFP continued playing a key role in promoting PHC reforms to policy makers, health professionals and population.

FGP Open House

The concept of an FGP Open House was initially developed by ZdravPlus in order to 1) draw public attention to the reformed and improved PHC facilities; 2) contribute to developing a more positive public opinion of PHC services; and 3) promote new PHC services to the population, health care workers, and authorities. The FGP Open House was first piloted in Astana in May 2007. During the current reporting period, the Project worked with the Oblast Health Department, KAFP, and Mixed Polyclinic #2 to implement a similar event in Karaganda. The event was held in November, and attended by members of the community, the press, and representatives from FGPs, the Medical College, and the maternity houses of the cities of Karaganda and Temirtau.

The FGP Open House emphasized the importance of PHC and family medicine services and evidence-based medicine, and also health reform benefits such as equal access to basic benefits and outpatient drugs and the individual’s right to choose their PHC provider. Presentations on birth preparedness and AH patient schools were made, with eight clients from each type of school sharing their experiences attending the classes. Journalists from Kazakhstan’s “Channel 5” interviewed patient school attendants as well as their providers-teachers, and the station aired the coverage twice on the event and twice on the day after. Many health workers who attended expressed interest in implementing similar events in their own facilities, and they will benefit from a package of methodological materials prepared by ZdravPlus and KAFP to guide other facilities in staging their own Open House.

Health Promotion

Business Women’s Association of Kazakhstan (BWAK)

BWAK continued providing family planning information to the population through Red Apple Reproductive Health Hotline branches in the six cities of Astana, Almaty, Karaganda, Shymkent, Uralsk and Aksai. The table below summarizes data on calls received from July through December 2007:

| Site | Number of Red Apple Hotline Calls | | | | | | |
|----------|-----------------------------------|--------|-----------|---------|----------|----------|--------------|
| | July | August | September | October | November | December | Total |
| Almaty | 2238 | 2212 | 2242 | 2155 | 2293 | 1882 | 13022 |
| Astana | 411 | 440 | 680 | 745 | 763 | 644 | 3683 |
| Karagand | 1508 | 1552 | 1452 | 1454 | 1562 | 1358 | 8886 |
| Shymkent | 844 | 921 | 836 | 894 | 853 | 888 | 5236 |
| Uralsk | 554 | 541 | 519 | 524 | 554 | 359 | 3051 |
| Aksai | 193 | 177 | 167 | 166 | 217 | 196 | 1116 |
| | 5748 | 5843 | 5896 | 5938 | 6242 | 5327 | 34994 |

The Red Apple Grant Director and BWAK President continued to promote the Red Apple Hotline and sought support for its services from the MOH and Oblast health authorities. Informational articles on Red Apple were published in popular media outlets such as “Bussineswomen.kz.” Through a productive collaboration with local advertising agency Keruen Media in Astana, Red Apple Hotline advertisements were placed on special monitors installed in public buses running on popular routes. The advertisements have the capacity of reaching 10,000 people per day.

Kazakhstan Association of Family Physicians (KAFP)

KAFP continued its work to disseminate health promotion materials to strengthen links between primary care providers and the community. The Karaganda Branch continued its support of the Arterial Hypertension Patient Schools (as described in the Service Delivery section of this report). The Semipalatinsk Branch continued running its hotline, providing family planning and reproductive health telephone counseling to youth, and the East Kazakhstan Oblast Branch continued its support of Youth Friendly Clinics.

KAFP continued to promote evidence-based approaches for the treatment of asthma and chronic obstructive pulmonary diseases (COPD) and contributed to the World COPD Day in November by translating, printing and distributing COPD posters to its branches, displaying them in public places in Almaty and public transportation vehicles. From November 12-14, the “Kazakhstan-1” radio station aired COPD information several times per day. KAFP also prepared anti-smoking posters for distribution by each of its branch offices

Exxon Mobil-USAID Global Development Alliance (GDA)

Three birth preparedness schools initiated through the GDA in Astana continued their work during the reporting period. From July to December, 3307 pregnant women visited prenatal classes, including:

- 720 pregnant women in the Maternity Hospital #1 Birth Preparedness School
- 400 women in FGP “Demeu” Birth Preparedness School
- 2187 women in Perinatal Center Birth Preparedness School

The Birth Preparedness School promotion video was aired by the “Channel 31” and also broadcast by the “Astana” radio station. Preparatory work toward implementing a CQI training course for FGPs within the GDA program was also accomplished.

ZdravPlus and KAFP finalized negotiations with ExxonMobil regarding the next GDA Project, which will be implemented in Astana and focus on MCH. The project proposal is currently finalized by KAFP.

Finally, KAFP and ZdravPlus provide advice to ExxonMobil on the selection of medical equipment they plan to donate to an Astana maternity hospital.

FP/RH Youth Strategy

The FP/RH Youth strategy aims to increase the use of family planning methods among youth ages 16-24 and is implemented in collaboration with the Astana Agrotechnical University. In October, findings from the ZdravPlus youth survey on access to family planning information, services, and commodities, implemented earlier in the year, were presented to the administration of Agrotechnical University. According to the survey data, students recognize the role of friends and peers as advisors and sources of information on sexual life. This specific issue was discussed with the University Administration and an agreement was reached to implement a peer-TOT focusing on prevention of unwanted pregnancy and STIs/HIV/AIDS, and promotion of responsible behavior skills. In December two peer-to-peer trained specialists from Astana conducted the TOT for first and second year students from Agrotechnical University and Karaganda Medical College. The training consisted of two theoretical days and one practical day, during which the newly trained students conducted their first one-hour workshops for their peers. Five practice workshops were conducted in two dormitories of the University, covering approximately 70 students. As a result of the TOT, 13 students and one professor from Astana and three students from Karaganda were certified as trainers. Rollout workshops are

scheduled for February 2008. Workshop plans will be developed in January and a short-term consultant (one of the TOT trainers) will mentor, organize, and supervise the process.

Support to Integrated Improvement Projects (IIPs)

The ZdravPlus approach to the population education consists of integrating provider-level clinical improvements and population education activities to augment the final outcome the interventions on health. This approach is realized through the AH and FP/RH/SM IIPs. The contribution of the population component to these IIPs is summarized in the sections below.

Family Planning/ Safe Motherhood/ Newborn Care

The “Your Pregnancy: Week by Week” booklet was printed in October (25 thousand copies in Russian and 6 thousand in Kazakh) and is being disseminated in pilot sites. The booklet supports birth preparedness classes. The design of the “Be Ready to Go to the Hospital” leaflet for pregnant women and their families was completed in late 2007 and will be published in early 2008 for dissemination in FP/RH/SM pilots.

Nine Family Planning pamphlets incorporating the most recent WHO recommendations were completed in 2007 and are being published at the time of this report.

Arterial Hypertension (AH) IIP

Arterial hypertension is one of the leading causes of morbidity and mortality rates in Kazakhstan. The annual weeklong national arterial hypertension campaign lead by the National Healthy Lifestyles Center (NHLSC) was held in September. In collaboration with NHLSC, ZdravPlus developed informational leaflets designed to increase population awareness about this health problem and encourage individuals to take advantage of blood pressure (BP) measuring, a service included free of charge in all health facilities as part of the Basic Benefits Package. 6000 copies of these leaflets in Russian and 3000 copies in the Kazakh were printed. Most of the leaflets were used to support the AH campaign in Karaganda, while 2000 were presented to the NHLSC for national distribution. ZdravPlus also provided audio/video materials and brochures to the National Healthy Lifestyle Center for copying and dissemination.

Methodological Recommendations for treatment of AH patients, developed jointly with Institute of Cardiology, were finalized and 400 copies printed. Half were presented to the Cardiology Institute for national dissemination while the remaining copies will be distributed to Karaganda OHD, pilot facilities, and KAFP branches.

KYRGYZSTAN
Six-month Report
July - December 2007

ZdravPlus continued to support implementation of the Manas Taalimi National Health Reform Program (2006-2010) over the past six months through the Sector Wide Approach (SWAp) mechanism. During this period, the MOH was adjusting to the appointment of a new Minister of Health, Dr. Abdraimov (appointed in the spring) and subsequent MOH restructuring that occurred in August. Political uncertainty continued throughout the summer and autumn, causing some delay in the reforms. This uncertainty culminated in another change of government and the appointment of a new Minister of Health, Dr. Marat Membetov, in December. Despite these changes and the occasional lack of clarity within the MOH, ZdravPlus continued working with the MOH, MHIF and other donors and stakeholders to: 1) implement next generation reforms related to Stewardship, Resource Use, Service Delivery and Population Involvement; 2) review Manas Taalimi at the bi-annual Joint Annual Review and Health Summit; and 3) plan joint activities for 2008 with the MOH and partners, ensuring broad collaboration and the creation of effective synergies and interventions.

Stewardship

ZdravPlus Stewardship activities over the past six months continued to directly support implementation of Manas Taalimi. This was achieved through policy marketing and dialogue, and the provision of legal support. Through policy dialogue, ZdravPlus helped to monitor implementation progress of Manas Taalimi by participating in the bi-annual Joint Annual Review in October that reviewed all components of program. Annual plans of work, procurement plans, financial and fiduciary management requirements, and barriers to implementation were reviewed by ZdravPlus and partners in conjunction with the MOH. Through legal support, ZdravPlus continued to solidify the legal framework for health reform by working closely with the MOH and counterparts on the development of regulatory, legal and policy concepts, decrees and laws. Lastly, the Project marketed key reforms to policymakers, health providers, and the population.

Policy Dialogue and Content

From October 8-11, ZdravPlus participated in the bi-annual Joint Annual Review and Health Summit to monitor implementation of Manas Taalimi through the SWAp mechanism. ZdravPlus led or made major contributions to the review of all program elements, including Community Involvement; Health Financing; Individual Health Services and EBM/CPG; Public Health; Priority Programs (including cardiovascular disease, MCH, HIV/AIDS, and TB); Human Resources and Medical Education; and Stewardship. As summarized in the Joint Annual Review statement, implementation progress continues to be on target, and the MOH and MHIF are successfully institutionalizing activities. The review revealed positive developments, including: 1) approval of the MOH Resource Agreement and successful MOH restructuring; 2) appointment of qualified, experienced individuals to senior positions in the Ministry; 3) continued positive performance on budget allocation and execution in the health sector; 4) positive progress on restructuring in Kara-Balta; and 5) early signs of improvement in clinical practice as a result of trainings on evidence-based perinatal care, including a reduction in clinically unjustified blood transfusions from 20 to 3 percent in some areas. However, there were also a number of areas identified as needing improvement, including: 1) analyzing and responding to lessons learned during the recent HIV/AIDS outbreak in Osh Oblast; 2) addressing significant delays on fiduciary issues; and 3) resolving priority problems for each component identified during the review. Following the Review and Health Summit, ZdravPlus has continued working with counterparts in the MOH to implement policy recommendations made during the review.

Over the last six months, ZdravPlus continuously engaged in policy dialogue through a number of mechanisms including working groups, roundtables, workshops, and seminars. Significant effort was invested in building capacity of MOH department heads and staff to develop policy and coordinate the health reforms. We provided technical assistance to the Center for Health System Development (CHSD) to continue their strategic planning process and also continue to build their capacity to

support policy dialogue and development. Topics on which ZdravPlus engaged in policy dialogue include health sector institutional structure, roles, and relationships and delegation of functions, continued evolution of health delivery system structure, human resources, health financing, changes in health sector funds flow to resolve issues with Treasury System operations, institutionalization of family medicine, EBM/CPGs, pharmaceuticals, public health, Safe Motherhood, TB, and community involvement.

In early September ZdravPlus supported a conference on roles and relationships in quality assurance and quality improvement for the MOH and professional associations. (Please see Quality Assurance section of this report for further details). In early October ZdravPlus helped organize a conference devoted to quality clinical practice principles and the establishment of an infrastructure for clinical trials in Kyrgyzstan. In late October, ZdravPlus funded a representative from the MOH to participate in a working group in Dushanbe organized by the Health Council of the Eurasian Economic Community. The group worked on the approval of legal documents protecting the rights and health of migrant workers living in member countries of the Eurasian Economic Community.

Legal Framework

ZdravPlus continued to solidify the legal framework for health reform during the second half of 2007 by working closely with the MOH and counterparts on the development of regulatory, legal and policy concepts, decrees and laws for all components of Manas Taalimi. This Project focused on institutionalizing health financing reforms through the SWAp mechanism by working to: 1) improve financial management outside of the health sector, 2) resolve policy issues in order to improve service delivery, 3) further optimize the health delivery structure, and 4) develop new, and revise existing policy, legal, and regulatory documents. Progress in this component over the past six month resulted in:

- Solidifying the legal and regulatory framework for program budgeting in the health sector;
- Contributing legal expertise to the working group developing new funds flow for the single-payer system to resolve issues with Treasury System operations;
- Contributing legal expertise to ongoing work to realize the Law on Health Organizations including providing greater autonomy for health providers;
- A concept paper on integrating Public Health services at the rayon level and establishing a Public Health Coordination Committee in each rayon;
- Contributing legal support to ongoing work to institutionalize family medicine including continuing medical education;
- Legal support for professional associations and other health sector NGOs
- A draft prikaz on the “Coordination of the Health Care Reform Implementation Unit;”
- Amendments to legislation on mental health services and guarantees;
- Draft regulations to change the legal status or organizational structure of a number of Kyrgyz health sector entities;
- Changes and amendments to a draft law on supporting the health of Kyrgyz citizens residing abroad;
- Recommendations for the implementation of the national smoking prevention plan (2007-2011). In accordance with comments and suggestions from other ministries and departments, ZdravPlus developed matrices for the draft governmental decree on defending citizens’ health from the adverse affects of tobacco.

Policy Marketing

ZdravPlus continued to support the MOH Press Center to promote the Manas Taalimi reforms to policymakers, health care providers, and the population. Over the past six months the Project engaged with a number of government sectors, local NGOs, patient associations, and other interest groups. ZdravPlus supported FGPA and HA information dissemination activities, and the associations' work to educate their members on general health reform issues and priorities (specifically those contained in Manas Taalimi) and health care topics of interest to their membership. The MOH Press Center also conducted trainings for mass media representatives and journalists to improve their ability to cover health and health reform issues. ZdravPlus, the Press Center and the MHIF jointly disseminated key information on changes in the state-guaranteed benefits package and other MHIF programs. Marketing to the population was achieved through talk shows, call-in programs, newspaper columns, and roundtables – all which provided information on reforms, health issues, healthy lifestyles, and patients' rights.

In July and August, the MOH Press Center helped to publish a number of articles on specific achievements in Kyrgyzstan health care reform in the newspaper, "Slovo Kyrgyzstana." Also in July, an interview with the head of the MHIF about the Patients' Bill of Rights was published in Rossiyskaya Gazeta, Vechernyi Bishkek, and Jany Kylym, and aired on Pyramid TV and national radio. In July, comprehensive coverage of the National Conference on Health Promotion Strategy was organized by the Press Center, as was a press conference at Noukat Territorial Hospital in Osh Oblast on the HIV outbreak among children. The latter included interviews with officials from the MOH and Osh Oblast Hospital, which were published in the press and broadcast on Osh and national television.

In August, the MOH Press center organized a radio program with the participation of the Chief Surgeon of the MOH on the "Manas" radio station to discuss emergency care services and to disseminate information about the Doctor Deposit Program. The Press Center also distributed information on the 2007 state-guaranteed benefit program via the mass media.

In September, as part of a study tour from Tajikistan to Kyrgyzstan, the Press Center conducted a meeting with representatives of the MOH of Tajikistan and Tajikistani health NGOs to share their experience in working with mass media. The Press Center also organized and conducted 15 interviews for the mass media, including two panels on national radio that included the Minister of Health and senior specialists of the MHIF. Participants discussed the Patients' Bill of Rights and other health sector reforms. The broadcasts were very successful, with the majority of callers' questions addressed by the panel. In October, the Press Center organized comprehensive coverage of the October 11 Health Summit, including an interview with the Deputy Minister and Director of the MHIF, A. Ibraimova, which was published in national newspapers.

The Press Center continued to inform the population on the prevention of illnesses such as diarrhea, ARI, malaria, whooping cough, anthrax, HIV/AIDS and brucellosis. It organized and conducted a number of programs and interviews on brucellosis, specifically, and disseminated information on prevention, symptoms and complications via radio, TV and print media. The Deputy Minister of Health took part in a television program on brucellosis, and representatives of the Republican Sanitation and Epidemiological Service participated in a radio broadcast.

Lastly, the MOH Press Center organized full coverage of five important health conferences that took place during the second half of 2007, including:

1. The Quality Improvement and Assurance Conference (held on the occasion of the 10th anniversary conference of MAC, FGPA and HA (Please see the Quality Improvement section of this report for further details);
2. The 10th anniversary conference of Family Medicine in the Kyrgyz Republic (Please see the Family Medicine section of this report for further details);
3. A conference on breast cancer;
4. A conference on quality improvement of medical services; and

5. A conference on reforming mental health services.

Resource Use

ZdravPlus continued to contribute to ongoing Resource Use activities, with a focus on: 1) further optimizing the health service delivery structure; 2) working with the MOH Human Resources Department to improve planning and optimization of the health care work force; 3) reconciling health financing reforms with reforms in public financial management and the Treasury system; and 4) supporting the health sector in implementing program-based budgeting and institutionalizing provider payment systems.

