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ZdravPlusII Six-Month Report July – December 2008

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KAZAKHSTAN
Six-month Report
July - December 2008

A major event in Kazakhstan over the last six months was the PHC Conference devoted to the 30th anniversary of the Alma-Ata PHC Declaration. In close coordination with USAID, ZdravPlus worked to develop and organize a number of satellite events which contributed to both the ongoing health reforms in all five Central Asian countries and USAID outreach.

Due to the appointment of a new Minister of Health, the policy environment in Kazakhstan over the past six months experienced rapid and at times unpredictable changes. The new MOH leadership and other key stakeholders, such as the National Medical Holding Company, have continued to promote a number of controversial plans, including the introduction of mandatory health insurance, budget consolidation at the national versus oblast level, and the introduction of medical savings that could jeopardize the single-payer system. Given these threats to the reforms, ZdravPlus coordinated tightly with key international stakeholders and donors, such as USAID, World Bank and WHO, to develop joint strategies, synergistic approaches and provide prompt responses to emerging challenges.

Despite these challenges, there was positive momentum in many other areas, including: 1) consistent implementation of the State Health Care Development Program (SHCDP) (now in its final stage); 2) approval of the Budget Code authorizing the single payer system and oblast pooling of funds; 3) ratification and final approval of the \$300 million World Bank Health Sector Technology Transfer and Institutional Reform Project; 4) the rapid expansion of quality improvement activities in the FM/AH and FP/RH/SM service delivery program components; and 5) KAFP's continued promotion of family medicine to policy makers, professionals, and the population.

Stewardship

Legal and Policy

During the second half of 2008 we provided technical assistance and maintained policy dialogue to secure, develop, strengthen and solidify policy and the legal and regulatory base for key health reform components as summarized below.

SHCDP

The SHCDP is in its final stage of implementation, and is to be completed in 2010. Over the past six months ZdravPlus promoted implementation of the SHCDP consistent with the design of the new World Bank Project, and promoted the importance of developing a new Health Care Development Strategy that is consistent with the approaches of both the current SHCDP and the World Bank Project. As resources allowed, we contributed to the implementation of core reform activities included in the SHCDP Implementation Plan for 2008. (Please see the Resource Use section of this report).

Kazakhstan Health Care Development Strategy for 2010-2020

The Government and MOH initiated development of a new Health Care Development Strategy (HCDS) for 2010-2020 during the second half of 2008 – an important step in the health care policy development process. The tendering and procurement procedures for the HCDS have been entrusted to the recently established National Medical Holding Company. ZdravPlus was involved in developing the SOW for tender assignment and secured an important provision in the SOW that requires donor review of the draft HCDS strategy. The process for strategy development is as yet unclear. However, KAFP and ZdravPlus were invited by the NMHC to contribute to its development and provided technical assistance to the extent possible given extremely tight deadlines. KAFP provided the Health Care Strategy 2020 working group with technical materials, outlined their vision of the PHC system, and contributed to discussions of quality indicators, monitoring, and quality assurance issues. A socially oriented model of PHC and family medicine were promoted for inclusion in the new concept. ZdravPlus made recommendations and comments on the FP/RH/MCH section of the strategy.

At the request of the NMHC, the WHO, World Bank and USAID prepared and submitted joint recommendations on the draft HCDS concept, emphasizing the importance of an open and democratic

development process and outlining and emphasizing the key tenets of on-going health reform (including single-payer and oblast pooling of funds, provider autonomy, prioritization of PHC, and provider choice).

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

On November 6, 2008 the Kazakhstani Government ratified the World Bank IRTT Project. This is an important milestone in the overall health reform process, and the result of intensive preparatory work carried out over the past two years. ZdravPlus made significant contributions to launching the IRTT Project during the second half of 2008. ZdravPlus:

- Provided technical assistance to the World Bank to finalize TORs, which were submitted to the World Bank's Board for clearance in December 2008;
- Jointly with the World Bank, supported the MOH PIST unit in all tasks required for the new project to become effective and in preparing and revising IRTT project implementation schedules and budgets and successfully presenting the project to the new Minister of Health;
- Worked to build and strengthen a collaborative team including the new World Bank Health Task Team leader, the local World Bank team in Kazakhstan, and the PIST in order to build understanding and common approaches and to establish productive communication.

Health Care Code

The Health Care Code passed the Government coordination process and is currently under review in the Parliament. The final version of the Code supports the SHCDP, including 1) increased health care system funding to 4% of GDP; 2) prioritized funding for PHC and PHC development; 3) single payer, oblast pooling of funds and new provider payment systems; 4) provider autonomy; 5) quality improvement and standardization of health care services according to international standards; 6) accreditation of health facilities; and 7) CME system reform. ZdravPlus provided comments on all key sections of the Code, including health care system structure, health financing and quality of care promoting family medicine, single payer and oblast pooling of funds, and EBM approaches in clinical practice (including MCH services).

Budget Code and Pooling of Funds

The Budget Code was approved by the Government on December 4, 2008. The approved Budget Code retains budget and program consolidation required for pooling of funds, creating a solid foundation for consistent implementation of health financing reforms. ZdravPlus provided on-going technical support to the MOH over the past six months and submitted a technical paper providing rationale for the oblast single payer system and budget consolidation accepted in the Budget Code for 2009.

Health Insurance

The idea of re-introduction of mandatory health insurance continued to emerge at high policy levels. While there are opponents to off-budget funds in the country such as the MOEBP, the threat to the single payer system cannot be underestimated in the generally fluid and rapidly changing environment. Over the past few months the Project continued to promote single payer versus MHI at all levels, and promoted the current budget model to the Parliament and Government.

Medical Savings Accounts (MSA)

ZdravPlus continued to monitor the situation regarding MSA during the second half of 2008 and developed strategies to respond to calls to introduce MSA. As an example, if the idea of introducing MSA re-emerges in 2009, our tentative approach would be to strongly argue for single payer and oblast pooling of funds covering BBP services, and to compromise on MSA by proposing to pilot MSA in a large urban area, such as Almaty, that has a developed banking infrastructure to cover services beyond the BBP.

Treasury System And Provider Payment

Treasury system regulations remain the major obstacle to effective implementation of the oblast single payer and new provider payment systems. Over the past six months ZdravPlus prepared recommendations jointly with the MOEBP on improving the legal and regulatory base for the Treasury system to remove these obstacles and simplify treasury procedures.

In 2008, the MOH approved a methodology for transferring health providers from state institutions to the legal status of state economic enterprises with an increased level of autonomy. During the reporting period ZdravPlus provided technical materials to the MOH and the Vice Prime Minister on international experiences in increasing provider autonomy.

BBP

Over the course of the health reforms, the BBP has been gradually expanded to cover more services and groups of patients. It has also improved in terms of clinical content, and increasingly reflects sound EBM approaches. The revision of the current BBP (effective through 2009) began during the latter half of the year. Within the national working group, ZdravPlus provided recommendations on the BBP's structure and shared international experiences in developing BBPs. We will continue providing input to the process and content in 2009.

Administrative Reform and the MOH's Three Year Strategic Development Plan

The appropriate split of national- and oblast-level functions and responsibilities and the development of institutional capacities of the MOH are the principle goals of Administrative Reform. During the reporting period the Project provided technical assistance to the MOH in developing the Strategic Development Plan, which currently includes key health reform policy development components including single payer and oblast level pooling of funds with an appropriate division of functional roles and responsibilities between the national and oblast levels. ZdravPlus also provided specific recommendations on aligning functional responsibilities between the MOH and OHD within the MOH's Strategic Development Plan. The plan has been submitted to the Government and is expected to be approved in early 2009.

National Integrated Health Information System (HIS)

ZdravPlus continued contributing to the development of the national integrated HIS through participation in the national working group and providing technical assistance on specific components of the system including its Object Server component and a Medical Statistical System component (see Resource Use). Technical assistance was also provided to the World Bank IRTT Project HIS component in reviewing the TOR submitted to the World Bank Board for final approval.

EBM/CPGs and Quality Assurance

Over the past six months ZdravPlus established good collaborative relations with the new leader of the Institute for Healthcare Development (IHD), Marat Shoranov. At the invitation of the IHD, the Project contributed to the October International Scientific Conference "The Importance and Role of Standardization in Healthcare Management," held in Astana. The ZdravPlus conference presentation summarized EBM/CPG development and standardization approaches, achievements, experiences, and results in CAR over the past few years. Emphasis was placed on EBM clinical practices, the increasing role of professional organizations, and the CPG development and implementation processes.

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

KAFP continued advocating for family medicine at the national and oblast levels. The Association took a leading role in implementing a number of important events promoting PHC and family medicine to various audiences during the reporting period, including policy makers, medical faculties, students and practicing doctors, patients, and the broader population. KAFP continued contributing to the development and strengthening of the PHC and FM legal and regulatory base by providing input into the new Health Care Development Strategy 2020. The Association continued to promote family medicine and EBM to faculty members, practicing family doctors and residency students; continued supporting AH and MCH CQI processes; and facilitated open house events in Zhezkazgan and Satpaev. (Please Service Delivery and Population sections for further details).

AH National Dissemination

ZdravPlus and KAFP consolidated and disseminated AH IIP experiences and results through a number of articles published in Kazakhstan and Russia during the latter half of 2008. The articles promote EBM and FM approaches in medical practice and CME using the AH IIP experiences as an example. The publications included:

- Two articles summarizing results of AH CPG implementation in Karaganda pilots and promoting AH health provider “reminder” tools were published for the International Scientific Conference “Perspectives of Family Medicine Development,” held in July in Karaganda;
- An article titled “The Importance and Role of Standardization in Health Care Management” was published for the International Scientific Conference held in Astana in October. The article summarized baseline results for AH patient care and was authored by KAFP and its Pavlodar branch.
- An article titled “A New Type of Doctors’ Training on Clinical Problems” was published in the Russian medical journal “Health Care Management Problems” #3(40), 2008, p 21-28. This article shares PGI/KAFP experiences in problem-based teaching using the AH training module as an example.

MCH Legal Base Development

In collaboration with the WHO, UNICEF and UNFPA ZdravPlus contributed to drafting core documents regulating the implementation of PEPC approaches in Kazakhstan, including: 1) “Regulations of Prevention of Nosocomial Infections in MCH Facilities;” 2) “On approval of Rules of Managing MCH Facilities in Conditions of PEPC Implementation in Kazakhstan;” and 3) “Regionalization of Midwifery Services in Kazakhstan.” Associated MOH prikazes are expected to be issued in early 2009.

Family Planning and Safe Motherhood

Over the past six months, ZdravPlus activities focused on consolidating FP/RH/SM implementation efforts and experiences in pilots and at the national level. The Project contributed to the national meeting on FP/RH issues organized by the WHO and MOH on December 23 in Astana where a draft Order of the MOH on improving FP services in Kazakhstan was developed. The order includes the following recommendations of international organizations:

- Improve, and introduce nationally, FP counseling during pregnancy, postpartum and post abortion at PHC and hospital levels;
- Improve counseling on contraceptive methods provided by general/family practitioners, Ob/Gyns, pediatricians, internists, and midwives;
- Provide contraceptive methods to teenagers and youth, and to postpartum and post-abortion women at the expense of local budgets.

In collaboration with the WHO, UNICEF, and UNFPA, ZdravPlus continued promoting MPS/PEPC approaches and provided technical assistance to the MOH and MCH Centers in Almaty and Astana that are implementing MPS/PEPC strategies. ZdravPlus staff contributed to all national meetings on RH/MCH issues, and provided comments to the MCH section of the Health Care Development Strategy 2020.

ZdravPlus engaged with the MOH and other stakeholders on plans to consolidate and roll-out FP/RH/SM program implementation at the oblast and national levels and coordinated plans for ZdravPlus international consultants to make clinical mentoring and monitoring visits to pilots in Karaganda, Astana and Almaty. In November ZdravPlus supported national rollout of PEPC by contributing to a working group meeting under the MOH addressing PEPC implementation and rollout issues. The Director of the Family Health Institute (FHI) in Moscow was invited by ZdravPlus to share Russian PEPC implementation experiences and lessons learned, develop strategies, and to discuss operational issues and possible lines of collaboration between the MOH, implementing oblasts, and FHI. A number of oblasts, including Kyzyl-Orda, West-Kazakhstan, and Mangystau, showed interest in funding PEPC trainings through their own budgets.

Tuberculosis (TB)

MOH Order #393 was released in August 2008. It seeks to improve referral mechanisms between civilian outpatient and penitentiary systems through the establishment of a platform for collaboration on TB issues among four key government agencies: the MOH, Ministry of Justice, Ministry of Internal Affairs, and Ministry of Defense. The National Coordinating Council on Health developed an

implementation plan to fight TB for 2008-2012. The activities include situational analysis of TB infection control, improvement of TB education curricula at all levels of medical education, mechanisms of social support for patients, and human resource management for TB services. ZdravPlus contributed to the development of both the documents

KAFP implemented a number of activities to promote the WHO Practical Approach to Lung Health (PAL) strategy during the reporting period. This included a presentation on PAL at the National TB-Pulmonary Conference organized by the National TB Center and the Global Fund.

Institutional Structure, Roles and Relationships

MOH Capacity

Following the appointment of a new Minister of Health, ZdravPlus carefully observed changes in the MOH to detect possible changes in health policy and to support and protect the reforms. MOH staff changes are still in progress, and the Project will continue to observe the MOH, Government, and new stakeholders (such as the National Medical Holding Company) to prevent any undesirable shift in strategy and to coordinate unified approaches with the WHO and World Bank. As a first step, the Project provided technical materials to newly appointed MOH staff on such key issues as the single payer, oblast pooling of funds, and health insurance, in order to educate and build the capacities of new MOH staff and encourage informed support for the reforms.

ZdravPlus provided technical assistance to the National Analytical Center in establishing a Health Sector Unit. The National Analytical Center is one of the key participants of the health care sector contributing to health policy development, and ZdravPlus has worked to educate the Unit's staff on the core elements of health reform and health policy development.

The Project continued providing technical assistance to the MOH in developing technical specifications (scopes of work) for national tenders to ensure consistency with SHCDP goals. The Project contributed to developing the SOW for designing the new Health Care Development Strategy 2020 as described above, and also provided technical assistance for drafting the SOW for developing an Intersectoral Collaboration Strategy.

KAFP Organizational Development

KAFP membership remained stable (at approximately 1050 members) during the second half of 2008. KAFP continued to strengthen its organizational capacity and build financial sustainability through a number of activities. KAFP and its branch offices:

- Completed the development of an AH/CQI CBDE course in collaboration with PACTEC and developed strategies to promote this innovative course on the national level;
- Continued its collaboration with ExxonMobil, completing the GDA 4 project;
- Remained active in implementing grant projects, including supporting the Cardiology Patient Club in Akmola Oblast (Kokshetau) via a \$78 000 grant from the Japanese Embassy;
- Continued to manage Youth Friendly Clinics funded by a grant from UNICEF (in the Ust-Kamenogorsk, Semipalatinsk, and Astana branches);
- Provided a presentation on global family medicine development at the December 3-4 8th annual Family Physicians conference "Prospects of FM Development in Semei" was organized. Deputy Oblast HD, Head of city HD, Semipalatinsk Medical Academy vice-rector, and over 150 Oblast physicians attended the conference.
- Provided training courses to approximately 320 of its members on COPD, asthma, and pneumonia and rational antibiotics use through grants from pharmaceutical companies;
- Conducted activities for World COPD Day in November; and
- Improved the design and content of the KAFP website.

Policy Marketing and Public Relations

The 1978 Alma-Ata PHC Declaration 30th Anniversary International Conference, held in Almaty from 15-16 October, was an important event offering opportunities to revive and promote WHO PHC principles to policy makers, health professionals, researchers, medical students, and the broad population. ZdravPlus and KAFP contributed to the conference by:

1. Developing a conceptual display of pre- and post-Soviet Kazakhstan's PHC system. The Project plans to disseminate the poster presentation on CD to the MOH, OHD, and health care providers at events in 2009. In addition, ZdravPlus technical reports were distributed to 250 local and 200 international participants during the conference.
2. Organizing a meeting of CAR NGOs dedicated to Alma-Ata PHC Declaration 30th Anniversary, hosted jointly by KAFP and ZdravPlus. Twenty participants representing 14 PHC health organizations in Kazakhstan, Kyrgyzstan, and Uzbekistan to discuss experiences collaborating with providers, promoting PHC, and educating communities.
3. Organizing a PHC and FM student symposium for internship students in close collaboration with KAFP and the Almaty National Medical University. FM development issues and principles were discussed with GP internship students of the Kazakh National Medical University to attract a new generation of specialists to PHC and family medicine. Representatives of WHO spoke on global PHC development, the American Academy of Family Physicians shared they're experience in the U.S., and the Physicians with Heart NGO facilitated three clinical sessions for 60 select students. 150 students, faculty members, and residents of the Almaty PGI participated in this symposium.

Over the past six months, ZdravPlus continued promoting the health reforms through scheduled programmatic events and other opportunities such as national roundtables, conferences, and reports and presentations prepared by the Project for a variety of target audiences. The Project focused on promoting and marketing the single payer system and oblast pooling of funds, PHC, family medicine, and FP/RH/SM approaches. When possible, these events were linked to USAID outreach. Examples of other policy marketing activities include: 1) support for a strategic meeting implemented within the framework of the Astana GDA; 2) promotion of WHO PEPC approaches to national policy makers and providers; and 3) coordination of FGP Open House events promoting new PHC services in Zhezkazgan and Satpaev (please see the Population section for more detail).

Monitoring and Evaluation

National Monitoring

ZdravPlus provided limited technical assistance and support for refining the current M&E system for the SHCDP and the new set of M&E indicators for the SHCDP developed by Almaty Medical University and NCHLS. The Project also provided technical assistance in developing indicators to monitor the implementation of the MOH's Strategic Development Plan, and provided limited technical assistance to the development of a new national monitoring system to evaluate performance of health organizations and health administrations.

ZdravPlus provided technical assistance for developing the SOW for the technical assistance procurement of the World Bank IRTT Project, including a menu of indicators to assess the results of technical assistance.

PHC Monitoring

The PHC monitoring system institutionalized under the OHD and the Medical Information Center continued to operate with minimal support from ZdravPlus. The October 24 oblast-level working group meeting that included representatives from Karaganda, Balkhash and Temirtau, analyzed and summarized the PHC system monitoring results for three quarters of 2008, with results showing general stability in PHC system development. Some clinical indicators, such as those for AH, provided evidence of positive changes. Other indicators, such as those for FP and prenatal care, raise some questions and require attention. All results were submitted to the OHD for consideration.

In August the Semipalatinsk PHC Monitoring Working group analyzed and summarized the PHC monitoring results for Q1-Q2 2008. Data showed a consistent increase in the number of preventive visits, and a decrease in referrals to narrow outpatient and hospital specialists. Notably, the rate of abortions decreased significantly in Karaganda and Semipalatinsk.

AH and FP/SM/RH Monitoring

ZdravPlus continued to support the AH monitoring system in Karaganda pilots and its rollout to Pavlodar City through KAFP. FP/RH/SM monitoring continued with support from health departments and local quality improvement groups (please see the Service Delivery section for further detail).

Donor/Project Collaboration and Coordination

ZdravPlus continued to collaborate with all donors and projects that support the MOH in implementing the SHCDP, and that contribute to the development of health policy and the new Health Care Development Strategy 2020. The Project's collaboration with the MOH and World Bank to prepare the World Bank IRTT Project for launch in 2008 remained a key priority.

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

The Project continued to collaborate closely with the World Bank and WHO to ensure that the IRTT Project covered key aspects of the health reforms as indicated in the technical sections of this report. ZdravPlus contributed to the September 2008 World Bank Mission that focused on IRTT Project ratification and start up issues.

Collaboration with the WHO, UN Agencies, USAID Partners

Collaboration with the WHO, UNICEF, and UNFPA on MCH issues continued with a focus on national implementation of the WHO PEPC program, family planning, and child health as described in the Stewardship and Service Delivery sections of this report. In addition, ZdravPlus provided technical assistance to the national meeting "Beyond the Numbers," organized by the WHO Euro and the MOH. The Project also contributed to national TB meetings as resources allowed.

Resource Use

During the past six months ZdravPlus continued to work with the MOH, MOEBP, MOF and oblasts authorities to support and consolidate SHCDP Stage II implementation in core health reform areas, and finalized work with the World Bank and MOH to launch the IRTT Project and develop TORs for key IRTT Project components.

Health Care Delivery System Restructuring and Human Resources Planning

KAFP continued to engage in policy dialogue on appropriate structure and layout for PHC and developing human resource strategies and plans especially for rural PHC as PHC doctors continue to retire and are not being replaced. In accordance with the SHCDP Implementation Plan, the MOH and oblasts continued restructuring the health care delivery system. ZdravPlus focused on providing technical support to oblasts that initiated comprehensive improvements in the oblast health care system within the current health reform framework – most notably Akmola Oblast.

Health Financing

As noted throughout this report, one of the highest ZdravPlus priorities is policy dialogue and technical assistance to maintain the pooling of funds and OHD single-payer system which is the core of the rapidly developing health financing reforms.

Single-Payer Development and Health Finance Regional Seminars

ZdravPlus provided ongoing technical assistance to the MOH and OHDs to continue single-payer system development. Preparatory work to design the program of the seminars in 2009 began in late 2008. The new round of seminars will most probably focus on consolidating the oblast single payer, provider payment systems, provider autonomy, and addressing implementation issues. These seminars are also included in the World Bank IRTT Year 1 plan (2009).

World Bank Project Health Financing Component

ZdravPlus provided technical assistance to the World Bank IRTT Project in reviewing the Health Financing Subcomponent TOR to strengthen and ensure core health financing reform elements are adequately reflected in the TOR and made clear to future bidders (including budget funding vs. mandatory health insurance, pooling of funds at the oblast level, a single-payer structure, and new provider payment systems). Specific attention was given to reviewing the Treasury system section, as it is critical for the HF component, and comments were made on implementation schedules, which required adjustment due to World Bank Project ratification and start-up delays.

Provider Payment System Refinement

ZdravPlus continued to provide technical assistance to the MOH on provider payment systems, specifically on the DRG hospital payment system within the national WG. The national WG was organized as ordered by the Vice Prime Minister with the purpose of analyzing implementation of the DRG-based hospital payments system to support further national expansion.

Outpatient Drug Benefit Program (ODBP)

The new Minister of Health declared the cancellation of the National Essential Drug List from January 1, 2009, proposing the substitution of hospital-specific formularies with direct supplies from pharmaceutical producers. This rapid and hasty step is potentially dangerous for drug procurement in general, and ODBP procurement specifically, because it is not clear how the drug package will be formed following the cancellation of the EDL on which it is currently based. At the request of the new Vice Minister of Health, ZdravPlus provided detailed recommendations regarding three related issues: the Essential Drug List, Hospital Formularies and Outpatient Drug Benefits, with a focus on sharing international experiences and arguing for cautious evolutionary approaches.

Discussions on the ODBP were held with the World Bank and the WHO in relation to the likelihood that the MOH would abolish the National Essential Drug List on which the ODBP is based. Comments on the World Bank Project TOR for the Pharmaceutical Policy Reform sub component, which includes the improvement of the ODBP, were also provided.

Health Information Systems

During the second half of 2008, the Project focused on 1) supporting the development of the national Integrated Health Information System (IHIS); 2) contributing to the IHIS development component of the World Bank IRTT Project; and 3) supporting provider payment systems driven by the IHIS. Specific activities included:

- Technical assistance for developing IHIS components, including Object Server, which allows for the implementation of a number of key technical tasks including unified access to databases, security functions, data update and exchange between the HIS units and across health facilities;
- Technical assistance to the World Bank IRTT Project in reviewing TORs for the HIS component of the IRTT Project to ensure its consistency with the needs of the new provider payment systems;
- Limited assistance for maintaining 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.

Health Management

Specific Support for Service Delivery Programs

Through the AH and FP/RH/SM follow-up visits, ZdravPlus continued supporting oblast health departments and individual providers in improving internal resource management and effective program implementation. Specifically, at the oblast and national levels the Project emphasized the importance of supplying contraceptive methods and providing appropriate equipment and drugs to support PEPC implementation.

Service Delivery

General Health Care System Functions

Largely through KAFP, ZdravPlus focused on solidifying general health system functions and family medicine by 1) strengthening links between PGI/KAFP and Medical Academy FM faculties; 2) improving teaching capacity; 3) supporting and developing FM residency programs; 4) promoting EBM approaches in clinical practice; 5.) contributing to quality assurance and the PHC Provider Attestation Commission; 6) improving drug information; and improving infrastructure.