Health Delivery System Structure and Human Resources

In health delivery system structure, ZdravPlus continue to provide technical assistance to addressing a number of second generation issues including the number and role of narrow outpatient specialists as compared to PHC practitioners, health delivery system structure in remote rural areas, and the relationship between clinical laboratories primarily serving individuals and public health laboratories. In addition, after a number of years of dialogue, concrete work began on analyzing the structure of vertical systems in particular TB. ZdravPlus/Socium Consult developed analytical tables showing structure and budget of the TB system and initiating dialogue and development of plans to restructure and integrate the TB system will be a priority in 2008.

Over the last few years, the MOH, FGPs, FMCs, hospitals, FGPA, and HA had engaged in relatively productive dialogue on the issue of narrow outpatient specialists and oblast level reporting and coordination. A stable, mixed model appeared to be developing with narrow outpatient specialists in both FMCs and hospital outpatient departments with geographic areas and environments determining specific arrangements. However, in late 2007, MOH leadership made a central planning-type decision to cancel all hospital outpatient departments such that FMCs would contain all narrow outpatient specialists. ZdravPlus hopes that the most recent change in MOH leadership may reopen the possibility of productive dialogue on a number of health delivery system structure issues.

In August, MOH representatives, FGPA and HA representatives, and the ZdravPlus Human Resources specialist visited Talas, Jalalabat and Naryn oblasts in order to:

1. Address issues of further optimization (i.e. geographic restructuring) of health care services on the PHC level, including the potential for opening new FAPs, finding new locations for Emergency Care Posts, providing rayons with ambulances, and ensuring that good communication systems are available between the FMC and FGPs/FAPs;
2. Monitor the activities of oblast health care coordinators in order to consider revisions to the regulation that governs their roles and responsibilities; and
3. Monitor activities of the general practitioner centers, with the aim of improving the efficiency and quality of health care services. Findings from the trip will be presented to the MOH in January 2008.

Human resources-related activities including workforce planning and implementation of programs are an emerging and critical area. In July ZdravPlus supported two roundtables on acceptance criteria for medical academies, the first of which was held on July 10 in Osh. Participants, who exchanged their individual experiences on the matter, included representatives from the MOH and Medical School Directors from Mailisuu, Naryn, Osh, Tokmok and Kyzyl-Kiya. On July 30 a similar roundtable was held in Bishkek on standardizing acceptance criteria nationally. The criteria for acceptance to all medical academies was unified and approved. Participants at the latter meeting included representatives from the MOH and republican medical institutes. Also in July, ZdravPlus conducted training seminars on the Personnel Database for staff of the MOH Human Resources Department and health care facilities in Jalalabat and Batken Oblast. 220 participants were trained at these workshops.

ZdravPlus is providing technical assistance to dialogue on a number of human resource-related programs including the Deposit Doctor program, a rural coefficient whereby the provider payment

systems allocate greater payment to remote rural areas to help attract and retain human resources, and the one-year internship (also discussed in other sections of the report). In October, ZdravPlus worked closely with the MOH HR Department on the development of draft regulations on residency training and internships, and on reforming Doctor Deposit Program regulations, which are intended to address the rural human resources crisis. Also in December, ZdravPlus, the MOH HR Department and HPAP, began jointly analyzing data from the national Personnel Database on domestic migration of specialists from one health care facility to another. Currently, there is no system for tracking migration within the country and ZdravPlus, the MOH and HPAP are working to develop a system that helps to track internal migration and support policy decisions.

Health Financing

Health Financing can be categorized into macro-level financing, Mandatory Health Insurance Fund (MHIF) purchasing, and MOH purchasing.

Macro-Level Health Financing

Over the last six months, specific activities included:

- Level of health funding – the World Bank and WHO are taking the lead in assessing the level of state budget allocated to health and budget execution consistent with SWAp conditions. ZdravPlus/Socium Consult provided technical assistance to refine the methodology and perform these calculations.
- National Pooling of Funds – ZdravPlus continued to provide technical assistance to monitor the solidification of mechanisms for national pooling of funds.
- Budget Formation – in May, a Government Decree approved program budgeting for the health sector. Over the last 6 months, ZdravPlus/Socium Consult worked to develop methodology for budget formation under program budgeting.
- SGBP sustainability – ZdravPlus/Socium Consult continued to provide technical assistance to the MHIF to refine the minimum standards which determine the level of financing needed for the SGBP and contribute to setting the level of formal co-payments.
- National Health Accounts (NHA) – WHO HPAP Project is taking the lead in working with the MHIF and MOH to develop NHA in Kyrgyzstan. Over the last six months, ZdravPlus continued to collaborate in development of general NHAs and initial discussion of TB and HIV/AIDS subaccounts.

MHIF Purchasing

Over the last six months, ZdravPlus continued to provide technical assistance and operational support to capacity building and technical and operational improvements within both the national and territorial HIFs. Building capacity at the Territorial HIF level remains a priority, as they are the operational mechanism driving the single-payer system. ZdravPlus provided technical assistance to continue refining of the provider payment systems with specific activities including:

- Ongoing dialogue about the next refinement of the case-based hospital payment system and how to harmonize it with Treasury System operations.
- Development of the PHC performance-based payment system under the GAVI grant
- ZdravPlus/BU support for ongoing refinement of the technical specification and payment system for the outpatient drug benefit.

MOH Purchasing

Over the last six months, activities continued to intensify related to MOH purchasing activities. The MOH is responsible for 3 of the 5 health sector program budgets – public health, high-tech fund, and other including medical education, vertical systems, capital, and administration.

In July, ZdravPlus/Socium Consult developed a training package for seminars on financing for public health organizations that were conducted in October. This training package was developed following approval of Government Decree #184 (dated May 21, 2007) on program-based budgeting in the health sector (the first full realization of program-based budgeting in any sector in Kyrgyzstan or Central Asia), which enabled the initiation of new financing methods for public health services.

Implementation of the new public health financing methods was initiated through three regional seminars held in the fall to train all stakeholders on methodology, re-forming budgets, and initiating restructuring. The three seminars were held for Bishkek City, Chui Oblast, and Talas Oblast; Osh, Jalalabat, and Batken oblasts; and Issyk-Kul and Naryn oblasts. It is expected that the new financing methods for public health will result in more equitable and efficient delivery of public health services because they equalize funding across the country, and allow the Sanitary-Epidemiologic Service (SES) to take advantage of new financial incentives and to reinvest savings in order to restructure the SES system and rationalize excess capacity.

The first phase of implementation of new financing methods for public health was completed in November, and consisted of further development of the regulatory framework, development of methodology, and initiation operational implementation. The additional regulatory framework consists of MOH Decrees on the program-based financing of public health services and restructuring SES. ZdravPlus/Socium Consult developed methodology for per capita budget formation, a new provider payment system for SES (essentially a global budget), increased autonomy for providers to develop their own budgets and determine appropriate staffing, budget execution, financial reporting, restructuring, and reinvestment of savings.

Also in September, ZdravPlus/STLI participated in several discussions with the MOH, KSMIRCE, and Socium Consult to develop new financing mechanisms for the continuing medical education of doctors, nurses, feldshers, and FM doctors and nurses through the SWAp-supported state budget. Planning for initial activities regarding the High-Tech Fund (a separate fund for high cost tertiary services), capital, and capital equipment maintenance was undertaken.

Lastly, in November and December, ZdravPlus/Socium Consult calculated norms of budgetary funding of TB hospitals for 2008 for Chui, Talas, Jalalabat, Osh, Batken, Issyk-Kul and Naryn oblasts, and Bishkek and Osh cities, and submitted these to the MOH. Methodological guidelines on the formation and execution of the state budget for public health service (based on chapterless principals of financing) were also developed and submitted for MOH review. This work is the very initial stages of what will be a long process to change financing for the TB vertical system.

Health Information Systems and Health Management

In health information systems, activities continued to progress over the last six months in four major areas:

- Support for the MHIF to continue refinement and design of next generation systems for the single-payer provider payment systems;
- Support for the Republican Medical Information Center (RMIC) to continue to develop and implement plans to integrate the overall health statistics and health information systems;
- Support for the RMIC to implement specific programs improving the national health statistics system; and
- Limited oblast-level support to maintain and improve oblast and provider-level systems.

ZdravPlus continued to provide lectures and participant travel support for operation of the health management courses in the Center for Health System Development.

ZdravPlus service delivery activities during the second half of 2007 continued to: 1) institutionalize and strengthen PHC and family medicine; 2) integrate ZdravPlus service delivery interventions with other ZdravPlus and project/donor activities to ensure maximum synergy and impact; and 3) closely align with MOH activities implemented under the Manas Taalimi service delivery component (including the subcomponents of individual services, public health, medical education, content of care/EBM, and priority programs for maternal and child health, cardiovascular disease, HIV/AIDS, and TB).

Medical Education and Training

CME and Faculty Development

ZdravPlus continued working to institutionalize the new CME system over the past six months by participating in a number of health reform strategy meetings to advocate for the inclusion of CME expenses in the national budget (e.g. FM trainer salaries and participant expenses). Although there is still a major issue with the MOH allocating budget funds through the SWAp for CME training, it appears that intense advocacy will result in a higher budget allocation for CME training in 2008. In addition, the KSMIRCE will receive funding through the Global Fund project in 2008 to conduct CME seminars on HIV/AIDS prevention and stigma reduction. ZdravPlus and KSMIRCE developed a concept paper for a new CME strategy, which is awaiting action by the MOH.

ZdravPlus-supported FM and nurse trainers of the KSMIRCE accomplished the following over the reporting period:

- Regional CME trainings on the WHO's Practical Approach to Lung Health (PAL) were held for 40 FGP doctors in Bishkek and Chui Oblast.
- Regional workshops on the foundation of effective antenatal care were conducted for 237 FGP doctors (40 in Talas, 69 in Osh, 37 in Naryn, 13 in IKO, 25 in Batken, and 53 in Jalalabat).
- Site visits on PAL for eight doctors in IKO, in addition to site visits on improving practical skills of family doctors for 363 doctors (63 in Talas, 75 in Batken, 26 in Naryn, 10 in IKO, 50 in Jalalabat, 139 in Osh oblast), were completed and follow-up visits for 28 family doctors in Jalalabat Oblast were conducted during the reporting period.
- A regional workshop on HIV prevention for 117 doctors (57 in Issyk-Kul and 60 in Talas) was conducted.
- Trainings on the Integrated Management of Childhood Illnesses (IMCI), covering 47 FGP doctors were conducted in Jalalabat Oblast.
- Training of 20 physician trainers to conduct CME on antenatal care was completed and antenatal care training was given to doctors living within 25 km of the family medicine training center in each oblast.
- ZdravPlus/STLI helped to organize and conduct an abbreviated, five-week TOT for a new group of family medicine trainers who were needed to replace FM faculty who have emigrated or are currently working on other projects.
- In November and December, ZdravPlus-supported FM trainers conducted retraining courses on Family Medicine for 34 FGP doctors in Chui Oblast and Bishkek. FGP doctors were trained on therapeutic, pediatric, and obstetrician-gynecological profiles.

In October, ZdravPlus/STLI organized and led a two-day faculty development conference for family doctor and family nurse trainers from the KSMIRCE. Topics included:

- Evidence Based Medicine: practical applications in everyday practice;
- Pedagogy applied to distance education;

- Conducting evaluations of training;
- Appropriate use of diagnostic testing;
- Successful precepting of residents;
- Teaching analytical skills; and
- Effectiveness of continuing medical education.

Also in October, ZdravPlus supported a conference to celebrate the ten-year anniversary of family medicine in Kyrgyz Republic. The conference was organized by the Family Medicine Training Center and acknowledged accomplishments in family medicine and discussed issues related to the development of family medicine in the Kyrgyz Republic. 120 people attended, including MOH staff, key personnel from the Kyrgyz State Institute for Continuous Medical education, family medicine trainers, and family doctors currently practicing throughout Kyrgyzstan. Over the past ten years the ZdravPlus-supported FMTC has retrained approximately 3,000 doctors, 4,500 nurses, and 1,500 fieldshers in general practice and family medicine. The conference resulted in a resolution that acknowledged the critical role that family medicine plays in health care reform, and that provides key recommendations on retraining, residency, quality improvement, and distance education – all of which contribute to strengthening family medicine in Kyrgyz Republic.

Computer-Based Continuing Medical Education by Distance (CBCMED)

It is expected that CBCMED will play an increasingly important role in the future of CME in Kyrgyzstan – and other Central Asian Republics – because of the simplicity of course distribution, time flexibility, and transportation cost savings. ZdravPlus/STLI continues to support the training of doctor and nurse FM trainers in course development and construction, and also provides input into general strategy for the use of computer based CME by distance courses.

Since June 2007, a pilot study has been in progress to compare the outcomes of training through web-based CME courses versus traditional CME seminars. Physicians and nurses from three pilot rayons have now completed one round of either traditional or web-based training (on ear infections for doctors and asthma for nurses). Those taught through traditional means received two-month follow-up monitoring of knowledge and skills. Follow-up monitoring for web-based trainees will be completed in early January. Once monitoring is completed, study participants who received traditional CME training will have the opportunity to complete a web-based course on lower back pain and vice versa. It is hoped that the results of these studies will help the KSMIRCE and MOH in making decisions about the long-term role of web-based continuing medical education.

ZdravPlus/STLI continued to work on the development of CBCMED courses on lower back pain, congestive heart failure, and syndromic approach to sexually transmitted infections. In 2008, ZdravPlus plans to develop a course for physicians on ischemic heart disease and a course for nurses on cardiovascular disease. The role of ZdravPlus/STLI consultants to date has been to review course content and structure, and to work with local faculty to ensure that material CBCMED is evidence-based and presented appropriately. ZdravPlus/STLI consultants have also played key roles in developing appendix material for each course, including patient education handouts and CQI indicators and instruments.

Family Medicine Residency Training

ZdravPlus/STLI continued to provide ongoing clinical education for six second-year and nine first-year family medicine residents in Bishkek during the second half of 2007, averaging five clinics per week. ZdravPlus/STLI also provides consultative and management support to the Department of Family Medicine at the Kyrgyz State Medical Academy, where recent efforts have focused on curriculum development, improving mechanisms for feedback and evaluation, and planning for a spring family medicine conference for medical students.

In July and August, ZdravPlus/STLI provided consultative input on improvements to the family medicine residency curriculum, including:

- Improving ongoing evaluation and feedback by residents;
- Decreasing the number of academic lectures in order to increase clinical exposure;
- Lengthening and improving the quality of rural rotations;
- Assessing the ratio of inpatient to ambulatory training, with the intent to expand ambulatory training.

There is a growing need for primary care providers in rural areas of Kyrgyzstan. To this end, the MOH implemented a radical change in post-graduate medical education, with the conversion of almost all two-year residency positions to a one-year internship training that will take place at the rayon level. Many health care leaders are concerned about the result that the change may have on the quality of internship training. ZdravPlus/STLI began discussions with the family medicine department of KSMA and with the rectors of the post-graduate institutes to develop an alternative strategy that would retain all of the two-year FM residency system with revisions to the curriculum allowing for the second year of training can be conducted at the oblast or rayon-level, with supervision of training by family medicine trainers already employed at FMTCs.

Feldsher Training and Emergency Care

In cooperation with the master trainers in Osh and Bishkek, an eight-day training program in basic emergency care for FAP Feldshers and a training program in trauma for the ambulance feldshers were finalized. By autumn, with participant training costs from the SWAp, nearly all FAP feldshers (790) received training in PALS, including follow-up monitoring, and nearly all ambulance feldshers (552) received training in advanced emergency care, including follow-up monitoring. In addition, ambulance and FAP feldshers received a three-day training on HIV/AIDS, and FAP feldshers received a one-day training on and immunization. Feldsher training will continue through the beginning of 2008.

Regional feldsher trainers continue to be trained and supervised by ZdravPlus/STLI consultants as they begin to lead new trainings for FAP and ambulance feldshers. Following intensive negotiations with the MOH over TOT funding, in November STLI consultants were able to train the 21 ambulance trainers to teach the new emergency care training. The first seminars lead by the new group of trainers where held in December, and approximately 280 feldshers where trained by the end of the year.

During the last six months ZdravPlus/STLI provided the following trainings for Master Feldsher trainers in Osh and Bishkek:

- The mega code instructor course;
- A course in pediatric emergencies;
- A workshop on training center development; and
- Training for a new feldsher trainer for Chui Oblast who will replace a master trainer who recently emigrated to Russia.

Lastly, ZdravPlus supported the continued development of training centers for emergency care in Bishkek and Osh. High speed Internet was set up at the Osh training center to improve communication, and medical equipment was purchased to improve training quality. Beginning in January 2008, the Osh center will be equipped with high-tech manikins to teach advanced emergency care courses.

Undergraduate Medical Education

At the undergraduate level, ZdravPlus/STLI continues to provide consultative support for the reform of medical education so that it is more consistent with international standards. ZdravPlus in Kyrgyzstan is participating in a regional initiative to establish a medical accreditation process based on the WFME accreditation standards, and will continue working with educational institutions and working groups on accreditation issues in 2008.