Family Medicine Faculty Development

KAFP and its 15 oblast branches continued to strengthen FM faculties and residency programs under PGI and Medical Universities. From June 26-27 KAFP Karaganda and Akmola Oblast branch Directors and Managers participated in the International conference on Family Medicine in Karaganda Medical Academy. KAFP made presentations on the ZdravPlus/KAFP project on arterial hypertension in Karaganda city and the role of NGOs in family medicine development in Akmola Oblast.

On September 8th and December 3rd, 2008 KAFP HQ and Almaty PGI FM Faculty organized the translation of the XV and XVI Internet sessions. The EBM Center located in Almaty PGI building brought together over 60 teachers and physicians from throughout Kazakhstan, Medical University trainers, and residency students. Internet sessions were provided by the Moscow Association of Russian Internists.

Family Medicine Residency Program

KAFP/PGI continued to develop and strengthen the Family Medicine Residency Program by involving more students and providing training to FM residents. Currently 11 family medicine students are undergoing their residency programs at the FM Faculty of Almaty PGI. Nearly all FM residency students were involved in the preparation and implementation of the satellite symposium for students organized by ZdravPlus/USAID, KAFP and National Medical University in Almaty in October, within the Alma-Ata PHC Declaration 30th Anniversary International Conference.

Ob/Gyn Undergraduate and Graduate Training Programs

From November 17-29, faculty members of Ob/Gyn Chairs of Astana, Almaty, Karaganda, and Aktobinsk Medical Academies were trained in a two-week intensive PEPC course organized by ZdravPlus and KAFP within GDA 4. Immediately after the training, seven participants representing medical academies had an additional two-day session under the guidance of WHO consultants to begin revising undergraduate standard curricula in obstetrics and gynecology in accordance with the WHO PEPC standards. In Year 5, ZdravPlus conduct a follow-up meeting to finalize the revision process and institutionalize PEPC in medical education.

In December, following the Astana training, the Karaganda Medical Academy Chair of Obstetrics and Gynecology organized a four-day PEPC Introductory Course at the Karaganda City Maternity Hospital, which they designed based on the WHO PEPC training course. Thirty-six medical workers underwent training.

EBM/CPGs

KAFP and the Almaty PGI FM Faculty continued to provide evidence-based medicine training on basic EBM principles and training for practicing physicians on critically assessing medical literature. Two lectures on EBM principles for trainees of the Faculty of Organization of Health Care of Almaty PGI were provided during the reporting period.

ZdravPlus continued to consolidate and promote EBM in the medical education and research communities. Twenty-four leading medical education and research organizations across the country received official letters informing/reminding them about free access to the Guideline International Network (G-I-N) web site, a clearinghouse of EBM resource materials, provided by ZdravPlus. We will follow up to encourage continuous use of the G-I-N by all subscribers during the subscription period in 2009.

ZdravPlus and KAFP continued providing technical support to the Institute of Cardiology and Internal Diseases in developing the new AH CPG for PHC hospital care. The CPG is currently the final stages of development, and in Year 5 the Project will work with the Cardiology and the Health Care Development Institutes to promote the new CPG to the MOH for approval and institutionalization.

Quality Assurance: PHC Provider Attestation and Accreditation

During the reporting period the Attestation Committee under the MOH's Quality Committee underwent structural changes and was split into three separate bodies covering North, Central and South Kazakhstan. KAFP retained its position in the Highest GP and Internist Category Attestation Commission. KAFP members participated in two meetings of this Commission held on August 28th and November 25th. ZdravPlus provided limited technical input into finalizing the World Bank project TORs for the Accreditation Component.

Drug Information Center

ZdravPlus sub grant support for the Drug Information Center ended in October 2008. In their thank you letter to ZdravPlus, DIC staff wrote that "due to USAID/ZdravPlus we have learned a lot and started working based on EBM principles and more importantly carried this knowledge down to physicians and patients – consumers of health services." The DIC prepared an article for the December issue of the National Pharmaceutical Newsletter devoted to the National Formulary Manual developed and issued by the DIC in 2007.

Physical Infrastructure

ZdravPlus technical assistance in this area continued to target improving structure and layout for AH and FP/RH/SM pilots.

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

Family Planning

Post-partum and post-abortion family planning services were discussed and their importance emphasized during mentoring visits to all FP/RH/SM pilot sites, the PEPC training in Astana, and strategic meetings with health departments and pilot facilities. All ZdravPlus-supported FP/RH/SM pilot facilities continued providing family planning counseling services to women during prenatal visits and prenatal classes in PHC facilities, and also during consultations in post-partum and post-abortion departments. To improve the quality of family planning counseling, nine family planning booklets developed previously by ZdravPlus were translated into Kazakh and printed. In 2009 these brochures will be provided to all FP/RH/SM pilots for patient counseling by providers. The Tiaht Poster was also translated into Kazakh for distribution.

Safe Motherhood

Over the past six months ZdravPlus focused on the consolidation and further institutionalization of the Safe Motherhood program through clinical mentoring visits to all pilot sites, strengthening the capacity of the MOH and Astana MCH Center to lead the implementation of WHO PEPC technologies, and initiating and supporting the revision of undergraduate Ob/Gyn programs in four medical universities. The Project also maintained policy dialogue in support of Safe Motherhood program implementation and rollout through working groups and national- and oblast-level meetings (Please see the Stewardship section of the report).

From November 17-29, a two-week PEPC training course was provided in Astana. The training was a collaborative effort of the Ministry of Health, Astana Republican MCH Center and ZdravPlus, and was delivered by a team of international experts and experienced local co-trainers. The training pursued three goals: 1) train the new staff of the Astana Republican MCH Center in PEPC technologies to support their PEPC implementation efforts; 2) train representatives of the MOH and Astana CHD Quality Improvement Team to enable them to provide informed political and practical support for implementing PEPC nationally; and 3) train faculty members of four medical academies to enable them to incorporate PEPC technologies in undergraduate programs. Forty-one policy makers, practitioners and teachers benefited from the training.

From October 5 through November 15 three ZdravPlus international consultants made clinical mentoring visits to FP/RH/SM pilots in Astana, Karaganda, Temirtau, Zhezkazgan, Satpaev and

Almaty. The consultants spent from 2 to 3 days in each maternal hospital, working together with staff to update knowledge and skills, assess progress in implementing WHO PEPC technologies, identify issues and problems, and discuss the required interventions to improve quality of care.

The consultants documented a number of positive changes in medical practice, including decreased no-evidence based procedures (such as the use of enema, shaving, and episiotomy), exclusive breastfeeding and early placement of the newborn to breast, skin-to-skin contact within the first two hours after birth, and active management of the third stage of labor. Consultants determined that further effort was needed in areas such as warm chain, real-time completion of partograms, and promoting partnership labor and delivery. On the basis of discussions held during mentoring visits and final strategic meetings with chief doctors, each pilot facility drafted a report outlining next steps in implementing PEPC.

Following ZdravPlus-supported CQI trainings in Karaganda Oblast in February and March 2008, the Karaganda Oblast Health Department selected key indicators to assess the improvement of quality of PEPC services provided in Safe Motherhood pilots. The indicators include free labor position; not on back delivery; partnership labor and delivery; demedicalization; and use of partogram. The oblast quality improvement team, headed by the PEPC Implementation Coordinator, collects data from each facility for analyses and provides feedback to heads of these facilities for consideration and action.

The fifth monitoring and evaluation round began in November in all pilot sites in Astana, Almaty, and Karaganda oblasts, and the cities of Pavlodar, Ust-Kamenogorsk and Semipalatinsk, including data collection through postpartum surveys and chart reviews.

Arterial Hypertension

ZdravPlus continued to implement, rollout and consolidate the AH IIP activities of the Cardiology Institute, PGI, Karaganda OHD, KAFP, DIC and other implementing health care providers in the Karaganda pilots and the Kokshetau and Pavlodar KAFP rollout sites.

In collaboration with KAFP and the PGI Family Medicine Department, follow-up clinical mentoring visits to AH pilot sites were implemented in two polyclinics and four FGP pilots in September to consolidate implementation experiences, discuss issues, and provide educational and clinical updates on AH patient care. The importance of AH screening was discussed and the use of “reminder” tools introduced through the CQI process in these facilities was emphasized. The Karaganda KAFP branch continued to support and coordinate CQI processes in the AH pilots, which are currently focusing on improving the prescription of thiazides.

AH patient classes continued to operate. In 2008, 201 patients attended AH classes (133 patients in polyclinic #1 and 68 patients in polyclinic #2). While the classes have proven popular with patients, a shortage of doctors in FGPs and polyclinics restrict patient coverage by providers.

KAFP supported the replication and rollout of AH IIP in a number of sites by 1) supporting AH CQI processes as described above and 2) providing training on the AH CPG module collaboratively with the PGI and medical academies. A total of 279 doctors were trained on the AH CPG from July-December 2008.

A follow-up AH patient chart review was conducted with KAFP and ZdravPlus support in Pavlodar as part of the CQI process. A total of 600 charts from three PHC facilities implementing the AH CPG were randomly selected and analyzed. The analysis shows significant improvements in clinical practice for a number of indicators, as indicated below:

Indicators	Summer 2007 baseline	Summer 2008
% patients who passed ECG, urine test, and blood glucose test	64.3%	93%,
% patients who passed serum creatine test	34.3%	45.7%,
% patients who passed cholesterol test	53.4%	86.5%.

% patients who received healthy life style recommendations		
Salt reduction	41%	92.8%
Diet adherence	32.3%	93.2%
Physical exercise	37.3%	93.7%

A follow-up AH patient chart review and a patient survey were conducted in Karaganda pilot sites in October and November. The data is being analyzed at the time of this report.

Population and Community Health

Promoting and Marketing the Health Reforms

As resources allowed, ZdravPlus continued to contribute to NGO activities to develop messages to inform the population on patient rights and the health reforms. The Project contributed to the national roundtable on patient safety conducted by Aman-Saulyk Social Fund on November 5, where the importance of promoting the benefits of the health reforms to policy makers and the broader population was emphasized. The roundtable was represented by policy makers from the government and parliament, research institutes, NGOs, and international organizations.

Largely through KAFP branches, ZdravPlus continued to support health care facilities in conducting FGP Open Houses aimed at promoting the benefits of PHC and marketing new services, such as birth preparedness classes, family planning counseling services, and hypertension schools. On November 2, two open house events – at FGP “Zhurek,” Zhezkazgan City and FGP “Lekerovoy,” Satpaev City – were conducted to promote birth preparedness and AH schools to the community and local city administration. As a result, other FGPs have begun thinking about implementing these services and promoting themselves to the population and health authorities. The Zhezkazgan CHD intends to support and promote such services to the population through local TV programs, and agreed with the local TV channel to broadcast birth preparedness classes regularly. ZdravPlus provided limited support to birth preparedness and AH schools by providing minor equipment and educational brochures.

Health Promotion

Business Women’s Association of Kazakhstan (BWAK)

BWAK continued maintaining the Red Apple Hotline with 14 staff in ZdravPlus grant-supported sites in Almaty, Astana and Karaganda, as well as three other sites supported by BWAK and other donors (Uralsk, Shymkent, and Aksai). From July-November 2008 the hotline served 28,650 callers.

Karaganda, Uralsk and Shymkent Red Apple branches implemented population education activities such as student meetings on family planning and STI prevention in addition to promoting and operating the hotline. BWAK continued promoting the Red Apple Hotline through a number of national- and oblast-level publications in Almaty and Uralsk magazines and newspapers in September and October.

During the reporting period ZdravPlus and Red Apple staff held meetings to discuss strategies and plans to strengthen Red Apple sustainability once ZdravPlus grant funding ends in 2009. The Red Apple leadership plans to continue promoting the hotline to the new leadership of the MOH and oblasts to get political support and funding.

Kazakhstan Association of Family Physicians (KAFP)

KAFP continued its educational activities to strengthen links between PHC providers, NGOs and the community, and promoted EBM approaches to health care professionals and patients. Over the past six months, HIV/AIDS prevention and tobacco consumption were KAFP’s major health promotion topics. As an example, on World Anti Tobacco Day (November 20) the Karaganda Oblast KAFP branch together with Red Cross visited high school students in Dosekei Village, Karaganda Oblast and

organized the health promotion action “Youth against Tobacco.” On November 22 the Karaganda Oblast KAFP Branch together with Red Cross provided an IPC training course to PHC doctors from Osakarovka and Bukhar-Zhyrau rayons to strengthen providers’ counseling skills.

KAFP contributed to the CAR Regional conference of the International Initiative of Eastern Europe and Asia on Patient Safety organized by the Soros Foundation and the local Aman Saulik Fund, held from November 13-15 in Almaty. Medical professionals and patient NGOs from Kazakhstan, Uzbekistan, Kyrgyzstan, Mongolia, Ukraine, and Poland attended the conference. To support the conference, KAFP and ZdravPlus prepared technical notes summarizing the existing legal base and current situation in Kazakhstan related to patient safety, emphasizing role of the BBP and ODBP and their funding, promotion of these packages to the population and policy makers, EBM approaches in medical practice, PHC provider choice, and the role of NGOs.

Health Promotion Information Dissemination

ZdravPlus continued to support the National and Oblast Center for Healthy Lifestyles in organizing their scheduled health events. In October ZdravPlus provided 2000 flyers on the warning signs of TB and 2000 copies of TB brochures were provided to Project HOPE for dissemination to NGOs implementing small TB grants in Almaty Oblast. In November ZdravPlus funded the printing of 200 coloring books for children suffering from type 1 diabetes, with educational information for children living with the disease and their parents.

Exxon Mobil-USAID Global Development Alliance (GDA)

Three birth preparedness schools in Astana continue to operate with support from the GDA 4. During the reporting period, 3 120 pregnant women attended prenatal classes. Twenty-nine percent of these women attended the school with partners. All women were provided with informational materials on pregnancy, fetal development, breast feeding, and recommendations on when to go to the maternity hospital for delivery. All of the materials were developed by ZdravPlus and published for the Astana schools with GDA 4 funding. Safe Motherhood approaches were promoted in Astana via a four-minute video spot developed by KAFP through outside grant funding. ZdravPlus provided technical expertise in developing the film.

Support to Priority Programs

Within the Population Component, ZdravPlus continued linking health promotion to priority programs in Family Planning, Safe Motherhood, Newborn Care, and Arterial Hypertension. The Project provided all pilot sites in Almaty, Karaganda, Satpaev, and Zhezkazgan with FP pamphlets to counsel women on FP methods.

All nine FP method brochures were translated into Kazakh and printed to cover all RH/FP pilot sites in Kazakhstan in 2009. The FP Tiaht wall chart was also translated into Kazakh and is currently being published for distribution in 2009. In October Roddom #1 in Almaty and the City Reproductive Health Center were provided with a set of educational materials for Birth Preparedness classes, including an educational video, WHO labor position posters, and a “My Pregnancy, Week-by-Week” booklet for women.

Stewardship

Policy Dialogue and Content

The major policy dialogue mechanism in the Kyrgyz health reforms remained the Manas Taalimi/SWAp Health Summits. ZdravPlus continued to support the technical reviews for all 8 Manas Taalimi components. Over the last six months, ZdravPlus contributed to finalizing documentation for the May Health Summit/Mid-Term Review and the October Health Summit. Key overall policy issues in the October Health Summit Summary Note included movement to unmerge general hospitals, the MHIF funds flow and separation, ongoing development of a broader approach to quality improvement, sustainability of the Center for Health System Development, and the ongoing rural human resources crisis.

Over the last six months, ZdravPlus engaged in intensive policy dialogue concerning resolution of the long-standing issue of removing MOH/Treasury System barriers to ongoing development of provider payment systems and health provider autonomy. It is critical to continued development of MHIF/single-payer for the State Guaranteed Benefit Package (SGBP) and harmonizing health financing and public finance management reforms. The decision was made to change the economic classification of SGBP funding from a health budget classification still categorized by infrastructure and rigid line items to an insurance classification entitled State Basic Medical Insurance enabling full operation of the provider payment systems and increased provider autonomy.

Quality improvement of health care service delivery was elevated as a priority focus within the MOH by directive of the President in spring 2008. ZdravPlus facilitated a QI roundtable held in conjunction with the May Health Summit, where general consensus was obtained on the direction and focus of QI activities at multiple levels (clinic, regional, and national). Subsequently, ZdravPlus worked with a newly appointed national-level MOH coordinator on quality improvement activities to develop proposals on the coordination of QI activities among educational institutes, health purchasers, accreditation bodies, the EBM Center, and professional organizations. These proposals were discussed at a second roundtable on quality improvement organized with ZdravPlus assistance as part of the SWAp/Manas Taalimi Joint Annual Review in October. A new quality improvement concept paper and proposal for a QI pilot study are in development at the time of this report. They will reflect the importance of “bottom-up” (clinic- and hospital-based) CQI activities while at the same time preserving some degree of “top-down” coordination and regulation, which remains essential in this post-Soviet environment.

Finally, ZdravPlus continued to support a number of working groups engaging in policy dialogue on conceptual and technical aspects of the Manas Taalimi Health Sector Reform Strategy.

Legal Framework

ZdravPlus continued to work closely with MOH and counterparts on the development of the health system’s legal and regulatory framework, and provided technical assistance in preparing a number of legal and regulatory documents including:

- Contributing to the development of the complete package of legal documents required to change the MHIF/single-payer funds flow for the SGBP including changes to the law on budget, law on health protection, law on health insurance, and law on single-payer.
- Contributing to the development of a draft law on “Public health in the Kyrgyz Republic.”
- Amendments to the law on health protection that ensures that public and private health organizations have equal rights to accreditation.

- A draft Government resolution on “Introduction of changes to regulations on the State Sanitary-Epidemiological Surveillance Department under the Ministry of Health of the Kyrgyz Republic,” addressing the legal requirements for appointing SES personnel.
- A draft Government resolution on “Introduction of changes into regulations on the Department of Pharmacology and Medical Technology under the Ministry of Health of the Kyrgyz Republic,” addressing the legal requirements for appointing Department of Pharmacology and Medical Technology personnel.
- Providing legal expertise to professional associations and other NGOs as requested.

Institutional Structure, Roles and Relationships

The priority over the last six months has been improving the sustainability of the professional associations. ZdravPlus worked intensely with FGPA, HA, MAC to develop strategies and plans (documented in a separate report). A priority in Health Summit dialogue has been the sustainability of the Center for Health Systems Development (CHSD). Although some issues have developed concerning vision and leadership, the units of the CHSD including policy analysis, IT, EBM, and health management have continued to develop. ZdravPlus continued to support the EBM Unit and its role in CPG development and contributing to a broader approach to quality improvement.

Policy Marketing

Manas Taalimi/SWAp continued to serve as a mechanism for policy marketing by joint and parallel financiers to the Government and other high level policy-makers. The MOH Press Center worked to promote the successes of Manas Taalimi/SWAp implementation in Kyrgyzstan and the outcomes of the Health Summits. During the second half of 2008, the Press center developed a video presentation on the SWAp in English and Russian languages which was presented to Flagship course participants and other audiences.

ZdravPlus also contributed to marketing the health reforms to health professionals. The MOH Press Center facilitated coverage of health reform implementation experiences in a special issues of the Rossiyskaya Gazeta newspaper dedicated to the Health Professionals Day and the Bishkek CIS Heads of State meeting (in July and August, respectively), as well as a special issue of the Slovo Kyrgyzstana newspaper (in July). The Press Center also continued to promote the activities of NGOs and patient associations.

Monitoring and Evaluation

Over the last six months, the two ZdravPlus priorities were continuing to collaborate with the CHSD Health Policy Unit and DFID-funded WHO Health Policy Project in enhancing the role of health policy analysis in Kyrgyzstan and collecting and analyzing data for the USAID PMP.

ZdravPlus/STLI provided input into the design and reporting of two key studies conducted by the Health Policy Analysis Unit of the Center for Health System Development: “Quality of Treatment and Prevention of Cardiovascular Diseases in the Kyrgyz Republic” and “Health System Effectiveness in Hypertension Control in Kyrgyzstan.” These studies provided valuable baseline data, which influenced the development of the national program on prevention and treatment of cardiovascular diseases. STLI consultants have also provided ongoing input into the development of quality indicators to monitor progress in implementation of the national CVD program.

The study on time utilization among primary care providers completed in 2007 (led by ZdravPlus/CitiHope and ZdravPlus/STLI) was summarized and submitted to the MOH in early 2008. This study showed that family physicians spend 28% of their time on paperwork and that many non-mandated reporting forms (up to forty) and registration journals (up to 34) continue to be used. This study provided the basis for the formation in the latter half of 2008 of a WHO-led working group to assess and make recommendations to the MOH to reduce inefficiencies within the medical reporting/registration system.

Donor/Project Collaboration and Coordination

ZdravPlus collaborated with all other joint and parallel financiers in the implementation of Manas Taalimi/SWAp. The synergistic collaboration with WHO, UNICEF, and UNFPA in Safe Motherhood continued to develop.

Resource Use

Health Delivery System Structure and Human Resources

Intensive policy dialogue was initiated under Manas Taalimi/SWAp to educate and advocate related to movement to unmerge general hospitals and expand general practice centers which developed after changes in MOH leadership. The restructuring of Bishkek/Osh hospital sector is again a high priority given the lack of movement and the financial and energy crisis and ZdravPlus engaged in policy dialogue on this major structural issue within the context of Manas Taalimi/SWAp.

Within the framework of the Manas Taalimi work plan, MOH Order No. 64 authorized training workshops for health care administrators in July and September 2008 on the issues of staffing, human resource laws, and record keeping. ZdravPlus supported the implementation of workshops for 30 trainees in Naryn Oblast and 40 trainees in Issyk-kul Oblast. ZdravPlus participated in MOH working group activities on the development of registration procedures for health care and pharmaceutical workers. As a result of the Working group's efforts, the MOH issued a prikaz sanctioning adjustment and improvement to registration procedures.

Work continued on the human resources database with activities including continued support for implementation at the facility level, refinement, and integration into the overall health information system.

Health Financing

Program Budgeting and Budget Formation

ZdravPlus continued to collaborate with the WB and WHO to monitor and engage in dialogue on the Manas Taalimi/SWAp conditions of budget level and execution. ZdravPlus/Socium Consult worked with the MOH, MHIF, and MOF to develop the 2009 budget under the program budget format.

MHIF Purchasing

As referred to throughout this report, a priority over the last six months was resolving the long-standing conflict between with MHIF/single-payer funds flow for SGBP and Treasury System operations. Additional activities included ongoing support for MHIF monitoring and refinement of provider payment system and outpatient drug reimbursement systems.

MOH Purchasing

The last six months saw progress in the development of TB financing reform. Using Government and MOH decrees approving program budgeting, ZdravPlus/Socium Consult worked with the MOH and TB facilities to form budgets based on cases, begin to improve geographic equity, begin developing restructuring plans, and support individual TB facilities as they worked to allocate resources more efficiently under the new budget formation and payment process.

Introduction of the new public health or SES financing system continued with ongoing support from ZdravPlus/Socium Consult for implementation and capacity building among individual SES entities. Work to change financing for other vertical systems including mental health and oncology also continued. The initiation of changes in financing for health professions education continued to develop starting with nursing education. Dialogue continued on mechanisms for the High-Tech Fund for high cost services and capital expenses.

Health Information Systems

A November meeting between the Republic Medical Information Center, MHIF and CHSD IT Unit seriously discussed the growing tendency of each disease-oriented republican institute to require

vertical population registers that will increase the paperwork for the already over-burdened PHC system. The strategy developed was to speed-up the roll-out of the automated clinical information system which can provide automated disease-specific reports based on the existing clinical information form rather than increasing paperwork burden.

Over the past six months the Republican Medical Information Center (RMIC) and ZdravPlus completed the revision and installation of Outpatient Clinical Information Form (CIF) software. ZdravPlus also supported training on use of the updated software for representatives of 19 FMCs in Bishkek, nine FMCs in Chui Oblast, and 23 FMCs in Jalalabat and Osh Oblasts. From July-September, the RMIC conducted monitoring of the use and efficiency of the updated Outpatient CIF software in Bishkek City, and Chui, Jalalabat and Osh oblasts.

In October the RMIC conducted workshops for specialists Oblast Medical Information Centers (MIC) and the Bishkek Territorial Department of the MHIF on the use of 1) Health Statistics and Outpatient CIF software; 2) Health Care Personnel and Enrolled Population Databases; and 3) the National Directory of Health Organizations.

In November the RMIC trained Issyk-Kul and Jalalabat IT specialists on the new version of the Enrolled Population database. Participants visited Bishkek City and Chui Oblast FMCs and practiced installation and use of the database. The ZdravPlus IT specialist in Issyk-Kul continues to provide assistance to the Oblast MIC to install and operate the Enrolled Population database and outpatient CIF software, providing consultations to representatives of FMCs throughout the oblast.