In an effort to raise awareness of and interest in family medicine, a three-day conference, the “Second Annual International Conference on Family Medicine” was organized for 103 sixth-year medical students and family medicine residents. Speakers included STLI consultants, four guest lecturers from the U.S., and one guest lecturer from Wales. The conference consisted of morning lectures and afternoon workshops on suturing; performing a knee exam; performing otoscopy/ophthalmoscopy; obstetric emergencies; and also a workshop on headaches in the format of the game show “Jeopardy.” The average result on the post-test administered after the lectures was 81%, and the average student satisfaction rating for the conference was 4.6 (on a 5-point Lichert scale).

EBM and CPG Development

ZdravPlus continued to provide technical assistance and operational support to the MOH, EBM Unit, Medical education institutions, and multi-disciplinary working groups led by professional medical associations, to promote EBM, revise and improve existing clinical protocols (CPs), develop evidence-based CPGs/CPs, implement CPGs/CPs, and integrate EBM principles into medical education curricula and teaching.

EBM Development

During the second half of 2007 ZdravPlus participated in numerous EBM policy meetings including the Manas Taalimi Joint Annual Review and Health Summit in October, where participants discussed and made recommendations on major policy and programmatic issues affecting EMB implementation. The Project also worked closely with the KSMA to revise previously developed EBM-related courses, and helped to develop new EBM courses for KSMICME. Prerequisite courses (e.g. biostatistics and clinical epidemiology) at the KSMA require revision in order to incorporate new EBM principles. In 2008 ZdravPlus will work to advocate for and establish a separate course on the effective search and critical appraisal of evidence-based literature via the Internet. In collaboration with the EBM Unit, ZdravPlus will also help to encourage all departments to use EBM principles in their programs through introductory EBM trainings for all heads of clinical departments.

A ZdravPlus consultant and local specialist from the Ob/Gyn Association continued to update the content of the CAR EBM Specialists website <http://carebmc.net>. The consultant has also facilitated discussions in the website’s forums and promoted the website to other donor and local stakeholders.

CPGs

From September to October the revised CPG on hypertensive disorders in pregnancy was reviewed by ZdravPlus/STLI and submitted to the obstetric professional association for consideration. ZdravPlus/STLI then provided a second review of the guideline, which should be approved by the MOH and implemented in early 2008. The CPG covers diagnosis and treatment of preeclampsia and eclampsia, which have consistently been one of the three leading causes of maternal deaths in Kyrgyzstan. Over the last year, there have been a number of political barriers to improvement of this CPG largely due to conflict within the Kyrgyz Ob/Gyn leadership and community, however, there has been some progress over the last six months and we hope for resolution and approval of a good CPG in this critical area in 2008.

Lastly, in October, ZdravPlus helped to organize and participated in a conference devoted to good clinical practice principles and discussion of establishing an infrastructure for clinical trials in Kyrgyzstan. The conference was held from October 9-11 and organized by the National Bioethics Committee. ZdravPlus made two presentations at the conference: “Roles and Relationships between Academicians/Researchers and the Pharmaceutical Industry from the Perspective of Healthcare Quality Improvement” and “Advantages and Disadvantages of Conducting Clinical Trials in Kyrgyzstan.” A resolution on clinical trials was drafted during the conference for submission to the MOH.

Quality Assurance

Over the past six months, MAC accredited 31 health care facilities (seven hospitals, ten FMCs, four FGPs, one SES facility, one emergency care center, one republican blood transfusion center, one city prenatal center, one sport and medical center, one reproductive health center, one student clinic, one

endocrinological dispensary center, and two centers of general practice). MAC also completed inspection monitoring of the Rehabilitation Center in Kochkorata and the Oblast Merged Hospital in Batken Oblast.

In September, ZdravPlus supported a conference entitled “Issues Related to Continuous Quality Improvement of Health care in Kyrgyzstan.” The conference was organized to celebrate ten years of successful work on the parts of the Family Group Practice Association, Hospital Association, and the Medical Accreditation Committee. The conference also provided an opportunity to discuss quality improvement activities and best practices with counterparts from Kazakhstan, Tajikistan and Russia, donor organizations, and MOH civil servants. Discussions also focused on issues related to health sector institutional structure, roles and relationships and how public private partnerships have created an efficient means for improving quality in health care.

Pharmaceuticals

ZdravPlus/CitiHope International (CHI) and the FGPA developed a special issue for the FGPA bulletin for doctors on information for 16 different medicines included in the ADP. In addition, a manual with recommendations for doctors and feldshers on patient counseling was developed. Five hundred copies of the poster “Synonyms of medicines included in ADP of the HIF” were printed over the reporting period. This poster provides information about synonyms for antibiotics and cardiovascular medicines included in the ADP for pharmacists and patients on the primary health care level. It enables doctors and patients to familiarize themselves with the names of generic medicines and the names of their brand name and branded generic equivalents.

CHI conducted an analysis of medical patients’ history of antibiotic use from July 2006 to July 2007. As a result of this analysis, six antibiotics were defined as prescribed most frequently: Ampicillin (both tablets and injection forms), Amoxicillin, Gentamicin, Ciprofloxacin, and Cotrimoxizol. CitiHope developed, printed and distributed 50 informational posters on these six antibiotics for display in FGPs and FAPs. The posters include descriptions of the clinical properties of the medicines and how they should be prescribed.

ZdravPlus/CitiHope International prepared informational materials for doctors on 16 drugs that were recently introduced in the Additional Drug Package, and the content was added to the Patient Drug Information guide published by CitiHope under the Pharmaceutical Benefit Initiative funded by USAID from 2003-2005. The information was also included in a special edition of the FGPA bulletin. Two thousand copies of the bulletin were published in September 2007 and distributed to all FGPs and FAPs nationwide.

In order to increase patients’ awareness of the correct use of antihypertensive medicines, two posters (50 copies of each) were printed for display in pilot FMCs. Three hundred copies of the handbook “A Diary for Patients with Hypertension” were also published during the reporting period. ZdravPlus/CHI conducted a one-day training on the provision of drug information to patients for 12 pharmacists from Neman and BiomedPharm pharmaceutical companies and for 24 physicians from FMC #3. On September 24, ZdravPlus/CitiHope conducted a workshop on the diagnosis and treatment of viral diseases, and a practical training on rational antibiotic use and antimicrobial resistance for 18 physicians, feldshers and nurse-dispensers in Jumgal Rayon of Naryn Oblast.

A preliminary situational analysis of gonorrhea treatment in primary healthcare was conducted early in the reporting period, and recommendations on gonorrhea treatment were reviewed in order to initiate a pharmacoepidemiological study of gonorrhea treatment at the PHC level. In November, the PCP team evaluated gonorrhea treatment practices in Tokmok City (Chui Oblast). Meetings were conducted with FMC and private clinic physicians and pharmacists. A survey was also conducted among FMC physicians, and gonorrhea pharmacotherapy monitoring was accomplished through a review of patient cards. A final report on the study is being compiled at the time of this report and will be disseminated to health care policy makers and partners in the near future.

ZdravPlus/CitiHope also continued delivery of donated pharmaceuticals through the MHIF outpatient drug benefit framework to supplement resources available and also link to quality improvement activities in hypertension. Finally, ZdravPlus collaborated with USAID/BU/CFAR project, Swiss Red

Cross, and WHO HPAP Project in continuing to implement and refine programs extending pharmacies into rural areas.

Infrastructure

In September and October, the ZdravPlus HR Specialist worked closely with the MOH HR Department and the Hospital Association to coordinate a working group on the development of a national classification system for medical equipment and medical supplies. The working group developed and agreed upon an adapted version of the “International Classification of Medical Equipment and Medical Supplies,” and drafted work plans on optimizing and restructuring outpatient service delivery. The national classification system and work plans were presented at the October Health Summit and are under consideration for approval at the MOH.

In November and December, ZdravPlus assisted an MOH HR working group in developing a set of criteria for opening new FAPs, which will be presented for approval at the MOH in early January 2008.

Public Health (SES)

ZdravPlus continued to develop and implement our top-down, bottom-up strategy for SES reform. Concerning the top-down element of our approach, ZdravPlus continued to collaborate with the MOH, SES, WHO, WB GSAC/GTAC project (linkage to WTO accession) and other donors/projects working on public health under the Manas Taalimi umbrella. General activities included participating in Health Summit technical review; ongoing dialogue about public health system restructuring, consolidation, and integration; changing public health financing systems; and support for working groups in areas such as human resources development and legal and regulatory base. The bottom-up element of our approach consists of a pilot to improve local or rayon level SES services by improving coordination between all stakeholders in public health including SES, other public health entities including health promotion, health system providers (FAPs, FGPs, FMCs, hospitals), rayon administration, veterinary service, and Village Health Committees. Specific Ton Rayon pilot activities are discussed below.

Over the summer of 2007, ZdravPlus worked closely with the MOH Public Health Department to jointly plan out the remaining 2007 work plan for the Ton pilot in Issyk-Kul. In July and August, ZdravPlus made trips to Ton Rayon to study the current operations of the Rayon SES, and its relationships with other public health stakeholders in rayon. As a result of the trips, a list of recommendations for required assistance and the remaining 2007 work plan activities were discussed and approved by all stakeholders.

In September ZdravPlus conducted a roundtable with representatives from the Ton Rayon Administration, SES, FMC, RHC, FGPs, Veterinary Department, and Territorial Hospital to discuss the formal establishment of the Public Health Coordination Council (PHCC) in Ton. All participants expressed their support for the initiative, and suggested including the local educational department and militia in the council. Participants also discussed the responsibilities of each entity, and the council itself, and agreed to expedite the legal process for the Council’s establishment.

From September through December, work continued on the legal documents needed to establish the functions of the PHCC. Concept papers and legal documents have been drafted and edits from the MOH and the Republican SES have been incorporated. The papers will be sent for approval following a roundtable with the MOH, SES, international donors and local stakeholders scheduled for January 2008 to discuss integrating public health and health promotion services at the rayon level and expanding the Ton pilot to other rayons.

In October ZdravPlus conducted a two-day Public Health workshop for 28 representatives from public health organizations in Ton. Participants presented an overview of their activities related to the integrated brucellosis action plan that was drafted in early 2007. Experiences and problems encountered in implementation were discussed, and amendments to the action plan were made based on these discussions. Participants also developed an integrated action plan on iodine deficiency that includes the significant involvement of civil society and the Rayon/Village Health Committees. The

concept paper for the PHCC was also discussed and updated during the workshop. Lastly, participants agreed that the next integrated action plans in the rayon should focus on maternal anemia, hypertension, and nutrition. In November and December, ZdravPlus and members of the PHCC continued to monitor the PHCC on brucellosis and iodine deficiency. ZdravPlus also trained SES personnel on epidemiological data analysis, reporting, and graphing.

Continuous Quality Improvement (CQI) – Hypertension and Asthma

CQI rounds on training in management of hypertension (i.e. screening, proper measurement of blood pressure, risk stratification, patient education, lifestyle changes, and initial pharmaceutical management) were completed during the second half of 2007. Monitoring indicated improvements in case finding, provider practices related to care management, prescription, and provision of lifestyle advice. Also, the FGPA conducted external monitoring to evaluate the impact of CQI activities on an intermediate health outcome – arterial blood pressure level – and estimated an average reduction in systolic and diastolic levels of 23.3 and 8.3 mmHg, respectively. The monitoring process also identified some areas for improvement, including a need to strengthen the capacity of clinic personnel to conduct root-cause analysis for unsatisfactory performance in some indicators, and to take ownership of the CQI process as a tool for facility-level, bottom-up improvement rather than a top-down requirement.

CQI activities on hypertension were summarized and presented at a national conference on the state of cardiovascular disease and the effectiveness of interventions within the Kyrgyz Republic. Co-led by the Center for Health Policy Analysis, Swiss Red Cross, and ZdravPlus, the conference provided an opportunity to bring together national health care policy makers and leading physicians to discuss the burden of cardiovascular disease and develop strategies for reducing CVD-related morbidity and mortality. ZdravPlus/STLI completed a technical review of a paper summarizing research conducted by the Center for Health Policy Analysis on the prevalence, awareness, and treatment of hypertension. The paper includes specific recommendations for improving quality of care for hypertensive patients and reducing the burden of cardiovascular disease – the leading cause of death in Kyrgyzstan.

Asthma – often under-diagnosed and often mismanaged – is a priority condition under Manas Talaami. Primary care physicians and feldshers throughout the country received training in PAL (“Practical Approach to Lung health”) over the past six months, which includes training on the diagnosis and management of asthma. For this reason, CQI rounds on asthma might help to improve the integration of new knowledge and skills into every-day practice and to improve the quality of care delivered to patients suffering from the condition. ZdravPlus/STLI supported the FGPA in the development of standards and indicators on asthma/COPD and CQI instruments were also developed, including Excel-based data reporting forms for oblast-level CQI coordinators. By the end of 2007, most rayons had completed two CQI rounds (a total of 6 months) on asthma.

Safe Motherhood and Family Planning

Safe Motherhood (PEPC)

WHO Safe Motherhood and PEPC (SM/PEPC) approaches continued to expand rapidly during the second half of 2007 due to: 1) improved donor collaboration (including joint investments from ZdravPlus, WHO, UNFPA, UNICEF, and others); and 2) the linking of all activities to the broader health system reforms contained in Manas Taalimi and the draft National Strategy on Reproductive and Sexual Health. The MOH opened a department unit devoted to coordinating MCH efforts and a national strategy for reducing infant and maternal mortality is under development. ZdravPlus/STLI is working with the KSMIRCE and FGPA to develop the antenatal care component of this strategy.

The goal of the ZdravPlus’ SM program is to reduce maternal and newborn mortality by making sustained improvements in quality of care during pregnancy, labor, delivery, and the postpartum period, and while increasing demand for and utilization of higher quality services. MPS/PEPC strategies have now been introduced in six of the seven oblasts and in Bishkek city, including 40% of all maternity hospitals in the country. ZdravPlus supports improvements in the quality of perinatal care in maternity hospitals in Issyk-Kul, Naryn, Jalalabat, Batken, and Bishkek, and improved antenatal

care in all oblasts of the country. Initial MPC/PEPC training is followed by performance monitoring and clinical mentoring every six months.

In addition to specific activities summarized below, over the last six months ZdravPlus continuously engaged in coordination with the MOH and other donors, ongoing policy dialogue, and follow-up monitoring for all the sites implementing Safe Motherhood.

From June 10 to July 15 WHO-affiliated ZdravPlus consultant Dr. Ion Bologan conducted refresher training and on-the-job performance mentoring for nine maternities in three oblasts where MPS/PEPC has been initiated: Bishkek Maternity #1, the Maternity Department of the National Hospital, Bishkek Perinatal Center, Jalalabat Oblast Maternity, Bazarkorgon Rayon Maternity Department, Aksy Rayon Maternity, Cholponata Maternity, Balykchy Maternity, and Karakol Maternity.

From September 24-28, WHO-affiliated ZdravPlus consultant on neonatology Dr. Maciulevicius conducted refresher training and on-the-job mentoring for five sites in Naryn oblast where MPS/PEPC has been initiated. WHO-affiliated ZdravPlus consultant on obstetric care, Dr. Hodorogea, conducted similar trainings and mentoring from October 25 to November 2. The following PEPC pilot sites in Naryn oblast were covered during these mentoring visits: Aktalaa Rayon Maternity, Atbashy Rayon Maternity, Kochkor Rayon Maternity, Naryn Oblast Maternity, and Jungal Rayon Maternity. The site visits included:

- Facility assessments for each site;
- Informal site and provider assessments, completed in collaboration with health workers to prioritize strategies for improving clinical practice;
- Planning sessions with providers on refresher training and on-the-job mentoring;
- Clinical training and mentoring, including technical lectures;
- Demonstration and observation of practice; and
- Dissemination of summaries and recommendations for each site (including a list of key areas for follow-up, focused primarily on neonatal and obstetric care).

Follow-up monitoring through chart review of postpartum women and newborns in ICU was completed in December. Also in December, interviews with postpartum women in pilot hospitals (100 charts and 100 women interview questionnaires per pilot facility) were conducted.

Family Planning

From July to December, ZdravPlus family planning activities continued to focus on training rural midwives and feldshers in the provision of a full range of family planning services, including IUD insertion with special precautions and monitoring systems in place to protect women from possible harm.

An August IUD training was conducted in Ton Rayon for 16 rural midwives and one feldsher. The average pre-test score was 36% and post-test was 87%. Five midwives from Chatkal and 15 midwives from Toktogul Rayon received the same training, and the groups' average pre-test score was 46% versus 75% at post-test. Family planning experts from the Jalalabat Oblast Human Reproduction Care Center conducted follow-up monitoring of skills for newly trained midwives in Toktogul Rayon in November. One midwife was assessed as incapable of providing IUD services and was not certified. Follow-up monitoring in Ton Rayon is planned for early January.

Infectious Diseases: Tuberculosis (TB)

ZdravPlus continued to work in close partnership with Project HOPE to facilitate integration of the vertical TB system into the broader health system, with an aim to increase the capacity of the PHC system in early diagnosis of TB and treatment at the continuation phase, and to improve referral systems between PHC, inpatient care, and civilian and prison systems.

ZdravPlus and Project HOPE conducted operational research on the degree to which DOTS and its essential components are institutionalized into the retraining of PHC providers, and reviewed the DOTS modules for PHC doctors, nurses and feldshers that are conducted at the FMTC. ZdravPlus and Project HOPE conducted two Essential Topics in TB TOT seminars for the faculties of Family Medicine for doctors, nurses and feldshers, covering the topics: 1) the importance of DOTS; 2) the development of drug resistant TB; 3) the role of PHC in the national TB program; 4) collaboration between civilian and prison TB services; and 5) TB-HIV co-infection. In 2008 ZdravPlus and Project HOPE will provide technical assistance to the faculties of Family Medicine at Kyrgyz PGMI to develop standardized and unified DOTS educational modules for all levels of PHC provider retraining and CME.