Health Management

ZdravPlus continued to support health management courses, and in September the course on Financial Management in Health Care was conducted for 22 leaders from the MHIF, OHIF and Republican SES. The course included modules on: 1) budget formation and implementation; 2) financial management and monitoring; 3) management skills; and 4) strategic planning and analysis.

In October ZdravPlus supported a course on quality management and policy for 25 leaders of oblast merged hospitals and family medicine centers. The course included modules on: 1) the concept of quality management; 2) monitoring and assessment; 3) health care economics; 4) the components of quality; and 5) the influence of management style on quality.

Service Delivery

Medical Education

Undergraduate Medical Education Reform and Family Medicine Residency Training

The Medical Education Reform Strategy was approved in July 2008 following development by the MOH, MOES, and KSMA and review during a round table in April with the participation of medical education experts from Switzerland funded by SDC. ZdravPlus participated in the preparatory work for the fall 2008 Health Summit, where recommendations were made by the review team. Among those recommendations, the most significant were related to implementation of the Medical Education Reform Strategy at undergraduate level, approval of the new system for National CME for FGP Physicians and Nurses, and the procurement plan for 2009.

ZdravPlus participated in a November seminar on “Quality Improvement of Medical and Pharmaceutical Education as a Key Element of Healthcare in Kyrgyzstan,” organized by the MOH and KSMA and funded by the WHO. The seminar presented the Medical Education Reform Strategy that was approved in July 2008, and fostered discussion of possible options for creating a specialty of general practitioner at the end of undergraduate and graduate studies. ZdravPlus presented its vision on the introduction of EBM principles into undergraduate education through presenting draft syllabi for the foundational courses on biostatistics, clinical epidemiology, internet search of medical literature, and linking use of EBM principles to clinical courses.

Nurse and feldsher trainers from the Family Medicine Specialists Association (FMSA) contributed to a WHO-led working group to revise the undergraduate nursing curriculum. The current training

program has been minimally changed from Soviet times and is essentially a watered-down version of a medical school curriculum, designed and taught primarily by physicians. In response, the new working group will set clear training objectives for undergraduate nurse education and propose a revised curriculum to achieve the desired results, including many of the core components of the one-year ZdravPlus-sponsored family nursing TOT course. A former ZdravPlus STLI nursing consultant with a doctoral degree in nursing will serve as an advisor to the working group. The curriculum reform is directly linked with changes in nurse education financing.

The FM faculties of KSMA and KSMIRCE, with support through the FMSA grant, continue to train FM residents, including clinical supervision, mentoring, and conduct of didactic modules on relevant FM topics. ZdravPlus/STLI are currently working with the faculty members to implement quality improvement activities, particularly with regard to inpatient clinical rotations. Due to an unfortunate misunderstanding between the MOH and KSMA, prospective FM residents for the academic year 2008-2009 were misinformed that all two-year training spots would be by paid, contracted positions. For this reason, there are only four PGY-1 residents in Bishkek; all 16 PGY-1's from the previous academic year have been promoted to PGY-2. In Osh, all two-year FM residency training spots were cancelled and a one-year internship program was developed by order of MOH. Six interns are currently in training.

Continuing Medical Education (CME)

ZdravPlus/STLI continued to work with SWAp joint and parallel financiers, MOH, and representatives from KSMIRCE to advocate for coverage of CME expenses for family physicians, feldshers, and nurses through the national health budget (with SWAp support). Although included in the 2008 SWAp procurement plans, the majority of funds were not disbursed until after September, which made it difficult for the FM/FN/feldsher trainers to meet their training goals for the year. During the October Health Summit, CME expenses for 2009 were again included in the budget and the issue of delayed disbursement of funds was discussed with all key stakeholders. Subsequent meetings were held to discuss preventing such problems from recurring in 2009.

A major step toward sustainability of the network of family medicine and family nurse trainers was the securing of full-time KSMIRCE staff positions for each trainer in September. Although current government salary levels (approximately \$75/month for an assistant professor) are inadequate to retain these trainers without some additional income source, they are no longer solely dependent on support through the NGO Family Medicine Specialist Association and project grant.

FM and FN trainers of the FMSA, with ZdravPlus grant support, conducted the following trainings over the past 6 months:

Physician Training, July-December 2008

Theme	Training numbers, by region								
	Batken	Bishkek	Chui	IKO	Jalalabat	Naryn	Osh	Talas	TOTAL
FM Retraining (4 mo)	17		25		14		30		86
PAL/DOTS	32	15							47
Antenatal care	18			62	74	13	97		264
IMCI			59		10				69
HIV/AIDS			54				36		90
TOTALS	67	15	138	62	98	13	163	0	556

Nurse training, July-December 2008

Theme	Training numbers, by region								
	Batken	Bishkek	Chui	I KO	Jalalabat	Naryn	Osh	Talas	TOTAL
PAL/DOTS	56	38	27	20	59	51	53	44	348
Antenatal care				30					30
Relevant issues in family nursing		20					34		54
Childhood nutrition		13							13
HIV/AIDS			63				34		97
TOTALS	56	71	90	50	59	51	121	44	542

Feldsher training, January-December 2008

Theme	Training numbers, by region								
	Batken	Bishkek	Chui	I KO	Jalalabat	Naryn	Osh	Talas	TOTAL
Trauma/OB emergencies for Ambulance feldshers									568
TOT for amb feldsher trainers									17
Emergency care for ambulance feldshers		11							11
Trauma/emergencies/immunization for FAP feldshers									503
HIV/AIDS for FAP feldsher			57						57
TOTALS		11	57						1156

As part of the ZdravPlus effort to ensure the quality of primary care training, consultants provide technical reviews of CME materials developed by local FM trainers prior to implementation. Most recently, a five-day CME curriculum on cardiovascular disease developed by local FM trainers was reviewed and an expert review of the revised curriculum by the National Institute of Cardiology and Therapy was coordinated.

As one component of the broader national strategy to improve the quality of clinical services, current efforts are being made to base the development of future CME seminars for FGP doctors on recently developed, evidence-based CPGs and CPs.

Computer-based Distance Education (CBDE)

ZdravPlus consultants continue to work closely with national FM trainers at KSMIRCE to develop Web- and computer-based CME courses and a strategy for gradual implementation of distance learning as part of the broader national CME strategy. Courses for doctors on low back pain and congestive heart failure, and a nurses' course on physical assessment were completed, a course on hypertension developed by FM trainers in Kazakhstan is being revised for use in KR, and courses on acute coronary syndrome and sexually transmitted infections are under development at the time of this report.

ZdravPlus consultants facilitated discussions on long-term hosting of Web-based CME courses at the national level (at the RMIC). This will be a strategic step toward ensuring free access to Web-based

CME for doctors working in or visiting oblast-level FMCs, where free, broad-band access to RMIC servers already exist.

ZdravPlus consultants also provided assistance to local FM trainers to complete a \$50K grant application that would fund the establishment of distance learning resource rooms (computer labs) in each oblast-level FMC.

EBM and CPG Development

The development of high-quality, evidence-based clinical protocols and clinical practice guidelines is one of the first essential steps toward improving quality of health service delivery within the existing structure of medical practice in Kyrgyzstan, where providers are accustomed to practicing by nationally-approved protocols and can be financially penalized if their practice deviates from published guidelines. ZdravPlus/STLI continued to work with the EBM Center and tertiary institutes to review and revise CPGs and CPs in the priority areas of cardiovascular disease and maternal and child health. More than fifteen new obstetric clinical protocols have been revised and approved, including much-improved CPs on antenatal care and normal deliveries that are now consistent with WHO recommendations. In addition, a CPG on hypertensive disorders of pregnancy and a CP on adult hypertension were completed and submitted for approval.

During the past six months, ZdravPlus continued to promote the institutionalization of evidence-based medicine in Kyrgyzstan, primarily through direct work with the EBM Unit of CHSD. In 2008, the EBM Unit provided technical and methodological support to more than 15 working groups focused on developing new clinical protocols and clinical practice guidelines. Eight CPGs are being developed on hypertension, diabetes, breast cancer, adult pneumonia, pediatric pneumonia, ulcer, epilepsy, and use of perioperative antibiotics. ZdravPlus will place emphasis on the development and implementation of the CPGs on Arterial Hypertension and Pneumonia in Children in the coming year.

ZdravPlus representatives led the sessions on Content of Medical Practice during the October Joint Annual Review of the national health reform program. The primary goals were to accept and approve the institutional structure, roles and relationships for CPG/CP development; standardize procedures for development of CPGs based on an internationally-accepted methodology, and adopt standard formats for clinical guidelines and protocols. Other recommendations from the group were to survey international experience on the development of basic courses in biostatistics, clinical epidemiology, and research (including skills to search for international evidence and critically assess publications) in order to design similar courses to be taught at KSMA and through the CHSD.

ZdravPlus revised the methodology on CPG development developed by the EBM Unit from CHSD in order to make it more valuable for CPG developers in Kyrgyzstan. ZdravPlus/STLI are also encouraging the development of a clear mechanism for resolving disputed recommendations during CP/CPG development in order to ensure that existing evidence is appropriately surveyed and used rather than ignored in favor of expert opinion, which remains strongly ingrained in the local system. The use of a table citing sources of recommendations and corresponding levels of scientific evidence is advised for use during discussions at the "Expert Council," where disputed recommendations are to be resolved. Moreover, scientific articles (or abstracts, at a minimum) supporting proposed recommendations made by guideline developers should be presented to members of the Expert Council.

The EBM Unit under the CHSD conducted a round table in December for CPG developers, national research centers, and educational institutions involved in CPG development where they presented the MOH-approved standardized methodology on CPG development.

Quality Assurance

In July and November MAC conducted two Supervision Council meetings on accreditation to discuss results of accreditation evaluations. Categories were awarded to 54 health care facilities. The highest category was awarded to Bishkek Scientific Center of Trauma and Orthopedic Care. The first category was awarded to 41 health care facilities and the second category to 12 facilities. MAC also conducted inspection control of 38 health previously accredited facilities in order to confirm that their standards

were consistent with their level of accreditation. Most of the accredited facilities complied with MAC recommendations and standards and required no amendment to their quality certificates.

In October MAC was awarded diploma of the KR Government for the achievements in the sphere of quality.

In June the FGPA prepared for the attestation and appropriation of qualification categories to family practitioners in order to fulfill MOH Order No. 118, dated March 18, 2008, concerning the qualification categories of family practitioners and family nurses in FGPs, FMCs, FAPs and emergency departments. In July the FGPA developed examination tests for FGP doctors and family nurses, and conducted attestation exams from July to October in all oblasts of the country. 410 FGP doctors and 867 family nurses passed the attestation.

Infrastructure

The Hospital Association (HA) conducted an in-depth survey in October 2008 to gauge the readiness of hospitals in Issyk-Kul Oblast to operate under the impending energy crisis and shared results and perspective with the MOH and WHO-led Health Sector Contingency Planning Working Group. Fifteen hospitals participated in the HA review. The HA analyzed the energy needs of each facility based on their unique infrastructure and available resources, and advised on the development of contingency plans to prioritize and consolidate services based on a variety of energy crisis scenarios.

ZdravPlus contributed technical expertise to the specification and review of equipment under the SWAp procurement plan to help ensure consistency with overall Manas Taalimi priorities and enhancement of implementation in priority program areas especially MCH and CVD.

From June to November 2008, the Hospital Association and FGPA conducted inventories of FGPs and FMCs in Jalalabat, Naryn, Chui, and Talas oblasts, and Bishkek City during the second half of 2008. Both associations developed matrices to collect and evaluate data on buildings, equipment, instruments, furniture, and incomplete construction and renovation.

A total of 474 health care facilities were surveyed, including 43 in Talas Oblast, 155 in Jalalabat Oblast, 59 in Naryn Oblast, 101 in Chui Oblast, and 117 in Bishkek. Data on the material and technical capacity of the facilities were entered into a corresponding database, and a list of FGP furniture and equipment needs is being developed at the time of this report.

Training and installation of the material and technical resources (MTR) database was completed in Talas (21 facilities); Naryn (28 facilities); Jalalabat (37 health facilities); Issyk-Kul (51 facilities); Osh (72 facilities); Batken (35 health facilities); and Bishkek City (19 facilities). Monitoring of the MTR database was conducted from September to December, including the analysis of data received from SES, territorial hospitals, FMCs and other health care facilities. In early 2009, a procurement list for FGPs and FMCs will be developed according to the standard equipment chart.

Public Health (SES)

The MOH formally approved the Ton Rayon Public Health Coordination Council (PHCC) model by Order #123, dated March 26, 2008. During the latter half of 2008, the Ton PHCC coordinated implementation of the joint plan on Brucellosis and discussed problems that required the attention of the Ton Rayon Administration (e.g. butchering standards, isolation of sick animals, etc). The PHCC Veterinary Services representative informed members on immunization of domestic animals, and the Rayon Health Committee chairman discussed planning and outcomes of Village Health Committee health actions on brucellosis and iodine deficiency. In November and December, the Coordinator of the Ton PHCC made presentations on the PHCC's structure, membership and activities of the Committee at the conferences on Public Health and Health promotion.

In late 2008, the Ton Public Health Coordination Committee finalized an integrated action plan on hypertension. The plan is based heavily on the VHC hypertension health action to be conducted in Issyk-Kul during the first quarter of 2009, as well as ongoing hypertension PHC quality improvement activities.

The MOH and RCHP evaluated the Ton pilot in December and initial results of the evaluation were positive. A second evaluation will be conducted in May, 2009. If successful, nation-wide expansion of the model is expected to begin in late 2009.

ZdravPlus focused its technical assistance for the PHCCs during the latter half of 2008 on expansion of the model to At-Bashi and Jayil rayons, and supporting the organizational development of these new PHCCs. ZdravPlus conducted three organizational development workshops each with members of the At-Bashi and Jayil PHCCs, both of which expect to be officially registered by January 2009. The Project supported the At-Bashi PHCC in developing integrated action plans on brucellosis and hypertension, and a plan on Brucellosis in Jayil.

ZdravPlus completed the implementation of a three-part public health self-study course for rayon-level SES personnel in late 2008, which included truncated modules from CDC's Applied Epidemiological Training Program, and training in computer skills, the Epi Info statistical program, and Decree 318, which defines Public Health reporting requirements for SES staff. Forty-seven SES workers completed the training, including 17 trainees in Ton Rayon, and 15 trainees each in Jayil and At-Bashy Rayons.

From November to December, representatives from Republican SES and the ZdravPlus Public Health consultant evaluated the knowledge and computer skills of course trainees. 86% demonstrated proficiency in Word and Excel and able to create questionnaires for the investigation of diseases. More than 70% of trainees were proficient in the Epi Info program and able to create databases and perform intermediate-level analysis. In early 2009, ZdravPlus will continue to coordinate with Director of Republican SES and Deputy Minister of Health to integrate the public health self-study course content into the KSMIRCE CME training for SES personnel.

Quality Improvement

Greater emphasis is being placed on the selection and implementation of clinic-based CQI activities to correspond with continuing medical education themes. Within the new QI concept, a structure is proposed in which: 1) the MOH designates priority themes; 2) corresponding CPGs and CPs are developed by the appropriate institutes; and 3) training programs are developed at the undergraduate, residency, and CME levels as the first step in CPG/CP implementation. CQI activities are then initiated using performance measures (quality indicators) that appropriately reflect implementation of new recommendations, and which should lead to improvements in health outcomes. Throughout 2008, the FGPA coordinated CQI activities on antenatal care, the CME educational topic conducted by FM trainers of KSMIRCE.

ZdravPlus continues to promote cooperation between tertiary institutes and the family medicine, family nursing, and feldsher departments of KSMIRCE to coordinate guideline development with CME activities in an attempt to overcome the usual practice of tertiary centers taking responsibility for educating primary care providers within their area of expertise. In 2008, the National Institute of Cardiology agreed to turn over responsibility for educating practicing FGP providers on cardiovascular disease to the FM Department of KSMIRCE, but will conduct the training of FM trainers and provide technical review of training materials on CVD developed by KSMIRCE.

The Project worked with the national-level QI coordinator to secure SWAp funding for the coordination of targeted, cross-sectoral quality improvement activities in one pilot region to begin in 2009. This will allow for improved coordination of QI activities between the outpatient and inpatient sectors, as well as with laboratories, pharmaceutical suppliers, and health care purchasers/payers.

Internal Medicine and Child Health – Hypertension and Asthma

The FGPA continued implementation of CQI rounds on hypertension, bronchial asthma/COPD, and antenatal care. Over the past six months, oblast- and rayon-level CQI coordinators conducted the fourth round of CQI on asthma/COPD and the first round of CQI on antenatal care in 216 FGPs and 189 FAPs in Aravan, Alai, Bazar-Korgon, Suzak, Batken, Kadamjai Ton, Tup, Ak-suu, Jety-Oguz, Chui rayons, Balykchy City, and Talas and Naryn oblasts.

During the CQI rounds, “curators” (doctors and/or nurses working in the clinical facility) check the availability of equipment required for providing services on the above mentioned conditions, observe the relevant clinical performance of medical workers, and review the medical records in accordance with set standards. Simultaneously, written population satisfaction surveys are administered. After analyzing data, a quality meeting of FGP/FAP staff is held to discuss current levels of care and to develop activity plans to improve quality. If funding is available, CQI coordinators from the FGPA conduct “external” quality monitoring two to three months after facilities have concluded their fourth round of CQI activities. Over the reporting period, monitoring was conducted in Batken, Aravan, and Bazaar-Korgon rayons in southern Kyrgyzstan and in Ton and Chui Rayons of northern Kyrgyzstan. Follow-up monitoring on hypertension was also conducted by the FGPA in Naryn Oblast.

Positive results were achieved on asthma/COPD. FGP and FAP workers are now assessing peak expiratory flow (PEF) in nearly all patients suffering from asthma and COPD and are able to calculate maximum predicted PEF and assess variability of PEF among patients with asthma. FGP and FAP providers have started to diagnose asthma independently (during Soviet times, this diagnosis could only be made by pulmonologists) and, in the majority of cases, treatment is initiated in accordance with recommendations in current clinical protocols.

Despite the fact that initial CQI rounds on hypertension were conducted two years ago, follow-up monitoring on hypertension in 2008 showed continued gains in improved detection of hypertension among patients, as screening of adult patients is being regularly conducted. The doctors strictly observe clinical treatment protocols, and cardiovascular complications, such as heart attacks and strokes, have decreased in some rayons. In addition, quality indicators on hypertension were updated by the FGPA with ZdravPlus support in late 2008 to coincide with a revised clinical protocol on hypertension. After CME seminars on cardiovascular disease are conducted by KSMIRCE in 2009, the FGPA will begin repeating CQI rounds on hypertension, using the new quality indicators.

ZdravPlus provided technical assistance to the FGPA to develop a budget for expanded CQI activities on cardiovascular disease in 2009, which was proposed and included in the SWAp procurement plan. This will allow the FGPA to coordinate clinic-level CQI activities in one additional rayon in each of the five oblasts, bringing the total number of covered rayons to three per oblast.

Safe Motherhood and Family Planning

ZdravPlus conducted a family planning training emphasizing IUD clinical skills from September 3-12 in Jalalabat City. The training marked the continuation of IUD project expansion as requested by MOH. Fourteen rural midwives from Toguz-Toro and Chatkal rayons were trained. The average training pre-test score was 37% and post-test 84%. ZdravPlus also conducted follow-up monitoring in August of FP counseling and IUD insertion/removal skills for newly trained midwives in Ton rayon.

ZdravPlus provided a series of postpartum and post-abortion (PP/PA) family planning training during the second half of 2008. The PP/PA training aims to reduce unplanned pregnancy and abortion soon after childbirth and abortion, and to improve PP/PA contraception counseling, referral, and acceptance, especially for rural populations with more limited access to health care services. Participants in four ZdravPlus PP/PA family planning trainings included:

- Twelve providers from the Ton Territorial Hospital, including Ob/Gyns, midwives, and nurses from the hospital and its branch facilities (August 18-22);
- Fourteen providers from the Jungal Rayon Maternity (November 17-21);
- Eighteen providers from the Kochkor Rayon Maternity (November 24-28); and
- Eighteen providers from the Aktalaa Rayon Maternity (December 2-6).

ZdravPlus conducted a training on the integration of Effective Perinatal Care (PEPC) program into pre- and in-service medical education from November 10-14. Thirty participants benefitted from the training, including representatives from the Kyrgyz State Medical Academy, KSMIRCE, Medical Colleges, Postgraduate Medical Institute, Kyrgyz-Slavic University, Osh State University, and Osh Pre-service Education Center. ZdravPlus WHO-certified consultants facilitated the training, which

focused on institutionalizing and strengthening ZdravPlus investments in PEPC over the past four years by ensuring that course content is integrated into medical education. Participants were trained to lead the introduction of PEPC course content and methods into pre-service training; refine and improve CPGs and clinical protocols related to PEPC, and evaluate the pre-service curriculum on PEPC topics in partnership with the WHO.

According to the ZdravPlus Strategy for PEPC program implementation, initial MPC/PEPC trainings are followed by performance monitoring and clinical mentoring every six months. From June 9-30, a WHO-certified ZdravPlus consultant carried out clinical mentoring and reinforcement training in the 15 Kyrgyz maternities in three oblasts and Bishkek city where MPS/PEPC has been initiated. The consultant worked with providers to review knowledge and skills, review data, and prioritize areas for improving clinical practice. Following the clinical mentoring sessions, the consultant provided written feedback on performance and recommendations specific to the needs of each facility, and debriefed facility administrators and oblast health care officials on MPS/PEPC implementation in each facility.

The ZdravPlus MCH/RH specialist participated in the MCH component review of the October Manas Taalimi JAR. ZdravPlus specialists also presented a paper titled “The Kyrgyz Republic is Making Strides toward MDG Goals” at the American Public Health Association annual conference held in San Diego, CA in October.

Infectious Diseases: Tuberculosis (TB)

ZdravPlus provided technical support for drafting amendments to the “Law on Health Protection of Population from TB.” The amendments are related to the criminal responsibility of TB patients within civil society who avoid treatment, and to the exclusion of prisoners with TB from prison amnesties.

ZdravPlus continued its work to strengthen DOTS implementation in the Jayil Rayon pilot, and conducted follow up visits on strengthening DOTS there. Discussions with FGPs and the rayon TB coordinator revealed that providing stable social support, including food packages, during the period of treatment could substantially increase patient compliance with DOTS (as was demonstrated by National Red Crescent in Kara-Balta). Recent follow up visits also revealed that the rayon administration has little sense of ownership for supporting implementation of the DOTS strategy, and has done a poor job of coordinating social support by village administrations and to encourage TB patients’ adherence to therapy. ZdravPlus distributed a report on “The Barriers to Successful Implementation of the DOTS Strategy at the Rayon Level,” based on the Jayil pilot and written by the ZdravPlus Regional TB Coordinator.

In August, ZdravPlus regional TB team held a series of meetings and brainstorming sessions on taking a health systems approach to TB Infection Control. The team visited the National TB Center, the leading MOH specialist on TB, and TB and PHC facilities in Chui Oblast, including the Jayil pilot.

ZdravPlus contributed to the TB component of the Manas Taalimi October Health Summit. The project also participated in meetings with USAID, MSF, and ICRC to discuss joint approaches to activities on TB in prisons and to develop plans to coordinate contributions to the Global Fund Round 9 application.

Infectious Diseases: HIV/AIDS

In collaboration with other donors/projects, ZdravPlus participated in regional workshops on the integration of medical services for HIV/AIDS in PHC in which 210 medical workers from Osh and Chui oblasts participated (including 90 FGP doctors, 57 feldshers, 55 nurses, and 8 midwives. Regional workshops on HIV/AIDS prevention were also conducted from July through December for 16 doctors in Osh, 15 doctors in Jalalabat, 15 doctors in Kyzyl-Kiya, and 20 doctors in Bishkek and Chui Oblast.

From July through September, the Hospital Association continued to develop its selected clinical/quality priority of infection control by surveying hospitals to assess readiness to implement programs on the prevention of nosocomial infections, including HIV/AIDS. The HA survey measured the following:

- Economic readiness (i.e. financial capacity to implement preventive activities against nosocomial infections and manage of medical waste);
- Knowledge and practices of medical personnel related to nosocomial infections and infection prevention;
- Availability of material and technical resources to implement programs on infection prevention (i.e. availability of personal protective supplies and equipment like gloves, protective masks, and safety glasses, and availability of disposable syringes and catheters);
- Implementation of existing normative documents on nosocomial infections in hospitals.