In July and August, ZdravPlus continued working to improve implementation of the DOTS Program at the rayon level based on the example of Zhail Rayon in Chui Oblast. In September, ZdravPlus organized a round table discussion for the heads of Zhail Rayon village communities, police, and rayon administration with the purpose of improving collaborative activities between parties responsible for DOTS implementation at the rayon level. After official approval of an integrated strategy of collaboration between PHC, TB Services, Police and Local Administration and Social Support Services in October, a first monitoring meeting was conducted to review the status and progress of DOTS implementation in Zhail Rayon. Preliminary results showed an increased commitment to the problem of TB from all relevant sides and strengthened social support activities for TB patients undergoing DOTS treatment in Zhail Rayon. ZdravPlus and Project HOPE will support regular quarterly monitoring meetings in Zhail Rayon in 2008 in order to facilitate results sharing at the national level and a potential expansion of the integrated model to other sites. It is expected that institutionalization of the new strategy will significantly improve patient adherence to treatment and, as a result, DOTS Program outcomes in Zhail Rayon.

Policy dialogue continued on the approval of the Government Decree focused on improving collaboration and coordination of activities between Prison and Civilian TB Services.

Population and Community Health

Village Health Committees

National

In September and October, ZdravPlus and the Swiss Red Cross (SRC) developed a grant application process for Rayon Health Committees (RHCs) nationwide to apply for funds available from the Global Alliance for Vaccines and Immunization (GAVI) grant. Instructions, application forms, and final details are currently being discussed with the MHIF and RCHP and waiting for official approval. Also in October, ZdravPlus and SRC completed the national Community Action for Health (CAH) M&E database, which was installed at the RCHP in December for testing. A nationwide TOT on using the database is planned for February 2008. Lastly, ZdravPlus completed a report in December that outlines potential donors for health initiatives and civil society in Kyrgyzstan. This will be shared with all Rayon Health Committees in the country in early 2008, and will assist RHCs as they apply for external funding.

Issyk-Kul Oblast

Over the reporting period ZdravPlus continued to support 140-plus VHCs and five RHCs in Issyk-Kul and conducted a number of health campaigns. In collaboration with the Global Fund, ZdravPlus supported a malaria campaign in the summer, during which joint visits between VHC trainers and SES specialists were made to mosquito breeding areas. Following these visits, SES specialists prepared technical recommendations for local communities and VHCs on improving hydro-technical conditions and ensuring that breeding areas are eliminated. In Jety-Oguz Rayon breeding “reservoirs” were registered in nine villages. In Tyup Rayon one reservoir was registered, and in Issyk-Kul Rayon many reservoirs located on resort properties were registered. Malaria campaign monitoring by IKO Health Promotion Unit (HPU) staff in September revealed that the campaign covered 60% of oblast households and that VHCs felt that easy access to relevant information made the action groups’ activities more effective. The issue of malaria breeding grounds will continue to be addressed jointly by VHCs, local SES and resort management.

In July VHC trainers were able to visit remote mountainous areas of Issyk-Kul Oblast where seven VHCs were established over two years ago. Due to their remote location and inaccessibility during the autumn, winter and spring months, there have been very few visits by HPUs and VHC trainers. This summer trip allowed the trainers to mentor VHC members, explain to them current success of the VHC program throughout the oblast and nation, and to encourage re-election of VHC leaders as many members had become inactive. Priority was given to the provision of key information, and trainers conducted seminars on iodine deficiency, brucellosis, and malaria, research on smoking, and a seminar on VHC vision. The population has asked that ZdravPlus and the HPUs help VHCs address the brucellosis situation, and ZdravPlus plans to assist these remote villages with this task over the summer of 2008.

In September ZdravPlus and SRC completed the first phase of a campaign on alcohol, during which VHC members interviewed households on the quantity of alcoholic drinks consumed per family per year calculated in monetary terms. In November and December, the second phase of the alcohol campaign was initiated by promoting, via the alcohol prevention action group established in each village, reduction in alcohol consumption and alcohol-related spending. Religious groups, civil society, schools, and local NGOs have all been mobilized to contribute to this effort.

In November ZdravPlus began implementing another round of the brucellosis campaign. The main component of the health action is an information campaign to raise awareness of the dangers posed by brucellosis infection, and the steps households can take to prevent infections. Every household receives the following four key messages for brucellosis prevention:

- Use rubber gloves during lambing;
- Use holes for burying the placenta;
- After lambing, disinfect the lambing area and tools using lime;
- Create a separate area for lambing.

Collaboration between Rayon Health Committees (RHCs), other civil society organizations, and local administrations in Issyk-Kul was established and strengthened during the second half of 2007. Examples include:

- Roundtable discussions between Tyup Rayon Administration, heads of Tyup Rayon villages, staff of the Rayon Water Department and Rayon SES Service, and Rayon Veterinary Service specialists. At this meeting VHC trainers provided information about health promotion activities completed in Tyup Rayon and throughout IKO.
- In August, the Tyup Rayon Administration provided five million SOM from their budget for swamp management to control malaria in the rayon. For brucellosis, the Rayon Administration promised to form a mobile commission to monitor tests taken from animals and schedule visits to VHCs.
- The Rayon Administration is working with the Salt Producers Association to open a centralized shop for iodized salt.
- Representatives from the NGO “Adamzat Den Soolugu” were invited to the Tyup RHC meeting in July. The NGO works in areas such as patients’ rights, smoking, alcoholism, drug addiction, and election monitoring and is interested in collaborating with the RHC.
- The Ak-Suu Rayon Health committee is working with veterinarians on obtaining information on brucellosis and foot-and-mouth disease.
- Issyk-Kul Rayon VHC Heads participated in a seminar on HIV/AIDS organized by “Women of Kyrgyzstan against HIV/AIDS,” and all participants received trainer certificates.

ZdravPlus began capacity building seminars with Rayon Health Committees aimed at strengthening RHCs and ensuring that they are increasingly self-reliant, are prepared for long-term financial

sustainability and have optimal social impact. Workshops and TOTs on organizational management, project development and proposal writing were completed over the reporting period. In September, ZdravPlus conducted seminars for HPUs and one for RHCs on the different legal options available to them for registering RHCs as NGOs. In November and December, ZdravPlus assisted the RHCs in completing their registration as NGOs. All five RHCs are now operating as registered NGOs.

Jalalabat Oblast

ZdravPlus continued to support 111 VHCs in Jalalabat over the past six months and helped to conduct a two-part nutrition campaign, a diarrhea prevention campaign, and self-evaluations. In July the first phase (pre-harvest) of the nutrition campaign was completed in Jalalabat Oblast. Two rayon HPUs advised VHC action groups on how to conduct the action research and household monitoring surveys. In December, the second phase of the nutrition campaign (post-harvest) was completed. A total of 2,327 households were surveyed on nutritional intake and received important nutritional information. Throughout the reporting period, HPU staff gathered in Jalalabat for monthly meetings to discuss past and current campaigns on iodized salt, malaria, nutrition and diarrhea. In September and October, ZdravPlus conducted a diarrhea prevention campaign, distributing prevention information brochures to households, primarily to mothers. Information included oral rehydration solution, breastfeeding, food preparation, proper hygiene, and medications. Lastly, in December, ZdravPlus and the Swiss Red Cross supported the VHCs in conducting self-evaluations.

Healthy Schools

In collaboration with WHO and other donors/projects, ZdravPlus continues to provide very limited support for the implementation of the Kyrgyzstan Healthy Schools program in 21 pilot schools throughout the country. Activities during the second half of 2007 included:

- Support for a representative from the Healthy Schools project to attend a regional conference in October in Moscow titled, “Issues on Hygiene and Mental Health Protection of Children and Teenagers.” (The trip enabled the representative to meet with consultants from UNICEF and WHO who help to manage Healthy Schools programs in Russia and other CIS countries, to participate in interactive sessions, and to obtain Healthy Schools informational materials for duplication and distribution);
- Completing an analysis of students’ health;
- Approval of an educational program for grades 10-11 on health culture (approved by the Scientific Council from the Academy of Education);
- The development of a Kyrgyz language training manual on health culture for grades 1-4 teachers; and
- A seminar for teachers from pilot schools on teaching healthy lifestyles (conducted in collaboration with the UNFPA).

TAJIKISTAN
Six-month Report
July - December 2007

ZdravPlus continued to make slow but steady progress in Tajikistan during the second half of 2007. The program strategy of national level or top-down stewardship, resource use, and some service delivery activities creating synergies with facility-level or bottom up development of Centers of Excellence to serve as service delivery models, build capacity and ownership, and provide results to demonstrate reforms and trigger roll-out continues to produce results. This strategy was developed specifically for the Tajikistan environment, which is characterized by an extremely low health budget, low capacity, political maneuvering, difficulty in donor/project collaboration and minimal implementation experience largely due to the civil war. The strategy is largely consistent with the ZdravPlus regional health reform model, the main difference being that pilots are at the facility level and not the oblast or rayon level. While implementing activities in Tajikistan continues to be challenging, the new MOH administration sought the assistance of ZdravPlus on a number of health reform issues during the second half of 2007.

In the Resource Use component, significant progress was made in the implementation of health financing reforms. These reforms include the piloting of PHC per capita financing and the introduction of paid services/co-payments within the framework of the basic benefits package (BBP) in pilot rayons supported by the World Bank, ADB, and SDC-funded Project Sino. ZdravPlus led discussions and provided extensive technical assistance to both the MOH and donors in preparation of the methodology, calculations, and documentation required for these reforms.

In the Service Delivery Component, training of family medicine trainers, retraining and CME for family doctors and nurses, development of a new hypertension CPG informed by quality improvement processes, and implementation of a number of rational drug use activities continued. The ZdravPlus Center of Excellence model was replicated by SDC-funded Project Sino in pilot rayons, and ZdravPlus provided assistance to the Aga Khan Foundation as they worked to establish a similar facility in Khorog. ZdravPlus continued implementation of safe motherhood in pilot faculties in Dushanbe City and Yavan Rayon in Khatlon Oblast, working with providers to monitor integration of WHO Promoting Effective Perinatal Care (PEPC) protocols and to evaluate their effect on improving health outcomes in women and newborns. In addition, a third training on PEPC was conducted for the health care staff at new pilot sites of Soghd Oblast Maternity House and maternity wards of Konibodom and Isfara CRH.

In the Population and Community Health Component, activities continued to focus on assistance in development of BBP promotional materials, promoting family medicine, development of the Family Medicine Associations, and health promotion focused on service delivery priorities.

Stewardship

Based on the two regulatory documents developed by ZdravPlus/Socium Consult in collaboration with the MOH and MOF, a new PHC per capita financing system was introduced in eight pilot rayons, including Kulob and Dangara in Khatlon Oblast, Asht and Spitamen in Soghd Oblast, and Rasht, Shahrinav, Tursunzade and Varzob in the Rayons of Republican Subordination (RRS). The new PHC financing system allows for the separation of the PHC budget from the overall health care budget, separate smeta (budget plan) for PHC, and the formulation and allocation of the PHC budget on a per capita basis.

To facilitate implementation of the new PHC payment system at rayon level, ZdravPlus experts developed specific regulations for Kulob in Khatlon Oblast, Asht and Spitamen in Sugd Oblast, and Rasht in the RRS khukumats. These regulations were approved by local khukumats in July, creating a legal foundation for the implementation of a PHC per capita financing system at the rayon level. In addition, ZdravPlus and Socium Consult experts met with the Head of the Spitamen Rayon Budget Department to present and discuss the PHC budget formation process and issues for 2008.

ZdravPlus initiated, organized and led a joint WHO, World Bank, and MOH Health Policy Analysis Unit (HPAU) study trip to the World Bank-supported Asht and Spitamen pilot rayons in Sugd Oblast that are implementing the PHC per capita payment system. As a result of the trip, ZdravPlus developed and communicated specific recommendations to facilitate implementation of the new PHC financing system and BBP.

ZdravPlus and the DIC led the MOH working group on revising the national essential medicines list (EML). In November, the revised EML was officially approved by the MOH and will be act as the priority list for the entire health sector of Tajikistan.

Resource Use

Health Care Financing

PHC Per capita payment system

ZdravPlus continued to work with the MOH, World Bank, ADB, and other partners to implement health financing reforms, including per capita financing for PHC in pilot rayons. As a component of the abovementioned joint WHO, World Bank, and MOH Health Policy Analysis Unit (HPAU) study trip, ZdravPlus and partners evaluated the per capita payment system implementation process, participated in workshops, and met with key local partners.

According to the ZdravPlus/Socium Consult and World Bank PIU joint implementation plan, the ZdravPlus/Socium Consult team and World Bank PIU revised calculations and developed rayon-level regulatory documents to prepare for changes in the flow of funding for PHC facilities starting from the third quarter of 2007. The rayon-level regulatory documents were approved by the rayon khukumats in July. Together with World Bank and ADB specialists, ZdravPlus health financing experts traveled to Spitamen, Asht, Kulob and Rasht rayons and worked with rayon-level financing/treasury and health authorities on the implementation per capita financing. As a result, a separate PHC budget was approved by rayon finance departments in all pilot rayons.

In November, the ZdravPlus/Socium Consult team and World Bank PIU health financing specialists traveled to Spitamen Rayon to work on the 2008 budget formation process. The team presented and discussed an Excel-based budget formation instrument with the Spitamen PHC Manager and Accountant, who then used the instrument to form a draft PHC budget for 2008. The ZdravPlus/Socium Consult team also discussed the budget formation instrument with the ADB PHC per capita financing specialist, who intends to employ the tool in two ADB pilot rayons.

During the World Bank mission in December 2007, ZdravPlus and the World Bank discussed and agreed to continue collaboration on introducing health financing reforms and developed a draft joint implementation plan for 2008.

Basic Benefits Package

In September and October, ZdravPlus evaluated the implementation of the basic benefits package (BBP) in the Spitamen Rayon pilot in Sugd Oblast. Overall, it was observed that the BBP is being successfully implemented. The BBP and regulatory framework and structure for co-payments are well understood, and are being implemented appropriately at the rayon level. Within the framework of the BBP, co-payments are being collected and mechanisms are in place to allocate co-payment revenues. In addition, management and accounting systems showed improvement.

ZdravPlus communicated these successes to the Head of MOH Reform Department and recommended that: 1) the MOH institute a process of making small refinements to the BBP, rather than introducing radical changes to the BBP or co-payment structure; and that 2) the Government, MOH, MOF, and Treasury System work together to develop the strategy and mechanisms necessary to implement pooling of health care funds or make other arrangements to enable more equitable distribution of BBP funds.

Health Information Systems and Cost Accounting

ZdravPlus, in collaboration with the MOH Medical Statistics Department, continued working on the creation and implementation of improved health information systems to support a new provider payment system for inpatient care as well as improved management at the facility level. This implementation of a new automated hospital clinical database improves routine health statistics, prepares for implementation of a new case-based hospital payment system, and improves internal hospital management by enabling the hospital to have day-by-day information on the number of patients seen by clinical departments, the number of free and occupied beds, and patient movement within the hospital. Pilot hospitals have continued collecting clinical data (see table below). To date, more than 430,000 clinical cases have been entered into the hospital clinical database.

ZdravPlus and World Bank PIU HMIS specialists agreed to discuss technical specifications and application of the clinical database program at both the rayon and oblast levels, and to work together to introduce changes needed prior to roll out in 2008.

Pilot Health Facility Number of Cases

| Pilot Health Facility | Number of cases |
|---------------------------------------|-----------------|
| Dyakov's Republican Clinical Hospital | 102,646 |
| Kurgan-Tube Oblast Hospital | 45,791 |
| Khujand Oblast Hospital | 59,815 |
| Leninsky (Rudaki) CRH | 31,112 |
| Khuroson CRH | 11,254 |
| Vaksh CRH | 16,331 |
| Kolkhozabad CRH | 24,230 |
| Bokhtar CRH | 14,859 |
| Kurgantube city hospital | 15,378 |
| Jomi CRH | 14,599 |
| Yovon CRH | 33,633 |
| Kumsangir CRH | 18,484 |
| Jilikul CRH | 13,685 |
| Kabodiyon CRH | 13,951 |
| Shahrituz CRH | 14,805 |
| Total | 430,537 |

Service Delivery

Medical Education

Undergraduate and Graduate Medical Education

ZdravPlus continued to support the MOH in its review of the current Medical and Pharmaceutical Education Concept with the aim of restructuring the Tajik State Medical University (TSMU) to enable it to produce better quality medical personnel. The assessment of current TSMU structure and education process completed by ZdravPlus in June 2007 has formed the basis for collaboration with SDC in supporting TSMU to execute further reforms at the undergraduate level. A steering committee was formed – consisting of the Rector of TSMU as well as representatives from the Ministries of Health and Education, SDC, and ZdravPlus – to lead further discussions and negotiations on the development of medical education. Unfortunately, at the end of December, a fire destroyed the TSMU's main administration and training building. This will severely disrupt activities at the TSMU for the foreseeable future.

Postgraduate Medical Education/Family Medicine Trainers

ZdravPlus continued supporting the Family Medicine Chair of the Postgraduate Medical Institute by providing trainers with modern evidence-based information on such topics as rational antibiotics use and updated standards for DOTS and drug resistant TB. The aim was to improve and continue the

institutionalization of the existing TB modules within the seven- and eleven-month FM education programs. ZdravPlus also continued ongoing faculty development activities for both FM doctor and nurse trainers, focusing on improving clinical knowledge in key areas as well as trainers' teaching skills. ZdravPlus conducted two roundtables on teaching methods and working with difficult trainees, and feedback from participants indicated that the training was very relevant to their day to day activities.

Family Medicine Physician and Nurse Development

Training of FM Trainers at Dushanbe CHC #1

The latest FM training of trainers (TOT) course commenced on December 5 with joint support from ZdravPlus, SCD-funded Project Sino, and AKF. The course consists of 11 trainees from donor-funded pilot sites who, following the TOT, are expected to return their home institutions to continue the FM retraining program. The Project continues to believe that the PGMI TOT course is a best-practice model that combines theoretical modules and practice very effectively.

Family Medicine Specialist Retraining Konibodom

The second FM retraining course at Konibodom concluded in October 16. Twelve trainees from Konibodom's CHC #1 and CHC #2 successfully passed their final exams on theoretical knowledge and practical skills. Trainees expressed that they had never studied in an environment where educational theory and practice were so well balanced, and that, as a result of the experience, they felt very confident with their new specialty. The third FM retraining course commenced on October 22, with four trainees from the Konibodom CHC #2 and four trainees from the Konibodom districts of Makhram and Kuchkak. To date, training at Konibodom has been carried out with assistance from PMGI Dushanbe trainers. As local trainers become more experienced, it is anticipated that the need for this ongoing support will be reduced in early 2008.

Physician and Nurse CME Conferences

Over the past six months, ZdravPlus continued to support monthly CME conferences for health care workers at the PHC level in Dushanbe and Sugd Oblast. CME topics included STIs, hypertension, ECG, early childhood development, malnutrition, antibiotic therapy for community-acquired pneumonia and sinusitis, family planning (in collaboration with UNFPA), and TB for PHC providers (in collaboration with project HOPE and Republican TB Center).

CME conferences continue to contribute to positive changes in quality care on the provider level, and also changes in the way health care system authorities are working to improve established practices. For example, during the CME conference on antibiotic therapy for community-acquired pneumonia, participants revealed that their approach to treatment was not consistent with the current IMCI strategy. This resulted in meetings between the PGMI FM Chair, the Dushanbe City IMCI Center, and UNICEF to discuss this issue, and the MOH's subsequent creation of a working group to review implementation of the IMCI strategy.

ZdravPlus also supported CME conference for nurses in Dushanbe on the topics of acute viral hepatitis, hypertension services, and nutrition.

Centers of Excellence (COE)

The Centers of Excellence model introduced by ZdravPlus in Dushanbe and Konibodom continues to attract the interest and attention of other donors. The SDC-funded Project Sino replicated the model in Tursunzade using PGMI trainers, and AKF plans to introduce a similar project in GBAO in the near future. ZdravPlus experts have agreed to provide advice and technical assistance to the two organizations as they move forward. This collaborative rollout serves as evidence that the implementation strategy adopted by ZdravPlus to fit the unique Tajikistan environment appears to be working.

Dushanbe City Health Center #1 (CHC #1)

ZdravPlus with the help of the PGMI FM Department and Head of CHC #1 initiated a pilot to assess the potential for integrating existing vertical programs into family medicine practice, beginning with reproductive health and DOTS services. The aim of the pilot is to develop an approach that can be

replicated in other PHC facilities. First steps have shown that the process is complex and that each step should be discussed in careful detail with all stakeholders.

Konibodom City Health Center #1 (CHC #1)

A major barrier to the introduction of family medicine has been ongoing conflict between specialists and family doctors. In Konibodom, a system to foster dialogue between the two groups has been introduced, and the meetings between family doctors and specialists not only continues, but has now become a regular monthly activity. Many specialists who were not supportive of family medicine at the beginning of the process have become more interested in collaborating.

Istrafshan City Health Center #1 (CHC #1)

The opening of the Project's third Center of Excellence in Istrafshan is scheduled for March 2008. Rehabilitation work at the facility is nearing completion at the time of this report. Local authorities have shown a great deal of enthusiasm and understanding health reforms, and are eager to implement the best practices developed by the Dushanbe and Konibodom COEs.

Quality Improvement and Hypertension

ZdravPlus continued to render technical assistance to QI teams in Konibodom and Dushanbe PHC facilities, where health care providers continued to introduce interventions to improve the quality of hypertension services using the patient pathway tool and monitoring standards of care against according to QI indicators.

Surveys were conducted in pilot COEs in August to evaluate the health care services provided to hypertensive patients. In December, the Regional ZP QI Coordinator visited and observed the work of two QI teams at the Dushanbe and Konibodom COEs, and presented monitoring and evaluation results to team members and health center administrators for 2005-2007. The QI teams found the data to be extremely useful, and are using it to plan future activities. ZdravPlus also presented the data to the MOH Hypertension Working Group, along with evaluation tools that will be used in implementing the new hypertension CPG in pilot sites.

MCH

ZdravPlus continues to provide technical assistance in training and clinical mentoring of the health care providers working in maternal and newborn care in Tajikistan. In addition to the four pilot maternities in Dushanbe and Yavan initiated during the first half of 2006, three new pilots were established as a result of agreements with Soghd Oblast health administration, including the Soghd Oblast Maternity House and the Maternity wards of the Konibodom and Isfara CRHs.

In October a third Promoting Effective Perinatal Care (PEPC) training was conducted for the health staff of three new pilots. Over 35 health care workers participated, including Ob/Gyns, midwives, neonatologists, neonatal nurses, anesthesiologists and epidemiologists. The theoretical and practical sessions were lead by four international WHO experts on perinatology and midwifery who were supported by three leading local Ob/Gyn and neonatology professionals. A baseline facility assessment, patient survey and chart review were also conducted at the three facilities.

An oblast-level policy meeting was held on the final day of the PEPC training, led by the Soghd Oblast Health Administration. Participants included representatives of the Soghd Oblast SES, the Oblast branch of the State Clinical Practice and Drug Prescription Control, Oblast and Rayon Reproductive Health Centers, and also head Ob/Gyns. As a result of the meeting, the prikaz was issued by the Head of Soghd Oblast Health Administration approving the establishment of an Oblast working group on implementation of the WHO MPS-PEPC standards.

ZdravPlus conducted a series of follow-up visits to seven pilot maternities in Dushanbe, Khatlon and Soghd oblasts during the reporting period in order to observe progress achieved by the teams in implementing PEPC recommendations. The visits included monitoring of performance and clinical mentoring, and were made possible through the expertise provided by a WHO international expert, an expert from Johns Hopkins University, and national PEPC facilitators in obstetrics, midwifery and neonatology.

During the visits, the monitoring team and health care providers explored the extent to which PEPC trainees had implemented the perinatal technologies taught in the course. Through observing existing practices in obstetrics and neonatology and reviewing charts the team developed a list of recommendations for each facility covering the topics of infection control, demedicalization of labor and delivery, reduction of unnecessary routine procedures, facility management, and newborn care.

Tuberculosis (TB)

In close collaboration with Project HOPE, ZdravPlus conducted a series of CME seminars for PHC providers in Dushanbe on essential issues in implementing the DOTS Strategy in Tajikistan. Approximately 75% of PHC providers in Dushanbe participated in the seminars, which covered issues such as the development of drug resistant TB and the role of PHC in TB control.

ZdravPlus and the PGMI FM Department conducted operational research on the level of DOTS institutionalization in the retraining and TOT of PHC providers at the postgraduate level. The study resulted in series of recommendations on drug resistant TB, TB-HIV co-infection, collaboration among the services and sectors responsible for TB control, and role of PHC in TB control. The ZdravPlus Regional TB and HIV/AIDS Coordinator conducted a one-day training for PGMI faculty, and an agreement was developed on updating the existing DOTS module for PHC retraining and TOT courses.

Lastly, ZdravPlus initiated policy dialogue with Republican and Dushanbe City TB Services on improving the implementation of DOTS at the PHC level in Dushanbe. A collaborative agreement on the need for better coordination of activities was developed, and the Republican and City TB Services agreed to conduct an operational analysis of DOTS implementation at the PHC level based on the example of City Polyclinic #8.

Evidence-Based Medicine (EBM)

Hypertension CPG

From July-August 2007, ZdravPlus continued to provide technical assistance to the Arterial Hypertension (AH) CPG working group. A number of meetings were conducted with MOH on the approval of the CPG and supporting documents, including a clinical protocol developed for PHC doctors, the CPG implementation plan, agendas for CPG implementation trainings for doctors and nurses, and a list of key standards and indicators to be used to monitor CPG implementation. The AH CPG was approved by the MOH late in December.

During the last meeting of the AH Working Group, the Regional ZdravPlus Clinical Coordinator met with AH Working Group members to share Kazakhstan's experience in developing and implementing the AH CPG. The meeting also allowed for discussion of 2005-2007 hypertension management monitoring and evaluation results from the Dushanbe and Konibodom COEs, as well as the CQI processes implemented at the facilities. It is expected that the CQI process and monitoring tools implemented at the COEs will be used as a basis for rollout of the CPG in 2008.

EBM Center

ZdravPlus continued to assist the EBM Center and its efforts to promote evidence-based medicine (EBM) among students, teachers, and academicians. The EBM Center served over 230 individuals during the second half of 2007, including undergraduate, masters and doctoral students, and TSMU faculty members who attended the Center to search for scientific literature from the Internet and Cochrane Library database. Eight doctoral students were assisted in searching databases to complete their dissertations. The Center's specialists also delivered "Introduction to EBM" seminars for the TSMU Family Medicine and Infectious Diseases Departments.

ZdravPlus and the EBM Center held a range of meetings with the heads of TSMU departments to continue dialogue on incorporating EBM in undergraduate medical education, and agreements were achieved on organizing joint activities on: 1) biostatistics training for doctoral students (through the Department of Social Hygiene); 2) EBM information search training for master students (through the Department of Informatics), and 3) translation of MEDLINE and Cochrane Library abstracts for health researchers (through the Department of English Language).

The EBM Center continued to maintain web site news and training content, and developed two new sections of the website for Power Point presentations and training materials developed by Center and for posting clinical protocols. The Center also published two issues of the EBMC Bulletin during the reporting period.

The following events were organized by the Center with support of ZdravPlus and partner organizations:

| Month | Name of Event | Number of Trainees/Participants | Topics Covered/Discussed |
|-------------|--|--|---|
| Every month | EBM Neonatology Journal Club | 9 neonatal specialists from Dushanbe maternities | <ul style="list-style-type: none"> • Introduction to EBM • General principles for critical appraisal medical information • EBM in Neonatology • WHO recommendations • WHO-endorsed literature in neonatology • Discussion of Critical Appraisal Topics • Sepsis in Newborns • Newborn Hemolytic Disease |
| October | EBM and Clinical Decision-making | <p>27 faculty members and physicians of the TSMU Infectious Diseases Department;</p> <p>Over 50 faculty members, master's students, and family doctors of the TSMU Family Medicine Departments;</p> <p>32 health care providers of the Hospital of the Tajik Railway Company</p> | <ul style="list-style-type: none"> • Key EBM principals • Search and critical appraisal of medical literature (with a practical assignment) • Developing clinical questions and clinical trial design |
| October | EBM Philosophy and Principles | 350 TSMU undergraduate students | <ul style="list-style-type: none"> • EBM in Clinical Practice • Searching for evidence • The Cochrane Library • Levels of evidence |
| November | EBM Student Scientific Group establishment and meetings (now meets twice per month) | 10 undergraduate students | <ul style="list-style-type: none"> • Take part in EBMC regular activities, provides web site and Bulletin support |
| December | Conducting health research and presenting results (in collaboration with TSMU Social Hygiene Department) | 21 degree aspirants | <ul style="list-style-type: none"> • Introduction to EBM • Planning clinical trials • Diagnostics test characteristics • Ethics in biomedical research • Database essentials (with practical assignment in MS Excel) |
| December | Evidence-based selection of medications (in collaboration with DIC) | 12 fifth-year students of the Pharmacological Faculty | <ul style="list-style-type: none"> • Key EBM principals • Search and critical appraisal of medical literature (with practical assignment) • Developing clinical questions and clinical trial design |

| | | | |
|----------|--|---|---|
| December | Quality of academic articles and publication requirements for biomedical journals (Presentation at conference organized by TSMU Scientific Unit) | 100 participants representing multiple departments of TSMU and governmental and international organizations | <ul style="list-style-type: none"> • Key EBM principals • Search and critical appraisal of medical literature • Publication requirements for scientific articles |
|----------|--|---|---|

All TSMU EBM Center materials and publications are regularly posted on the CAR EBM Centers Network web site at <http://ebmrctj.carebmc.net>.

On December 27 the EBM Center was destroyed by a fire at the Tajik State Medical University. ZdravPlus is currently working with the TSMU to reestablish the EBM Center in temporary accommodation.

Drug and Pharmaceutical Issues

Drug Information Center (DIC)

The DIC led the revision process for Tajikistan's newly approved Essential medicines List (EML) and provided information to the EML Working Group to ensure informed decision making on the inclusion and exclusion of medicines in the list. Using information provided by the DIC, the Working Group excluded 12 and replaced 13 medicines.

The DIC continued working with students and health care professionals at medical education institutions to provide independent, objective and evidence-based information promoting RDU in Tajikistan. The DIC prepared and printed a number of RDU-related medicine information bulletins and flyers to continue educating both health professionals and the general public.

In September, the DIC finalized materials developed for a pharmaceutical information course for pharmaceutical faculty students at the TSMU, and the materials were reviewed and approved following discussions with the TSMU working group led by the Dean of the Pharmaceutical Faculty. The materials cover the following topics: pharmaceutical information and RDU tenets, information sources, the concept of an EML, medicine formulary, generics vs. branded medicines, web-based information search, and critical information appraisal. By December, the DIC trained 58 pharmaceutical students on pharmaceutical information and pharmaceutical vigilance using the materials they developed. In December, the DIC delivered four lectures on rational drug use to 380 medical students from the Department of Clinical Pharmacology.

The DIC continued presentations and dissemination of the first Tajikistan National Medicine Formulary among PHC practitioners from the TSMU Family Medicine Faculty. The formulary provides readers with detailed information on all medicines in the Essential Medicine List (EML).

From July-December 2007 the DIC disseminated approximately 7000 copies of these new and previously developed materials in all regions of the country (see table below). In addition, the DIC provided support and information to more than 200 students, teachers, and health professionals who approached the Center with specific questions.

Information Materials Disseminated by DIC from July-December 2007

| Categories | Other RDU related materials | Drug Bulletins |
|--------------------------------------|-----------------------------|----------------|
| Polymakers | 464 | 350 |
| Medical Students | 1997 | 1912 |
| Health Professionals/ Family doctors | 935 | 960 |
| Population | 170 | 190 |
| Subtotal | 3566 | 3417 |
| Total | 6983 | |

On December 27 the DIC was destroyed by a fire the Tajik State Medical University. ZdravPlus is currently working with the TSMU to reestablish the DIC in temporary accommodation.

Pharmaceutical Care Program

ZdravPlus/CitiHope International in collaboration with the Smolensk Antimicrobial Institute conducted the third training on rational antibiotic use for common conditions like pneumonia and intestinal infections. Forty-three national- and oblast-level family medicine trainers and clinical pharmacology teachers from TSMU and PGI were trained. Following the trainings the DIC developed informational materials for PHC practitioners on rational antibiotic prescription and use. These materials were presented and disseminated to more than 140 health professionals at pilot facilities in Khujand in September.

The DIC also continued disseminating the joint ZdravPlus/CitiHope International and DIC-developed guidelines for family doctors titled “Providing Information on Medicines to Patients.” The guidelines include information for patients on all medicines included in the approved national CPGs and also feature detailed attachments on vitamin and antibiotic use.

Population and Community Health

Promoting Family Medicine

ZdravPlus supported the “Best Health Team” contest for Dushanbe City Health Centers in August. The aim of the competition was to promote family medicine among health specialists, to show health authorities that the introduction of family medicine has lead to improvements in quality of care and health outcomes, and to increase family medicine specialists’ familiarity with health promotion techniques. The contest was initiated by Gorzdrav and the City FM Center with support from ZdravPlus, the Professional Trade Unit, and the ADB. Seven of the city’s 14 Health Centers participated.

The Soghd Oblast Family Medicine Association held a roundtable in Khujand in August for Oblzdrav staff and representatives of international projects/programs operating in the Soghd region. The main goal of the roundtable was to brief participants on the principles of family medicine and the Association’s mission, present on the Association’s progress, and market the Association as a potential partner for international organizations wishing to support CME activities for family medicine specialists.

Family Medicine Associations (FMA)

The FMA continues to build collaborative relationships with partners including MOH, oblast health authorities, ADB, World Bank, Project Sino, UNICEF and WHO. The FMA continued participating as a member of the MOH CME Strategy Working Group and MOH committee on the accreditation of family doctors. It also contributed to the drafting of new legislation on family medicine and, in collaboration with MOH Human Resource Department, is assisting in the development of regulations on the certification of family doctors. The FMA participated in final examinations of re-training courses in both Konibodom and Dushanbe.