A total of 18 hospitals were surveyed in Talas, Jalalabat, Chui and Issyk-Kul oblasts. The HA concluded that health care personnel are insufficiently aware of measures used to prevent nosocomial infection, including HIV/AIDS and do not have sufficient skills to ensure safety of patients and health care personnel when rendering medical care. Without additional resources, the current financial status of hospitals would impede implementation of programs on preventing nosocomial infections, including the proper disposal of medical waste. Hospitals are not presently equipped with the personal safety devices and medical supplies needed to reduce the risk of nosocomially transmitted infections. As a result of this survey, the HA made recommendation to the MOH on addressing the issue of funding for infection prevention and medical waste management programs.

Population and Community Health

Marketing the Reforms

In the second half of 2008 the MOH Press Center continued to inform the public on changes to the health care system, MOH policies and their rights within the system, and the prevention and treatment of the most prevalent diseases. Educating the public on the Manas Taalimi National Health Reform Program continued to be a principal goal of the Press Center and most press activities were conducted within this framework. The Press Center published reviews of more than 15 speeches by MOH authorities and representatives of sub-departments in the print media. In addition, MOH and sub-department specialists participated in more than 30 TV and radio broadcasts devoted to reform implementation outcomes, the prevalence and prevention of priority diseases, including infectious diseases and “extremely dangerous infections.” The Press Center also coordinated the participation of health care professionals in 5-10 live broadcasts per month by the National Broadcasting Company and Channel 5, which included question and answer time with viewers.

The MOH Press Center focused on promoting the State Guaranteed Benefits Package (SGBP) and disseminating information on patients’ rights during the last half of 2008. To this end, the Press Center worked closely with the MHIF Population Involvement Department to support its efforts to inform the public on SGBP and MHIF Additional Drug Package Benefit. The Press Center worked with the MHIF to hold meetings with NGOs and patient associations, and worked to publish speeches of Population Involvement Department’s specialists in print and electronic media.

The MOH Press Center, Republican Health Promotion Center and MOH Public Health Department actively promoted public health and the work of Village Health Committees (VHC) supported by international projects including USAID/ZdravPlus Project. In the republican mass-media the work of 4 workshops and conferences has been highlighted where this subject was discussed jointly with VHCs. Interviews of participants were organized.

The Press Center supported a number of organizations’ efforts to promote their work in health system development and patient advocacy, including in ZdravPlus grantees MAC, FGPA, and HA, and also the Diabetes Association of Kyrgyzstan, Hemophilia Patients Association, Bronchial Asthma Patients Association, and the Association of the Disabled Persons. The Press Center worked with these partners on awareness-raising activities related to World Heart Day, World Diabetes Day, World AIDS Day, and Cancer Awareness Month. On a daily basis, the Press Center continued to respond to information requests from mass media and NGOs.

Health Promotion – Village Health Committees (VHCs)

Issyk-Kul Oblast

In June and July, ZdravPlus supported Issyk-Kul Oblast (IKO) VHCs in conducting survey research on alcohol consumption in order to monitor the “new traditions” (e.g. not giving alcohol as gifts or as payment for services) that were promoted during the earlier health action and community survey on alcohol use. The survey of over 6,000 households found a reduction in all alcohol consumption indicators versus the baseline survey, especially in the consumption of alcohol at funerals, payment for services with alcohol, and use of alcohol at weddings, birthday parties, and public holidays.

Following their official registration as NGOs, ZdravPlus supported Rayon Health Committees in developing grant proposals for the GAVI vaccination promotion program in early 2008. After winning grant funding, 158 VHCs conducted childhood immunization promotion health actions that reached 24,674 households in all five rayons of IKO. The campaign focused on the distribution of immunization calendars and one-on-one discussions with mothers on the importance of adhering to the WHO vaccination schedules.

In September, VHCs in IKO conducted the second stage of the “Healthy Teeth” health action that was launched in May 2008. The health action engaged with schoolchildren to provide demonstrations on how to clean teeth correctly, how to use a brush and a tooth-paste, and other basic oral hygiene. VHCs worked with school parliaments to educate over 53,000 students and distributed 7,400 toothbrushes to first grade students that were donated by the Swiss Red Cross.

ZdravPlus supported IKO VHCs in the implementation of the annual brucellosis prevention health action from October-December 2008. The main goal of the health action is to educate communities on preventing the disease (usually transmitted to humans by livestock) through the use of rubber gloves and disinfectant solution during lambing and preparing pits to properly dispose of afterbirth. RHC and Health Promotion Unit trainers across the Oblast closely cooperated with SES and veterinary services in implementing the health action. The efforts of Ton Rayon VHCs were a central component of the ZdravPlus-supported Ton Rayon Public Health Coordination Council’s integrated action plan on brucellosis.

Following some unanticipated procurement delays, preparations for the health action on hypertension were completed in December, including trainings for HPU specialists and FGP/FAP staff. conducted is composed of three stages: 1) screening research (measurement of blood pressure for all community members 18 years of age and older); one-on-one consultations with households on cardiovascular health and the importance of hypertension screening and treatment; 3) the referral of hypertensive community members for professional screening and treatment at their FGP/FAP; and 4) continuous follow-up and support of hypertensive patients. The campaign is made possible by USAID-funded semiautomatic tonometers for VHC use and 52,000 booklets on hypertension prevention and treatment funded via the SWAp. The first three stages of the campaign will be conducted from January to March 2009.

ZdravPlus continued to focus on operational and organizational development support for the five Rayon Health Committees in Issyk-Kul Oblast. The five RHCs met monthly during this period. IKO RHCs strengthened their relationships with a variety of community partners, NGOs, and international organizations, including working with GAVI on promoting childhood immunization as described above, and in Ton, participation in Ton Rayon Public Health Coordination Council. The Tyup Rayon RHC chairman traveled to Almaty to present the Community Action for Health program during the 30th Anniversary celebration of the WHO Alma-Ata declaration on primary health care in October. IKO RHC representatives also traveled to Naryn Oblast – home of the oldest Community Action for Health program in the country – to share experiences and learn from experienced counterparts. Following the visit, all IKO RHC chairmen developed lists of next steps they would implement based on the best practices observed in Naryn.

Jalalabat Oblast

In late summer, Jalalabat Oblast VHCs conducted the same alcohol health action survey research as their counterparts in Issyk-Kul (described above). A total of 22,000 households were surveyed by the Nookan and Bazaar Korgon VHCs, indicating reductions in alcohol use similar to those observed in

Issyk-Kul. In addition to the expected outcomes, many villages had begun to enforce stricter bans on sale of alcohol to youth under the age of 18 and, in some villages, a prohibition on the sale of alcohol after 6 o'clock in the evening.

In late fall and early winter, Jalalabat VHCs continued iodine deficiency health action activities by testing salt in shops to measure iodine content. Data from iodine testing has been collected and is being analyzed at the time of this report.

Preparations for the Jalalabat health action on hypertension were also completed in December (see campaign description under Issyk-Kul Oblast, above). The health action will also benefit from USAID-funded semiautomatic tonometers. 30,000 campaign booklets were also printed with financial support from the SRC. The first three stages of the campaign will be conducted from January to March 2009.

ZdravPlus continued to focus on operational and organizational development support for the two Rayon Health Committees in Jalalabat Oblast. With ZdravPlus support, the two Jalalabat RHCs elected RHC chairmen and finalized their official registration as NGOs. The RHC chairman of Tyup Rayon in IKO visited Jalalabat oblast RHCs to share experiences and best practices with his southern counterparts. ZdravPlus will continue to support the new Jalalabat RHCs in 2009, with a focus in the beginning of the year on supporting GAVI grant proposal development (see description under Issyk-Kul, above).

TAJIKISTAN
Six-month Report
July - December 2008

The ZdravPlus Project strategy continued to produce results over the past six months, driven by national level – or top-down – stewardship, resource use, and 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.

Stewardship activities during the period included participation in discussions between Tajik authorities and other international partners focused on development of a new health sector strategy and sector-wide approach (SWAp). Over the last two years, ZdravPlus has viewed ongoing implementation of health system strengthening activities as the priority while engaging in limited health sector strategy development dialogue in parallel. However, over the last few months the health sector strategy development process appears to have solidified.

The Project is concerned that unpredictable health policy dialogue, changes in health reform strategy and plans affecting investment and results obtained over the last few years create risks that cannot be ignored. It now appears the greatest return will be obtained by converting to a linear strategy and engaging more intensely in health sector strategy dialogue. Optimistically, synergies can be created by current implementation feeding into health sector strategy dialogue and development that increases the imperative, mandate, scope, and content of ongoing health reforms and further drive implementation. With USAID support, ZdravPlus will work toward this objective in the final year of the Project, taking a more active role in the health sector strategy development process.

In the Resource Use component, significant progress continues to be made in the implementation of health financing reforms. These reforms include the piloting of PHC per capita financing and the introduction of paid services and 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.

In the Service Delivery Component, training of family medicine trainers, retraining and CME for family doctors and nurses, implementation of a new hypertension CPG, and implementation of a number of rational drug use activities continued. The ZdravPlus Center of Excellence model was replicated by the SDC-funded Project Sino in its own pilot rayons, and ZdravPlus provided assistance to the Aga Khan Foundation as they worked to establish a similar facility in Khorog. ZdravPlus also began piloting two additional COEs.

ZdravPlus continued implementing Safe Motherhood program activities in pilot facilities 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 the Population and Community Health Component, activities continued to focus on assistance in development of BBP promotional materials, promoting family medicine, developing the Family Medicine Associations, and health promotion focused on service delivery priorities.

Stewardship

Legal and Policy

Resource Use

Policy dialogue on mandatory health insurance, pooling of funds, and a new hospital payment system intensified over the last six months. The Law on Mandatory Health Insurance was approved. While the law is generally good and specifies a single-payer system, it is not clear how it will link with budget funding and payment, how much funding can be collected given the general economic situation in Tajikistan, and what specific mechanisms and processes should be developed for implementation. ZdravPlus engaged in policy dialogue in working groups focusing on the relationship between

mandatory health insurance and the budget-funded financing system. ZdravPlus also supported working group policy dialogue on pooling of funds including its importance to implementation of a new hospital payment system and its relationship to mandatory health insurance. Revisions to the Basic Benefit Package (BBP) were approved over the last months. They introduce a fee schedule for tertiary and outpatient diagnostic services. The policy and implementation ramifications of this change are not yet clear. On the one hand, it may weaken the overall BBP framework and provider payment systems but on the other hand, there are not a lot of good options available given the low level of budget funding. ZdravPlus will continue to provide limited technical assistance to optimize implementation of the BBP.

ZdravPlus continued dialogue with the MOH, MOF and other partners on the next steps in implementing per capita financing. As a result, the MOH and MOF agreed to roll out per capita financing to all rayons in Khatlon and Sugd oblasts. ZdravPlus provided technical assistance to the MOH and MOF to develop regulatory documents for the roll out. The new PHC financing system includes a PHC budget that is separate from the overall health care budget and a separate “smeta” (expenditure plan) for PHC. Formulation and allocation of the PHC budget is performed on a per capita basis for variable costs not including salaries and utilities. Variable costs are expected to be included in the next phase of PHC per capita financing implementation.

Service Delivery

The MOH issued a prikaz approving CPG development methodology. The methodology was developed in a MOH WG which is led and supported by ZdravPlus, and regulates the standardized process for developing, revising and implementing evidence-based clinical practice guidelines.

Institutional Structure, Roles, and Relationships

ZdravPlus and TSMU discussed and developed a new regulation for the Drug Information Center. In November, the new regulation was approved by the Rector of the TSMU, recognizing the DIC as an integral part of the TSMU and creating linkages with EBM Center.

ZdravPlus engaged in dialogue with the MOH and other stakeholders about the importance of establishing a health purchaser at the oblast level to introduce case based hospital payment system, and strengthening the role of the PHC Network Manager at the rayon level.

Monitoring and Evaluation

ZdravPlus collaborated with WHO and the World Bank in ongoing dialogue with the MOH on establishing and building capacity for monitoring, evaluation, and policy analysis in the new MOH Health Policy Unit (HPAU). ZdravPlus also developed the first draft of the monitoring and evaluation indicators for the per capita payment system. In collaboration with the MOH HPAU, the indicators were presented during a roundtable of partners for further discussions and approval.

Donor/Project Collaboration and Coordination

ZdravPlus provided technical assistance for the WB mission to shape the design of the new WB health project in Tajikistan. In addition, ZdravPlus collaborated with other donors/projects in establishing processes to develop a Health Sector Strategy/SWAp, other donors/projects in implementation of Safe Motherhood and family medicine, and with other USAID projects.