The FMA took further steps to prove its capacity in coordinating CME during the second half of 2007. The Association conducted trainings on clinical protocol guidelines for 225 family doctors in pilot

districts (with funding from the World Bank PIU) and on exclusive breastfeeding for 135 primary health care workers (with funding from UNICEF).

In October, FMA Board Members participated in the Kyrgyzstan Quality Improvement Conference, dedicated to the 10th anniversary of the Family Group Practice Association. The conference proved an excellent opportunity for the Board to learn from their Kyrgyz counterparts and their experiences in promoting family medicine, health care reform, and managing problems and challenges that occur in the NGO sector.

The Association launched a journal for family medicine specialists, which is expected to serve as a tool for promoting family medicine as well as an educational resource for family medicine practitioners. ZdravPlus will provide technical assistance for developing the quarterly journal, and printing costs for the will be supported by Project Sino.

Dushanbe FMA

The Dushanbe FMA assisted in conducting CME conferences in Dushanbe (described in the Service Delivery section of this report) and in organizing and conducting the competition for the “Best Health Team” contest for Dushanbe City Health Centers, held in August. In October the Association assisted a team of family medicine trainers from the U.S. in conducting a training on psychosocial consultation in family medicine practice. Thirty-five family doctors from Dushanbe Health Centers attended the training.

Soghd Oblast FMA

The Soghd Oblast FMA assisted in conducting CME conferences in Khujand (described in the Service Delivery section of this report) and held a roundtable meeting for international projects (described under Promoting Family Medicine, above). The Soghd Oblast FMA also organized and provided two two-day training sessions on neurological diseases and two three-day training sessions on ECG for 30 family doctors from health centers in Khujand.

Health Promotion

From August 1-10, ZdravPlus, jointly with the MOH and UNICEF, conducted the annual breastfeeding health promotion campaign. The 2007 campaign was named “Breastfeeding within the First Hour Saves One Million Babies.” ZdravPlus participated in working group sessions to develop the activity plan for the campaign and supported the redesign and printing of a booklet on breastfeeding. Campaign activities in the Dushanbe and Konibodom COEs included meetings with mahalla groups (with more than 70 participants in Dushanbe and 50 in Konibodom); seven seminars for women leaders in Dushanbe; dissemination of information materials; a quiz for young mothers; a training for health care staff in Konibodom; broadcast of a radio and television spot; development and publication of local newspaper articles, and a campaign roundtable in Konibodom.

On World AIDS Day, the Konibodom COE, in collaboration with the Healthy Lifestyles Center, published information on H.I.V./AIDS prevention in rayon newspapers, broadcast prevention information via local television and radio, and held educational sessions with mahalla groups.

ZdravPlus provided technical assistance to the MOH TB Working Group to support the development of health promotion materials for patients, health care workers, and the population.

IPC trainings

ZdravPlus conducted seven IPC training sessions for Dushanbe Health Center specialists with support from PGMI trainers. Fifty-five family doctors and 66 family nurses were trained from July-December.

TURKMENISTAN

Six-month Report

July - December 2007

The political environment in Turkmenistan remained challenging over the past six months, with activities limited to those that were expressly approved by the MOHMIT. ZdravPlus worked to strengthen its relationships with the MOHMIT, MCH Institute, Velayat Health Departments (VHD), and pilot health facilities, and was successful in earning the support of partners and the Government. At the MCH Institute's Annual Scientific Conference, the Institute's leadership recognized the quality of ZdravPlus IMCI and SM programs, and called ZdravPlus one of its most reliable partners. In a September national newspaper article, the President of Turkmenistan acknowledged the work of USAID and its support for the National Safe Motherhood Program. In a speech at Columbia University in New York, the President also described the value of Turkmenistan's collaboration with the U.S. Government in development of the country's health and education sectors.

ZdravPlus continued its focus on maternal and child health (MCH) during the second half of 2008. In close collaboration with the Healthy Family Project, the Project continued to implement Nurse IMCI training courses and also provided assistance to medical education institutions in strengthening pre-service and post-graduate IMCI training. ZdravPlus contributed to the expansion of the IMCI Physicians Training Program to the Essenguly and Etrek pilot etraps (Balkan Velayat), and supported the MCH Institute in its effort to design a monitoring system within the framework of the National Safe Motherhood Program. In collaboration with the WHO, an MPS/PEPC training course and five prenatal care training courses were conducted in June and July. ZdravPlus continued policy dialogue with the MOHMIT on the gradual expansion of Project activities to the new areas of provider payment systems connected to the HIS and evidence-based medicine.

The health information system (HIS) program began in three hospital-level pilots in 2006. The first cycle of five three-day HIS training courses conducted at the Turkmen State Medical Institute Health Management Center were completed during the reporting period. The courses were positively received by both the MOHMIT and pilot hospital staff, who viewed them as a valuable tool for improving management. The MOHMIT expressed their understanding for the role that the HIS should play in future health financing reforms, and has agreed that provider payment system reforms are necessary for both the current health financing system and the future health insurance system of the country. Four new HIS pilot etraps were approved by the MOHMIT during the second half of 2007, bringing the total number of pilots to seven.

Stewardship

Legal and Policy

In collaboration with the WHO and UNICEF, ZdravPlus continued to engage in policy dialogue with the MOHMIT during the reporting period. Activities in this area included:

- Inputs to the design of a monitoring and evaluation system for health care providers from the first SM pilot site;
- Promotion of the sustainability and institutionalization of the WHO IMCI and SM strategies through dialogue with the MOHMIT, TSMI Postgraduate Faculty, Turkmen Medical Schools, and the MCH Institute; and
- Contributions to the WHO, UNICEF, and MOHMIT planning for the improvement of epidemiological services in the country related to TB prevention and immunization programs.

ZdravPlus participated in the annual MCH conference, held on October 11, which brought together representatives from UNICEF, the MOH, and velayat health authorities, and also health care workers involved in MCH-related research. In his opening greeting, the Director of the MCH Institute expressed his gratitude to USAID and ZdravPlus for the Project's commitment to the implementation

of the WHO IMCI and Safe Motherhood programs. Twenty-five different presentations were made during the conference, focusing on the results of research on maternal and child health and reproductive health issues, and the ZdravPlus Health Promotion Specialist made a presentation on recent results from Keeping Children Healthy campaigns.

Monitoring and Evaluation

Safe Motherhood Monitoring Follow-up

In August and October, the ZdravPlus MCH specialist accompanied the Deputy Director of the MCH Institute on her visit to Project's Safe Motherhood pilot sites in Mary Velayat. The purpose of the visits was to evaluate implementation of PEPC standards and prenatal care recommendations introduced during the PEPC and prenatal care trainings conducted in June and July and to determine the degree to which the approaches have been standardized at the hospital and PCH levels. The Mary City and the Sakarchaga and Yoloten etrap MCH Hospitals were visited, and the evaluations showed that program implementation has commenced successfully. Providers are operating according to PEPC standards, using individual delivery rooms, liquid soap, and individual towels; providing active management of the third stage of labor; and encouraging early and exclusive breastfeeding. The evaluation also indicated that some practices require improvement, including encouraging delivery with partners present, using partograms, and providing the equipment necessary for adopting free positions during labor.

IMCI Monitoring and Evaluation

A report on the July WHO IMCI Randomized Evaluation (conducted by WHO, UNICEF, and the MOHMIT with ZdravPlus support) was finalized in November, and showed that 80% of IMCI-trained providers correctly follow IMCI recommendations. National and velayat IMCI trainers also conducted routine monitoring and evaluation of trainees in November and December, and the ongoing supervision, monitoring, and evaluation of the IMCI-trained physicians and nurses has proven an effective instrument for improving providers' adherence to IMCI standards and ensuring the sustainability of IMCI implementation.

Resource Use

Health Information Systems

During the second half of 2007 ZdravPlus continued to support the MOHMIT's implementation of the automated hospital information system (HIS) and database in pilot hospitals and the expansion of the HIS in the country. The automated system includes a hospital discharge form (Form #66), aggregated hospital report (Form #14), and a hospital database, and increases the technical efficiency and analytical capacity of the MOHMIT. An MOHMIT prikaz on the expansion of automated HIS was signed in August, after which ZdravPlus initiated activities in four new HIS pilots: Farap Etrap MCH Hospital, Turkmenabat MCH Hospital (Lebap Velyat), Koneurgench Etrap MCH Hospital (Dashoguz Velyat) and Geokdepe MCH Hospital (Akhhal Velyat). The Project provided computers and installed automated system software at three of these hospitals.

Over the course of the reporting period, seven HIS trainers and 65 statisticians from five velayats were trained in the use of the automated HIS at the Turkmen State Medical Institute (TSMI) Health Management Training Center. In addition, at the request of the MOMIT, ZdravPlus Turkmenistan and regional HIS specialists began work to incorporate Form #17 (used to track patient's movement within a hospital) into the HIS software program. Finally, in cooperation with TSMI Statistics Department professors, ZdravPlus explored the possibility of integrating training on the electronic versions of forms #66 and #14 into the curriculum for TSMI students.

Service Delivery

Physician IMCI

An MOHMIT prikaz on the expansion of the WHO IMCI Training Program was issued on March 28 2007, giving Etrek and Gasanguly etraps (Balkan Velayat) pilot status. A total of 65 family physicians

were trained in these new pilots from October to December 2007 with support from the ZdravPlus and Healthy Family projects. Two 12-day IMCI training courses – which now include a one-day community IMCI component – were held for family physicians from the Etrek and Gasanguly pilot etrap. Four velayat IMCI trainers conducted the course with the support of national-level trainers. The training courses included both theoretical and clinical practice components and were implemented in the Balkan Velayat MCH Hospital in order to give trainees an opportunity to work with as many cases of childhood illness as possible. The Clinical Instructor of each course coordinated daily clinical training under the supervision of the IMCI National Course Director.

Nurse IMCI

Nurse IMCI training activities – organized and funded by the ZdravPlus and Healthy Family projects – continued to be successfully implemented during the second half of 2008. With supervision from national MCH Institute trainers, velayat-level trainers conducted eight six-day training courses for 160 family nurses from Dashoguz (Kouneurgench Etrap), Mary (Yoloten Etrap) and Akhal (Rukhabat Etrap), and Lebap (Farap Etrap) velayats. The trainings enabled nurses to advance their skills in counseling and interpersonal communication with patients and their family members. The IMCI trainings have significantly increased nurses' abilities to assess young patients' health conditions and provide necessary care, consultation and treatment. All training participants received the Turkmen language version of the WHO Nurse IMCI Book.

Hospital IMCI

National MCH Institute H-IMCI trainers finalized the Turkmen language version of the WHO pocket book, which was then provided to 24 participants of an H-IMCI training course in December. Coordination of the book was accomplished jointly with TSMI professors in an effort to further institutionalize the WHO strategy in the TSMI curriculum.

Pre-Service IMCI Training at Turkmen Medical Schools

Together with the Healthy Family Project, ZdravPlus continued to support the integration of IMCI courses into the curricula of the Turkmen State Medical Institute and medical schools, including integration of IMCI courses in post-graduate family physicians training. The Project made final arrangements with the TSMI Family Medicine and Pediatrics Faculties for reprinting of the WHO book "IMCI for Medical Students," 250 copies of which were printed and delivered to the TSMI Library. Five medical schools of pilot velayats received television sets with VCRs and DVD players to support training, as well as copies of the Turkmen language WHO Nurse IMCI book.

Safe Motherhood

Antenatal Care Training for Health Care Workers

From July 2-28 the ZdravPlus and Healthy Family projects, in collaboration with WHO, MOHMI, Velayat Health Departments and the MCH Institute, conducted four ANC trainings in four velayats of Turkmenistan. 102 health care practitioners participated and were trained to work together in functional teams. Training topics included: EBM, physiology of pregnancy, prenatal pathology, prenatal medication, prenatal exams and tests, prenatal counseling and education, prenatal nutrition, prenatal exercise and relaxation, signs of labor, labor and delivery stages, labor and delivery medications and procedures, labor and delivery support, pain management, labor movements and positions, prenatal birth planning, newborn care and feeding, breastfeeding, postpartum contraception, postpartum care of the mother, and orientation and planning for implementing changes in prenatal patient consultation. A WHO-certified international trainer and ZdravPlus Kazakhstan RH specialist facilitated the trainings for obstetrician/gynecologists, neonatologists, midwives, nurses and family physicians.

Antenatal training pre-test and post-test results showed a 67% increase in the knowledge of key antenatal care topics by the participants. As a result of the training, a plan of action to implement birth preparedness classes for pregnant woman and their partners in the pilot etrap was drafted.

A professor of the TSMI Ob/Gyn Faculty, who was trained during the MPS/PEPC course in July, is promoting the course through lectures and practical sessions on MPS/PEPC with her sixth year students. The Rector of the TSMI supports the professor's efforts, and has expressed interest in collaborating with ZdravPlus in order to provide MPS/PEPC training for TSMI faculty.

Laboratory Training

In accordance with ZdravPlus' Year 3 work plan, the Project provided logistic and financial support for five Laboratory/PHC hematology training courses in all five velayats of the country. The trainings covered 47 family physicians and 51 laboratory workers, and aimed to strengthen linkages and improve referral patterns between PHC and laboratory services and to improve the ability of Turkmen health workers to correctly diagnose diseases.

Population and Community Health

Healthy Lifestyles

Three six-day HLS training courses were conducted during the reporting period for 57 family physicians from the Akhal, Mary, Dashoguz, Lebap and Balkan velayat pilots. The trainings sought to update participants' knowledge of healthy lifestyles skills and familiarity with behavior change methods. The HLS training module includes topics on basic nutrition, alcohol, smoking, hygiene, and physical activity. Pre- and post-testing showed a 35.6 % increase in participants' knowledge of key HLS topics.

Keeping Children Healthy

ZdravPlus continued contributing to pilot-wide health promotion activities during the second half of 2007, providing technical assistance through the MCH Institute in collaboration with the MOHMIT and local health authorities. Two KCH campaigns on acute respiratory infection (ARI) – held in Yoloten Etrap (Mary Velayat) and Serdarabat Etrap (Lebap Velayat) – were initiated on September 5 and 17, respectively. All family nurses from the pilot etrap attended the launch of the campaign, and Velayat Health Departments as well as local administration were of great support to initiating the campaigns. ZdravPlus specialists trained participants on the process and terms of the campaign, and an IMCI national trainer visited the sites to train participants in ARI key messages. The ZdravPlus Health Promotion Specialist trained family nurses on KCH campaign methodology, provided the KCH Manual to participants, and described best practices for working with community members on health education activities.

On September 17, a closing ceremony for the Geok-depe Etrap diarrhea campaign was held at the Geok-depe Etrap, Ahal Velayat Hospital. The two-month campaign was designed to educate the population on the danger signs of diarrheal disease, diarrhea prevention, and the use of zinc in treatment of diarrhea. The campaign's main objective was to increase the number of women who know how to care for a child with diarrhea and who understand how to prevent the disease. Family nurses participated in a contest comprised of several topics, including counseling pregnant and breastfeeding women and mothers with children under five on campaign's key messages; the dissemination of colorful informational materials; preparation of campaign posters; and a cooking contest. A newly developed ZdravPlus booklet on diarrheal disease was also presented. Members of a jury who were trained, and who currently work, in accordance with the WHO IMCI standards judged nurse participants by visiting households over the course of the campaign, where they talked to mothers and evaluated the nurses health promotion work. During the awards ceremony, the Deputy Director of Geok-depe Etrap hospital expressed his gratitude for the USAID ZdravPlus Project, and followed up with a written request to the ZdravPlus office to assist in organizing two campaigns on ARI and nutrition in 2008.

At the request of the MOHMIT, ZdravPlus contributed to the Measles, Mumps, and Rubella Immunization Campaign funded by the CDC. ZdravPlus provided printed educational materials and, along with the WHO, CDC, UNICEF, and UNFPI, participated in the Campaign's opening ceremony held at the Ashgabat Orphanage.

Population Education Materials

In collaboration with ZdravPlus Kazakhstan and the MCH Institute, ZdravPlus Turkmenistan printed IMCI educational materials on ARI, antibiotics, diarrhea, and rational antibiotics use, which will be used in KCH campaigns in 2008.

UZBEKISTAN

Six-month Report

July - December 2007

Despite ongoing problems with the official registration process and the accreditation of Abt Associates, Inc. in Uzbekistan, ZdravPlus has continued to receive formal requests for technical assistance from the Joint Project Implementation Bureau (JPIB) and Ministry of Health (MOH). The Project has maintained strong relationships with counterparts and has continued collaborative work in a number of areas, in particular the World Bank Health II and ADB Woman and Child Health Development (WCHD) projects.

Members of the Resource Use team achieved progress in the continued national rollout of rural PHC per-capita payment system reforms as well as the new urban PHC reform pilots. The new Hospital Information System was introduced in Ferghana Oblast and will support the planned case-based hospital payment system pilots

The Service Delivery team made good progress in enhancing the GP training program, carrying out two month-long courses on teaching techniques for medical educators, supporting the rollout of hospital-based pediatric care (IMCI) courses around the country, developing EBM, QI and clinical epidemiology curriculums (including publishing two manuals on QI in health care) for the leading medical institute in the country, and supporting ongoing development of nationwide QI initiatives throughout the country that were showcased by a national conference in December.

The Population and Community Health team developed and supported the rollout of the first stage of a nationwide training program for patronage nurses, funded by the ADB WCHD project. 148 oblast and rayon nurse-leaders, nurse retraining center teachers, and medical college professors have now been trained as trainers. Future modules will commence in early 2008.

Stewardship

Policy, Legal and Regulatory Framework

As an essential part of its efforts to reform the health financing system of the country, ZdravPlus continued its assistance in formulating and revising a number of legal orders (prikazes). At the request of the JPIB and MOH, ZdravPlus F&M specialists helped develop a number of legal and policy documents relating to the expansion and deepening of the ongoing financing reforms. These included:

- MOH Order #432, dated September 28, 2007, for approval of the practical manual for calculating the per-capita budgets of the reformed rural PHC facilities (prepared by ZdravPlus F&M specialists), and establishment of the MOH Expert Group for supporting the implementation and solidification of the per-capita F&M reforms in the PHC sector;
- Drafting MOH instructions on financial management personnel needs (Financial Manager, Economist, Accountant, Cashier) for the experimental polyclinics under the urban PHC reform pilots;
- Providing comments to the MOH on Presidential Decree #PP-700, dated October 2, 2007; and
- Assisting the MOH in preparing comments on MOF-suggested amendments to Cabinet of Ministers Resolution #217, issued on September 28, 2005 in support of the national rollout of rural PHC per capita reforms and the new pilots on urban PHC per capita financing and case-based hospital payment system reforms.

ZdravPlus finalized two practical manuals – one business planning and one on budget formation – and submitted them to the MOH for review, approval and dissemination. The manuals are expected to contribute to the further institutionalization of the technical capacity required for implementation of per-capita F&M reforms for PHC facilities at the local level.

In relation to Quality Improvement, ZdravPlus obtained approval from the Department of Science and Human Resources for the publication of two manuals that will be disseminated mainly to the medical institutes around the country. One manual deals with teaching to medical students at master degree level, and the second is a practical manual that instructs general practitioners on how to implement QI projects at primary care level.

As a result of the regional conference on Medical Accreditation held in Dushanbe, Tajikistan in June, ZdravPlus worked to collate criteria, adapted by the Medical Institutes, which will be used to demonstrate how to reach internationally recognized standards of accreditation developed by the World Federation for Medical Education (WFME). This information is now at a stage where it is ready to form the basis for drafting a legal document relevant to Uzbekistan, and plans are in place to move this process forward over the next few months.

Monitoring and Evaluation

During the past six months ZdravPlus assisted the JPIB/MOH in compiling and analyzing monitoring indicators on both the national rollout of the per capita F&M reforms at the rural level and the urban PHC pilots. The monitoring frameworks were subsequently approved by the MOH, forming the basis for the first semi-annual monitoring report for 2007. Analysis showed that the aggregated share of the reformed rural PHC sector in the overall oblast budgets has increased slightly – from 12% in 2006 to 13% in 2007. For the selected urban pilot polyclinics, this share rose from 1% in 2006 to 2% in 2007. However, salary costs still accounted for the majority of facility budgets (reaching more than 90% for a number of facilities), allowing very little to be allocated to Chapter-4 expenses (e.g. non-salary operating costs such as medications, reagents, supplies, and utilities). This is an issue that requires serious attention during future decision-making on budgetary allocations.

As part of the midterm review of the World Bank Health II and ADB WCHD projects, a local consulting firm was chosen to carry out facility- and community-based surveys of the reformed PHC sector. At the formal request of the MOH, ZdravPlus provided substantial technical input to the design of the F&M section of the surveys and development of corresponding tools and questionnaires. Data collection and preliminary analysis of the surveys were completed recently, and ZdravPlus plans to review and comment on survey findings.

Lastly, the World Bank has recently commissioned an international consultancy to review and revise the Health II key indicators (milestones). ZdravPlus worked with the JPIB, MOH and the World Bank consultant in reworking this list for the F&M component.

Donor/Project Coordination

ZdravPlus worked as team members with World Bank and ADB specialists on the mid-term review of the Health II and WCHD projects, carried out during the first two weeks of November. Despite a number of political and bureaucratic hurdles, the programmatic accomplishments achieved by these projects with on-the-ground technical assistance from ZdravPlus were in general rated as satisfactory.

ZdravPlus provided technical support to experts recommencing the TACIS-funded assessment of issues of maintenance and repair of health equipment purchased with World Bank loan funds. In addition, the Project assisted in the development of a grant application on voluntary blood donation as part of the World Bank regional HIV project (CAAP), which passed the first stage of approval, and also provided input for a USAID-supported study tour to the U.S. on voluntary blood donation.

ZdravPlus made suggestions to the JPIB coordinator on Public Health in developing the terms of reference for a consultant who will improve the training curriculum in Public Health. The Project also helped the JPIB develop and finalize the agenda for a study tour to Denmark to look at EBM use and strategies in clinical medical practice. ZdravPlus provided staff to accompany the high level group of experts on this visit, and supported the group by helping them to achieve the expected tour outcomes and guiding the general direction of the program.

Rollout of Rural PHC Per Capita Reforms

A key ZdravPlus focus in Uzbekistan is to provide TA for the completion and institutionalization of the national rollout of rural PHC per capita financing and management reforms. From July-December 2007, the Project extended extensive technical assistance to the last remaining Kizzak Oblast, the last remaining oblast introducing the per capita F&M reforms to its 165 SVPs located across 11 rayons. With this latest addition, a total of 2,867 SVPs in 153 rural rayons of Uzbekistan have established per capita provider payment systems. Nationwide coverage will be achieved in early 2008 when the F&M reforms are extended to the remaining 220 SVPs in eight rayons of Samarkand Oblast. Given the difficult political environment in Uzbekistan, ZdravPlus and its counterparts consider this a very significant accomplishment.

To support the implementation of national roll out, with special emphasis on capacity-building and institutionalization of the required technical skills at the oblast level, six technical seminars were organized jointly with the JPIB in a number of the new rollout sites in Andijon, Namangan and Jizzak oblasts. The seminars have helped local administrators review and finalize the per capita rates and budgets of the reformed rural PHC facilities, with adjustments for sex, age and size of catchment populations. A total of 35 Oblast Health Department (OHD), Oblast Finance Department (OFD) and Oblast PIB specialists attended these seminars.

Lastly, a two-day national workshop was organized jointly with the JPIB and MOH in October to review and identify the next steps for rural PHC reform rollout. The main goal of the meeting was to strengthen the newly introduced per capita finance and management systems. Approximately 90 participants took part in the workshop, representing the MOH and all 13 regions of the country.

Urban PHC Reform Pilots

ZdravPlus continued to provide technical assistance to strengthen the new urban per capita F&M reform pilots and worked to address ongoing operational problems. At the request of JPIB, a day-long national workshop was held in August to review and identify the next steps for solidification of the urban PHC reform pilots in Tashkent, Marghilan, Samarkand and Guliston cities. ZdravPlus assisted in planning for the content of the workshop sessions and provided guidance for the technical presentations. A total of 66 participants representing MOH, Treasury Department, World Bank, pilot city economists and finance specialists, health managers, and head doctors attended the workshop. The MOH finalized and approved an action plan, based on the clinical, financial, administrative and regulatory framework recommendations made during the workshop.

In addition, ZdravPlus and JPIB F&M specialists undertook joint trips to the pilot polyclinics on a regular basis to provide on-the-spot TA in implementing the MOH-approved action plan. Recently, ZdravPlus provided TA to the design of an MOH-commissioned preliminary evaluation of the urban PHC reform pilots, and took active participation in it as part of the evaluation team. The report of this ongoing evaluation will be completed early next year.

Case-based Hospital Payment System (HPS) Reform Pilots

Considerable progress was made during the second half of 2007 with the introduction of the new Hospital Information System (HIS) in Ferghana Oblast to support the planned case-based Hospital Payment System (HPS) pilots.

Specific accomplishments included:

- Installation of HIS software at the Ferghana Oblast Computer Center;
- Completion of supplementary documentation materials in Uzbek language;
- Initiation of test-entry of data;

- Fine tuning of the revised hospital patient discharge form (Form #66) according to feedback received from the test entry of data; and
- Hands-on training of the Oblast Health Statistical Department and Central Rayon Hospital (CRH) personnel in the usage of the new HIS.

Initially the HIS was installed in two CRHs in Tashlaq and Yazyavan rayons. In preparation for rollout of the HIS to the remaining CRHs beginning in January 2008, a total of 22 one-day training programs were conducted in Ferghana Oblast jointly with the Institute of Health. 735 CRH managers, health care providers and information specialists were trained in using the new HIS and the revised Form #066.

Other Broad Health Finance and Management Issues

At the official request of the Tashkent Institute of Advanced Medical Education (TIAME), ZdravPlus provided substantial technical input in the development of a CME program on health management for the managers. TA was also provided to improve the interrelationship between the ongoing F&M reforms of the health sector and the newly-introduced Treasury System. Furthermore, responding to a WB request, ZdravPlus developed a concept paper on the future reform needs of the inpatient-care system in Uzbekistan.

Service Delivery

General Practice

Pre-Service

Working with the WB Health II Project, ZdravPlus continued to provide technical assistance for the preparation of GP-trainers. A second one-month practical TOT on adult learning techniques (ALT) for a new cohort of 27 GP-trainers was initiated in October. At the request of the Tashkent Pediatric Medical Institute (TashPMI) authorities, six additional undergraduate teachers were included in the course, demonstrating the interest of their Institute in this program. TashPMI then requested that the same one-month ALT course be taught to 30 of their undergraduate teachers, and ZdravPlus was able to support this at their site. The Institute decided to continue this process, and its administration now is planning a number of similar trainings for the whole of the undergraduate faculty, including heads of all departments. TashPMI has also expressed interest in incorporating ALT training into the curriculum for the students of the medical pedagogical faculty. Similarly, the Rector of the Samarqand Medical Institute requested that ZdravPlus provide limited financial and methodological support for a series of shortened ALT trainings for undergraduate teachers.

These examples show the growing interest of Medical Institute authorities in integrating this practical course and their understanding of the connection between effective teaching and quality medical care. It is now hoped that the ALT course will be taught to the teachers of the Pedagogy Department at the Tashkent Medical Academy (TMA), so that it can be used to update the current continuing education skills of medical institute teachers from around the country.

At the request of the TMA, ZdravPlus provided assisted conducting a four-day TOT for professors on effective counseling skills and interpersonal communication. The TMA plans to incorporate these topics into undergraduate education in the future.

Lastly, The World Bank Health II Project organized two seminars for undergraduate teachers of the Medical Institutes, and ZdravPlus provided technical support on curriculum development to the working group, led by Professor Rifat Atun, a World Bank consultant. ZdravPlus specialists actively participated in these discussions, which resulted in plans for further enhancements to undergraduate education.

In-Service Retraining

ZdravPlus continued its commitment to improving the training of doctors, with an emphasis on family medicine and training for general practitioners. In collaboration with the WB Health II Project, ZdravPlus provided technical support for updating the ten-month GP training curriculum, a process

which includes revision of lesson plans, testing revised plans, soliciting feedback from GP-trainers, and refining plans accordingly. In addition to revising lesson plans, another main goal of the effort was to make the training process more practical, in particular through allocating a few hours each day for practice with real patients at the polyclinics.

The WB Health II project partnered with ZdravPlus to conduct a seminar for leading GP trainers from all of Uzbekistan's medical institutes. Discussion focused on exam results of the last academic year and on necessary updates planned for the training program.

To support the JPIB, ZdravPlus continued its independent evaluation of the quality of teaching at the GP Training Centers. In September and October, two GP Training Centers in Urgench and Nukus were evaluated and a number of recommendations for improvement were presented and discussed with the GP trainers there. In addition, the ZdravPlus Regional Director for Quality Improvement visited the three main Tashkent GP Training Centers, where he welcomed new trainees and discussed in detail the work and responsibilities of general practitioners in the UK.

Lastly, ZdravPlus provided both technical and logistical support for the process of enhancing the existing laboratory training course for GPs. The updated course now emphasizes the interpretation of laboratory results (blood, urine, stool, and some biochemical tests).

In-Service Continuous Medical Education (CME)

A program of CME for GPs is being developed through the World Bank Health II Project, and ZdravPlus was involved in intensive discussions on the creation and direction of CME short training courses. The Project's assistance included technical support to the newly established GP CME Department at the TIAME as they develop initial training courses in reproductive health and pediatrics.

Maternal and Child Health

ZdravPlus worked in partnership with the ADB WCHD Project and the Healthy Family Project to carry out ten-day trainings for oblast-level pediatricians in Karshi, Nukus, Bukhara, Urgench, Ferghana and Tashkent oblasts. The course trains pediatricians as trainers according to the WHO hospital-level pediatrics protocols. Following a specialized TOT course to be held in early 2008, it is expected that these newly qualified trainers will begin rollout of the training in their rayons over the next year with support from the ADB WCHD Project.

ZdravPlus assisted in the completion of a follow-on six-month evaluation by the Ferghana Oblast Health Department of the Central Rayon Hospitals (CRHs) in 15 rayons that sought to measure outcomes of the implementation of the WHO hospital-level pediatrics guidelines. Results were presented at the national QI conference held in late December, and showed a number of areas of marked improvement in practice, but also a number of areas where further improvements are still required.

Plans are in place to conduct a full Making Pregnancy Safer (PEPC) training course in Ferghana in the spring of 2008. Hospitals have been selected and international trainers identified. Training materials are now being prepared and pre-training monitoring of the facilities is being organized.

ZdravPlus began planning to support the introduction of a two-week course on public health approaches to maternal and child health at the TMA School of Public Health. Burlo Garofolo, of the Center for Maternal and Child Health (WHO Collaborative Center) in Trieste, Italy, will lead the course. Currently the two institutions are discussing methods for raising funds to initiate a TOT in the spring of 2008.

Health Provider-Level Performance: Integrated Improvement Programs

Urban areas will be home to the next phase of family medicine development in Uzbekistan, and ZdravPlus continued to work closely with the WB Health II Project over the past six months to develop the financial and organizational plans for this effort for nearly 30 urban polyclinics in four cities. ZdravPlus specialists worked with TIAME GP trainers to conduct a limited baseline assessment

of urban pilot Polyclinic 17 in Yakkasarai Rayon of Tashkent City. A broad assessment approach was employed, including a direct survey of the polyclinic, its structure and equipment; direct observation of two consultations; and questionnaire evaluations of polyclinic doctors and patients.

Results indicated that there are a number of areas that require improvement, such as optimization of the patients' waiting area; better organization of the GPs' room; enhancement of the counseling skills of doctors; and improved use of equipment (e.g. otoscopes, neurological examination equipment, etc.). Next steps will include further discussions of assessment results and the definition of key areas for collaboration with the polyclinic staff.

Promotion of EBM and Dissemination of CPGs

Despite the Project's efforts to introduce contemporary principles of EBM to doctors around the country, a lack of training on the part of medical educators has meant that medical students continue to complete their studies with a limited understanding of modern treatment practices. ZdravPlus has consistently endeavored to change this, and has recently been given the opportunity to support the TMA in developing EBM, quality improvement and clinical epidemiology curriculums, and these will provide both teachers and residents at the medical institutes with courses that enhance their skills in these important areas. With support from ZdravPlus, all TMA master's degree students are undertaking two courses: one is a 60 hour EBM and clinical epidemiology course and the second is a 60 hour course in quality improvement. There are plans to institutionalize these courses at the other medical institutes throughout the country.

ZdravPlus carried out a four-day training on the principles of EBM and critical appraisal skills for teachers and professors at the TMA in late December. The course was adapted specifically for this audience, and the teachers were challenged to use modern EBM guidelines in their daily practice and teaching. Successful testing shows that with some modification this program can be used as a TOT course for medical teachers at other medical institutes and serve as a preparatory step for integrating EBM principles into undergraduate level curricula.

A three-day course on EBM for clinical graduates has now been institutionalized at TIAME. The course is conducted on a monthly basis by the EBM Center and will help ensure that young practitioners and scientists make efforts to apply modern critical thinking in both their personal management of patients and in their research.

The terms of reference for an upgrade of the Central Asian Republic's EBM Collaboration (CAREBMC) network website has been completed, and this will improve the functioning and accessibility of the site <http://www.carebmc.net>.

ZdravPlus supported the EBM Center in carrying out the following activities:

- A three-day seminar on the basic principles of EBM was conducted from September 27-29 for clinical ordinators studying at TIAME (64 participants);
- A three-day regular EBM training for clinical ordinators was conducted from October 18-20 at TIAME;
- Ongoing work to develop a TOT in EBM and Critical Appraisal Skills for the teachers of undergraduate medical institutions;
- The addition of seminars on EBM to the list of mandatory disciplines and the schedule of clinical ordinator training at TIAME;
- Information about the EBM Center and CPGs developed by the Center were discussed by EBM leaders and submitted for placement on the TIAME website.

The ZdravPlus Quality Improvement Program Manager participated in an international study tour (September 16-22) to Denmark organized jointly by WB Health II Project and the WHO. The goal of the study tour was to demonstrate how to develop and implement EBM guidelines. Representatives of a number of departments of the MOH participated, including the Human Resources, Finance,

Licensing, General Practice, and Primary Care Departments, as well as the Drug Policy Unit. The study tour consisted of lectures and visits to hospitals, relevant departments of the MOH, and professional associations. A final report on the study tour was drafted by members of the tour with support from ZdravPlus, and has been posted on WB Health II website. In addition, ZdravPlus supported an advocacy meeting to highlight the results of the study tour on behalf of the MOH. The WHO, MOH, and the EBM Center were involved in discussions on issues relevant to EBM, and participants proposed that approval of the national QI concept paper should be the first step to move forward in implementing a progressive policy on quality improvement in Uzbekistan.