Resource Use

Health Care Financing

PHC Per Capita Payment System

Over the last six months, ZdravPlus continued to collaborate with the WB PIU and other partners to provide extensive support to the MOH, Oblast Health Departments, rayon authorities, and PHC providers for ongoing implementation of PHC per capita payment in pilot rayons. Technical assistance was provided to support implementation in both the original 8 pilot rayons and the 7 rayons in the first phase of roll-out.

In October and November, a number of educational seminars were conducted in Khatlon and Sugd oblasts. The seminars targeted rayon-level MOF health finance specialists and PHC health managers to educate them on regulations related to the rollout of the per capita payment system to all rayons in Khatlon and Sugd oblasts. Specific topics included per capita rate calculation, PHC budget formation, and organizational issues.

As a result of the abovementioned seminars, the MOH PHC payment system WG discussed and introduced a number of changes in the existing regulatory framework of the PHC per capita payment system with technical assistance by ZdravPlus. The changes will strengthen the role and responsibility of the PHC network manager in terms of managing financing and human resources.

ZdravPlus continued to promote its perspective on the appropriate near-term priorities for the per capita payment system, including 1) rollout of the current simple per capita financing methodology to all pilot rayons (i.e. horizontal roll-out); and 2) the inclusion of protected budget lines (salary and utilities) in the per capita rate for current pilot rayons (vertical roll-out). ZdravPlus provided technical assistance to the MOH and MOF to develop new regulations to implement the current per capita payment system in all rayons in Khatlon and Sugd oblasts in 2009. In November, ZdravPlus and Socium Consult specialists continued dialogue and completed activities on data collection and modeling for including protected budget items in the capitated rate. If agreed, the vertical expansion will be implemented in pilot rayons.

Hospital Payment System

ZdravPlus continued working to develop a new case-based hospital payment system. In September, ZdravPlus finalized the calculation of a model hospital payment system using data collected in HMIS pilot hospitals and presented the calculations to the MOH WG. In October, ZdravPlus initiated a workshop at the MOH and presented experiences from other Central Asia countries, including the Kyrgyz Republic and Kazakhstan.

ZdravPlus supported the MOH in conducting practical workshops to rationalize the CRH in four pilot rayons (Sarband, Norak, Shurobod and Kabodiyon in Khatlon oblast). As a result of these workshops, the MOH recommended a decrease in the number of beds in these hospitals in 2009.

Basic Benefits Package

Along with other donors and projects, ZdravPlus continued to support implementation of the BBP in pilot rayons and contributed to monitoring and analysis to inform revisions in the BBP and formal copayments. This support included: 1) joint MOH/ZdravPlus seminars on the BBP in new pilot rayons, and 2) technical assistance to the MOH BBP WG on M&E activities in both existing and rollout pilot rayons.

Health Information Systems and Cost Accounting

In November, the MOH issued a decree on the national rollout of the improved health information systems program. In December, ZdravPlus specialists in collaboration with WB PIU technical staff conducted two oblast-level educational seminars for all rayons in Khatlon and Sugd oblasts. Additionally, ZdravPlus, WB PIU and Oblast Medical Statistics and Information Centers technical specialists began working with rayons to install and train on the program. ZdravPlus plans to continue providing technical assistance to the MOH to ensure proper rollout to all hospitals in Tajikistan.

ZdravPlus adapted the improved health information system for Tajikistan in collaboration with the MOH Medical Statistics Department. The 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. The program was piloted in 16 hospitals. To date, more than 546,179 clinical cases have been entered into the hospital clinical database for these pilot hospitals (please see table below).

Pilot Health Facility Number of Cases

Pilot Health Facility	Number of cases
Dyakov's Republican Clinical Hospital	120,104
Kurgan-Tube Oblast Hospital	49,853
Khujand Oblast Hospital	65,370
Leninsky (Rudaki) CRH	39,020
Khuroson CRH	17,494
Vaksh CRH	24,625
Kolkhozabad CRH	21,899
Bokhtar CRH	21,546
Kurgantube City hospital	20,935
Jomi CRH	49,991
Yovon CRH	22,733
Kumsangir CRH	19,661
Jilikul CRH	18,581
Kabodiyon CRH	17,569
Shahrituz CRH	36,817
Total	546,179

Service Delivery

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 introduced a similar project in GBAO. ZdravPlus will also provide advice and technical assistance in Sugd Oblast to assist in the introduction of FM in World Bank pilot sites. This collaborative rollout serves as evidence that the implementation strategy adopted by ZdravPlus to fit the unique environment in Tajikistan appears to be working. ZdravPlus now directly supports five COE. While each COE is at a different stage of development, all are proving that investing in this bottom-up demonstrative process is worthwhile.

Dushanbe City Health Center #1 (CHC #1)

Based on a request from the MOH, ZdravPlus is in discussions in relation to establishing a clinical base for a Family Nurse TOT program at the CHC #1 COE. Co-location of the doctor and nurse training programs will allow for the creation and demonstration of best practices in FM provider teamwork. At the same time, it will enable family doctors to better understand the role of nurses within the PHC system and enable opportunities to strengthen health promotion activities at the PHC level.

ZdravPlus continued discussing methods for piloting the integration of vertical programs, including IMCI and DOTS. This will allow all lessons learned to be shared before transferring this approach into the other CHCs in Dushanbe and other COEs.

Konibodom City Health Center #1 (CHC #1)

ZdravPlus continued to support the practice of holding joint meetings between family doctors and specialists (Ob/Gyns, infectionists, dermatovenerologists, etc.). This close collaboration has led to better understanding of roles and responsibilities of family doctors in patient management and treatment.

Istrafshan City Health Center #1 (CHC #1)

The first group of eight family doctor trainees in Istrafshan completed their retraining course at the end of November. All trainees expressed enthusiasm for the course and have encouraged their colleagues

to also undertake the retraining. The practise of joint meetings with specialists has also started in Istrafshan. The Project expects that the newly graduated family doctors will establish good relations with specialists and develop appropriate referral procedures. Recently graduated local trainers, under the supervision of a PGMI trainer, began the next FD retraining program in December.

Penjikent City Health Center #1 (CHC #1)

Although the management and logistical challenges were great due to the isolation of this remote, rural pilot COE, ZdravPlus completed rehabilitation works at Penjikent Health Centre #1 in October and in the same month commenced retraining of first group of FD trainees. The official opening ceremony of Penjikent COE was held on November 4 with the participation of the Deputy Minister of Health and the U.S. Embassy Deputy Chief of Mission.

Subsequent monitoring of the Penjikent COE shows that there has been wide spread acceptance and enthusiasm for the training that is now provided. All health center doctors (regardless of speciality) participate in morning conferences together with family medicine trainees, which demonstrates that providers are eager to improve their knowledge and skills.

Medical Education

Undergraduate and Graduate Medical Education

ZdravPlus together with the Swiss Agency for Development and Cooperation (SDC) continued to support the Government Committee reviewing the current Medical and Pharmaceutical Education Concept. Members of the Committee include representatives from the Tajik State Medical University (TSMU) and the Ministries of Health and Education. Committee members were provided with the ZdravPlus assessment of current TSMU structure and education process, which was completed in June 2007. This assessment was used as the basis for developing further strategy of reviewing the Concept. The revision process was completed in August 2008 and was presented to partners at a Round Table after which the revised Concept was submitted to Government for approval.

Family Medicine Physician and Nurse Development and CME

Training of FM Trainers at Dushanbe CHC #1

The current group of 10 trainees completed their course in November and have begun working at Konibodom and Istrafshan COEs and at the SDC-funded Project Sino training center in Tursunzade. Two other trainees will begin work at the AKF-funded program in Khorog in January 2009. SDC and AKF have been impressed with the standard of training provided by PGMI and have advised the MOH that they will only provide funding for PGMI training.

Postgraduate Medical Education/Family Medicine Nurse Trainers

ZdravPlus completed preparation activities for a Family Nurse TOT program during the second half of 2008. A ZdravPlus largely volunteer international nursing consultant, in cooperation with PGMI nursing department, reviewed all modules of TOT program, and Dushanbe CHC #1 is expected to be authorized as a clinical base for the family nurse TOT program in January 2009. The first group of trainees will be from ZdravPlus COE sites, as well as Project Sino and AKF sites, giving PGMI an opportunity to start family nurses retraining at COEs following the TOT. The program is expected to begin in early 2009.

Physician and Nurse CME Conferences

ZdravPlus continued to support monthly CME conferences for family doctors, other PHC doctors, and current FM trainees in Dushanbe and Sugd Oblast. CME topics for the latter half of 2008 included:

- “Caring for patients with cancer,” with a focus on the importance of providing adequate care to patients with cancer, particularly palliative care. The conference also dealt with the role of family doctors in early cancer diagnosis.
- “Obesity in adults,” covering the importance of appropriate patient consultation, especially for those with hypertension.
- “Jaundice,” with a focus on the diseases manifested by the condition, particularly hepatitis.
- “Skin diseases,” including training on updated treatment protocols.

- “Rational Antibiotics Use.”
- “Screening in family medicine,” with an emphasis on early detection of diseases and risk factors, particularly for pregnant women and newborns.

ZdravPlus also supported CME conferences for nurses on “Convulsive Syndrome,” “Arterial Hypertension and AH Risk Factors,” “Risk factors for Anaemia,” and “IMCI and Diarrhea.”

In cooperation with WB Basic and Community Health Project, ZdravPlus provided numerous trainings for family doctors from two pilots in Sugd Oblast on “Emergency Care for Patients with Heart Disease.” Local certified trainers from the Khujand Oblast FM Training Center developed the two-day training module with technical assistance from a ZdravPlus international family medicine specialist. In total, nine trainings were provided in the Spitamen (4 trainings) and Asht (5 trainings) districts with 135 family doctors benefiting from the training. Follow up monitoring of trainees is planned for March 2009.

Continuous Medical Education (CME)

ZdravPlus participated in dialogues with MoH and partners on the development of Concept Paper for Continuous Medical Education, which is to become the foundation for future ongoing post diploma education. The current system does not meet international standards of post diploma education as it is too fragmented and does not allow providers to continuously develop knowledge and skills. Despite financial assistance by Project Sino to MOH to develop a draft concept paper, the draft developed was unacceptable to a majority of working group members as well as ZdravPlus and Project Sino. It was proposed that in February 2009 Projects Sino and ZdravPlus will provide the technical assistance to MoH to re-start activity on developing the Concept paper in much the same way that technical assistance was provided to TSMU to develop the Medical and Pharmaceutical Education Concept. The Minister is yet to agree.

Evidence-Based Medicine (EBM)

Hypertension CPG

During the second half of 2008, ZdravPlus continued to provide technical assistance to the AH CPG working group in revising the implementation plan for the hypertension CPG. Five meetings were conducted with the Working Group members. As the result: 1) 1000 copies of the approved CPG in two languages were printed; and 2) two trainings were conducted on the new CPG for health care staff in the Konibodom and Istrafshan COEs.

EBM Center

ZdravPlus continued to assist the Evidence-based Medicine Center (EBMC) in introducing and promoting evidence-based medicine among students, teachers, and academicians. Within the scope of its regular activities, the EBMC finalized its working plan for 2009, which was approved and signed by the Rector of TSMU. The EBMC was also provided with office space in the main building of the TSMU.

In collaboration with the DIC, the EBMC conducted educational seminars on the principles of EBM in the ophthalmology, otolaryngology, and pediatric departments of the TSMU. One hundred forty six health care specialists and students participated in the seminars. The EBMC also conducted two meetings with the Neonatology Journal Club, where they presented international neonatology practices and discussed practices in Tajikistan with eleven participating neonatologists.

The EBMC conducted trainings for seventeen research fellows and doctoral students at the TSMU, providing participants with information on EBM, research methods and biostatistics. The Center also initiated and conducted a round table to present and discuss the quality of the research activities at the TSMU. Twenty people participated in the round table.

Drug and Pharmaceutical Issues

Drug Information Center (DIC)

The DIC office was totally destroyed in a fire at the TSMU in December 2007. After the TSMU main building was rebuilt and reopened, the DIC was provided with office space in the building and

continued working with students and health care professionals at medical education institutions to provide independent, objective and evidence-based information promoting RDU in Tajikistan.

ZdravPlus worked with TSMU Administration to develop terms and agree on a regulation of the DIC. In October, the regulation was approved by the TSMU Rector. The regulation indicates that DIC has become an integral part of the TSMU, and TSMU has started the process of hiring additional staff members to strengthen the Center.

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 (please see table below).

Information Materials Disseminated by DIC from July - December 2008

Categories	# Drug Bulletins	# RDU-related materials
Policymakers	340	420
Medical