ZdravPlus finalized and is expecting approval, through the Department of Science and Human Resources at the Ministry of Health, for a manual on clinical epidemiology that forms the basis for teaching evidence-based medicine. It has been successfully tested for master's degree students at the TMA School of Public Health, and for medical teachers as part of a four-day course on EBM and Critical Appraisal Skills. This manual will be published and disseminated among undergraduate medical institutes.

Quality Assurance, Licensing and Accreditation

Feedback on the regional meeting on Accreditation of the Medical Institutions (held in Dushanbe in June) was provided to Uzbek counterparts, and meetings are now planned to elaborate the next steps needed to move the accreditation process forward.

Quality Improvement

The third National Conference on Quality Improvement was held over two days in early December, and brought together health care workers and managers, including pharmacists, from throughout the country to showcase their achievements and to discuss future steps in implementing QI initiatives. The conference was funded mainly by the two Bank projects, with ZdravPlus contributing significant technical support. Representatives from the Ministry of Health presided, and many fascinating projects were presented. Recommendations generated at the conference are now being circulated for comment and for future planning purposes. Of particular note was participants' consensus that the outcomes of PHC QI initiatives are better when implemented in connection with initiatives on the secondary care level. There clearly is still room for developing systems that result in lasting improvement in quality of care versus the simple monitoring systems and overly demanding inspection and control mechanisms that predominate in many health care facilities today.

At the end of July, ZdravPlus conducted a quarterly meeting with the Ferghana Oblast Health Department's Quality Management Team. The two main topics discussed at that meeting were the current status of the QIPs in nine rayons, and the scale up of QIPs to the five remaining rayons of the Oblast. Rayon coordinators from nine pilot rayons presented short reports on monitoring results for certain indicators. One of the main problems raised during the discussions was the under use of monitoring results to affect changes in practice. Participants proposed that rayon chief specialists should interpret the results and then follow up with SVPs. In terms of scale up of QI processes at the primary and secondary care levels, participants agreed that; 1) scale up processes will focus on safe motherhood, primary and secondary IMCI, anemia, and hypertension; and 2) QI training and mentoring visits will be implemented with support from the ADB WCHD Project, ZdravPlus, and the Oblast Health Department.

In August, a cross-sectional assessment of 16 SVPs in eight pilot rayons was conducted with support from the Ferghana Oblast Health Department in order to analyze the status of the quality improvement projects functioning in all SVPs and polyclinics in the nine pilot rayons of Ferghana. The monitoring tool was designed specifically to assess quality of care according to the CPGs on anemia, hypertension and IMCI. In addition to the degree to which they adhere to the guidelines, providers were assessed for the level of integration of QI processes in their regular SVP work. Patients were surveyed on their satisfaction with the healthcare they received. Results showed that the provision of equipment through the World Bank Health II Project and implementation of QI processes resulted in a number of improvements, including:

- A higher level of adherence to the anemia and arterial hypertension CPGs on the part of providers;
- Increased arterial hypertension case finding due to improved screening processes;
- Better adherence to IMCI principles in management of children under 5 years of age; and
- Increased capacity on the part of providers self monitor their practices on a regular basis and to work in teams.

At the same time there is still substantial variation in improvement among the pilot SVPs, and focus has not yet shifted significantly from self-monitoring to active implementation of improvements. The following indicators require attention in some facilities:

- Low level of follow-up for patients with anemia and arterial hypertension; and
- An unsatisfactory level of treatment effectiveness for patients with anemia and arterial hypertension.

The results of the assessment were presented to each participating SVP, and positive feedback was useful in motivating providers to initiate behavioral and organizational changes. A cross-sectional assessment of non-pilot SVPs will now be conducted for comparison, and ZdravPlus plans to use this tool for regular external assessment.

A TOT on QI was held in November for 50 medical staff and administrators from the nine original QI pilot rayons of Ferghana Oblast. The TOT was designed to facilitate the establishment of QI projects at all SVPs and hospitals in the five new rayons, linking SVP projects to hospital projects wherever possible.

Continuing ZdravPlus' cooperation with Project HOPE Child Survival, an external assessment was carried out in ten SVPs in Navoi with support from the Navoi Oblast Health Department and GP trainers from Ferghana. This second round of monitoring of QI processes focused on IMCI and safe motherhood, and showed that QI processes are being successfully implemented in at least seven of the ten SVPs. The next step will be to hold a conference in Navoi to plan the scale-up of the QI projects using the SVPs as models to catalyze the expansion of QI initiatives using local resources – an express commitment of the Navoi Oblast Health Department.

Together with the TMA, ZdravPlus developed a textbook titled “Manual on Quality Improvement in Healthcare” for use by medical residents. 200 copies of textbook were printed and delivered to the TMA library. ZdravPlus plans to distribute copies of this resource to every Medical Institute in the country.

ZdravPlus developed a practical manual in collaboration with a GP trainer titled “Quality Improvement Projects – Implementation at the Primary Health Care Level.” 300 copies of the manual were printed and disseminated to all 16 GP Centers of the country.

Tuberculosis

Project HOPE TB is the process of developing a number of short video clips on TB, for which ZdravPlus experts provided critical feedback. ZdravPlus helped Project HOPE TB test an initial version of one of the clips in Ferghana Oblast, and based on feedback from the community, the animation clip was modified and presented at the next meeting of the National TB Thematic Working Group. ZdravPlus also supported Project HOPE TB in printing thousands of simple brochures on TB, and the Project will assist in delivering the brochures to patronage nurses during the training on Basic Nursing Assessment Skills planned for early 2008.

Medical Equipment

After some initial delays, an EU TACIS consultancy team began its assessment of the maintenance and upkeep of medical equipment provided under the WB Health II Project. ZdravPlus provided support for the process through regular meeting with the consultants to develop effective survey

questionnaires. ZdravPlus also worked to link the consultants' assessment to the mid-term review mission of the World Bank, which led to the proposal of a \$2 million project to upgrade existing maintenance services that is under consideration for funding by the MOH and the World Bank.

Population and Community Health

In July and August ZdravPlus conducted a survey in Ferghana Oblast to assess the knowledge, attitudes and behaviors of the population with regard to the primary health care services. 220 respondents from the catchment areas of three SVPs were interviewed. Findings showed that the population is taking increasing responsibility for their own health, with 44% of respondents reporting visiting an SVP for preventive care as compared to 21% in 2006. The survey also indicated that patronage nurses have made improvements in outreach to the population on health topics, with 58% of the respondents reporting visits from a patronage nurse in 2007 as compared 52% in 2006.

Educate/Empower the Population/Communities to be Responsible for their Health

Nursing

ZdravPlus is currently working closely with the ADB WCHD project to develop a national training program for patronage nurses, and conducted TOTs on interpersonal communication skills (IPCS) and adult learning techniques (ALT) in cooperation with the ADB. The trainings covered all 13 oblasts of the country, training a total of 471 trainers between May and December 2007. The new nurse trainers have gone on to conduct more than 700 rollout trainings at the rayon level, training 12,200 patronage nurses in IPCS. In collaboration with the Nurse Association, ZdravPlus also monitored IPCS rollout trainings in Andijon and Ferghana oblasts, where trainers completed trainings for a total of 3500 patronage nurses by December 2007.

ZdravPlus nursing consultant Dr. Jeanne Bruner completed the design of a six-day TOT curriculum on Basic Nursing Assessment Skills (BNAS), which will be used to prepare patronage nurse trainers on the use of diagnostic equipment bags to be supplied through the ADB WCHD Project.

ZdravPlus continued to support the ADB WCHD Project in the development of standards for nurses who conduct patronage visits, providing technical assistance for a small study on the role that patronage nurses play in patient education, the resources currently available to patronage nurses (e.g. nursing equipment bags), and population satisfaction with the quality of patronage nurse services. The study included nine SVPs (in Tashkent, Kashkadarya, and Ferghana oblasts), three polyclinics (in Tashkent City), 115 nurses, 40 doctors, and 143 households. Analysis of survey data is underway at the time of this report.

ZdravPlus supported the ADB WCHD Project's MCH coordinator at the JPIB in developing and designing a patronage nurse booklet for counseling the population on safe motherhood, newborn care, child development, nutrition, STIs and H.I.V./AIDS. ZdravPlus contributed a number of useful resources to the development of the booklet, including the Tiaht poster, a handout titled "Your Pregnancy Week-by Week," and brochures on Safe Motherhood, STI and HIV/AIDS – all designed previously by the Project.

In collaboration with ADB WCHD Project, ZdravPlus developed a leaflet on "Danger Signs in Pregnancy" and a brochure for mothers on newborn care. ZdravPlus tested these materials through focus group discussions with pregnant women and with young mothers, whose feedback was used to make final improvements to the materials.

ABBREVIATIONS

| | | | |
|----------------|---|----------------|--|
| ADB | Asian Development Bank | EDL | Essential Drug List |
| AED | Academy for Educational Development | EDIN | Eurasia Drug Information Network |
| AFPZ | Association of Family Physicians in Zhezkazgan | EDL | Essential Drugs List |
| AH | Arterial Hypertension | EKG | Electro Cardiogram |
| AIHA | American International Health Alliance | EKO | East Kazakhstan Oblast |
| AKF | Aga Khan Foundation | ERD | Economic Relations Department |
| AMCREI | Association of Medical Clinical and Research Education Institutions | F&M | Financing and Management |
| ARI | Acute respiratory infection | FAP | Feldsher/Midwife Ambulatory Post |
| BBP | Basic Benefits Package | FD | Family Doctor |
| BWAK | Business Women's Association of Kazakhstan | FGP | Family Group Practice |
| CAFE | Central Asian Free Exchange | FGPA | Family Group Practice Association |
| CAR | Central Asian Region | FM | Family Medicine |
| CARINFO | Central Asian Region Information | FMA | Family Medicine Association |
| CBO | Community based organization | FMC | Family Medicine Center |
| CI | Counterpart International | FMCTC | Family Medicine Clinical Training Center |
| CDC | US Centers for Disease Control and Prevention | FMNTP | Family Medicine Nurse Training Program |
| CDD | Control of Diarrheal Diseases | FMRP | Family Medicine Residency Program |
| CHD | City Health Department | FMTC | Family Medicine Training Center |
| CHL | Center for Healthy Lifestyles | FP | Family Planning |
| CHSD | Center for Health Systems Development | GBAO | Gorno Badakshan Autonomous Oblast |
| CIF | Clinical Information Form | GBP | Guaranteed Benefit Package |
| CME | Continuing Medical Education | GBP | Gorodskoi Vrachebnii Punkt (Uzbekistan) |
| CNE | Continuing Nursing Education | GDA | Global Development Alliance |
| COM | Cabinet of Ministers | GP | General Practitioner |
| COPD | Chronic Obstructive Lung Disease | GPTC | General Practitioner Training Center |
| COR | Council of Rectors | GRC | Grant Review Committee |
| CPG | Clinical Practice Guidelines | HA | Hospital Association |
| CPIB | Central Project Implementation Bureau | HAI | Health Action International |
| CQI | Continuous Quality Improvement | HCGP | Healthy Communities Grants Program |
| CRH | Central Rayon Hospital | HCQCC | Health Care Quality Control Committee (Kazakhstan) |
| CSG | Clinical Statistical Group | HDS | Health Delivery System |
| CSSC | Civil Society Support Center | HF | Health Finance |
| DBMS | Database Management System | HIC | Health Information Center |
| DFID | Department for International Development (United Kingdom) | HIF | Health Insurance Fund |
| DIC | Drug Information Center | HIS | Health Information System |
| DHS | Demographic Health Survey | HLS | Healthy Lifestyles |
| DOTS | Directly Observed Treatment Short Course | HM | Health Management |
| DRG | Diagnosis Related Groups | HOH | Houses of Health |
| EBM | Evidence Based Medicine | HPAP | Health Policy Analysis Project |
| | | HPC | Health Purchasing Center |

| | | | |
|-----------------|---|----------------|--|
| HPS | Hospital Payment Systems | MOH | Ministry of Health |
| HR | Human Resources | MOU | Memorandum of Understanding |
| HSA | Health Savings Account | MSF | Medicins Sans Frontieres |
| ICD-10 | International Classification of Diseases Version 10 | MTBF | Medium Term Budget Framework |
| IDC | International Diseases Code | NCC | Nurse Coordinating Council |
| IEC | Information, Education, and Communication | NCDE | National Center for Drug Expertise |
| IKO | Issyk-Kul Oblast | NCMEPHC | National Center for Medical and Economic Problems of Health Care |
| IMCI | Integrated Management of Childhood Illnesses | NDP | National Drug Policy |
| IOH | Institute of Health | NFMRP | National Family Medicine Residency Program |
| IPCS | Interpersonal Communication Skills | NGO | Non-Governmental Organization |
| IUD | Intrauterine Device | NHA | National Health Accounts |
| JICA | Japan International Cooperation Agency | NHLC | National Healthy Lifestyles Center |
| JPIB | Joint Project Implementation Bureau | NHPC | National Health Promotion Center |
| JSI | John Snow Inc. | NNM | Neonatal Mortality |
| JWG | Joint Working Group | NTG | National Technical Group |
| KAP | Knowledge, Attitudes, and Practices | OCP | Oral Contraceptive Pills |
| KAFP | Kazakhstan Association of Family Practitioners | ODBP | Outpatient Drugs Benefits Package |
| KCH | Keeping Children Healthy | OFD | Oblast Finance Department |
| KFLHP | Kyrgyz-Finnish Lung Health Program | OHD | Oblast Health Department |
| KFW | German Development Bank | OHPC | Oblast Health Promotion Center |
| KSMIRCME | Kyrgyz State Medical Institute on Retraining and Continuous Medical Education | OPIB | Oblast Project Implementation Bureau |
| KSMA | Kyrgyz State Medical Academy | ORA | Orphans, Refugees and Aid International |
| LAC | Licensing and Accreditation Commission | ORS | Oral Rehydration Solution (Rehydron) |
| LAM | Lactational Amenorrhea Method | OSCE | Objective Structured Clinical Exam |
| M&E | Monitoring and Evaluation | PACTEC | Partners for Communications Technologies |
| MA | Medical Academy | PAL | Practical Approach to Lung Health |
| MAC | Medical Accreditation Commission | PCV | Peace Corps Volunteer |
| MASHAV | Israel's Centre for International Cooperation | PDB | Population Database |
| MCH | Maternal and Child Health | PEPC | Promoting Effective Perinatal Care |
| MHI | Mandatory Health Insurance | PGI | Postgraduate Institute |
| MHIF | Mandatory Health Insurance Fund | PGMI | Postgraduate Medical Institute |
| MHIG | Mahalla Health Initiative Group | PHC | Primary Health Care |
| MIC | Medical Information Center | PIB | Project Implementation Bureau |
| MIS | Medical Information System | PIU | Project Implementation Unit |
| MMR | Maternal Mortality Ratio | PPS | Provider Payment System |
| MOE | Ministry of Education | PSI | Population Services International |
| MOEBP | Ministry of Economy and Budget | QA | Quality Assurance |
| MOF | Ministry of Finance | QI | Quality Improvement |

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|------------------------|--|------------|--------------------------|
| QIP | Quality Improvement Pilot Project | WTO | World Trade Organization |
| QIS | Quality Improvement System | ZP | ZdravPlus |
| RH | Reproductive Health | | |
| RHPC | Republican Health Promotion Center | | |
| RIAC | Republican Information and Analytical Center | | |
| SES | Sanitary and Epidemiological Service | | |
| SHCDP | State Health Care Development Program | | |
| SM | Safe Motherhood | | |
| SOW | Scope of Work | | |
| SPA | Specialty Professional Association | | |
| SPH | School of Public Health | | |
| STI | Sexually Transmitted Infection | | |
| STLI | Scientific Technology and Linguistics Institute | | |
| SUB | Small Rural Hospital | | |
| SVA | Semeinaia Vrachebnii Ambulatoria (Kazakhstan) | | |
| SVP | Semeinii Vrachebnii Punkt (Kyrgyzstan) | | |
| SVP | Selskii Vrachebnii Punkt (Uzbekistan) | | |
| SWAp | Sector-Wide Approach | | |
| TA | Technical assistance | | |
| TASHME I and II | Tashkent Medical Institute I and II | | |
| TIAME | Tashkent Institute for Advanced Medical Education | | |
| TB | Tuberculosis | | |
| TIMC | Tashkent International Medical Clinic | | |
| TOR | Terms of Reference | | |
| TOT | Training of Trainers | | |
| TSMU | Tajik State Medical University | | |
| UNICEF | United Nations Children's Fund | | |
| UNFPA | United Nations Population Fund | | |
| USAID | United States Agency for International Development | | |
| UZMPA | Uzbekistan Medical Pedagogical Association | | |
| WB | World Bank | | |
| WCHD | Woman and Child Health Development Project (ADB) | | |
| WFME | World Federation for Medical Education | | |
| WG | Working Group | | |
| WHO | World Health Organization | | |
| WONCA | World Organization of Family Doctors | | |

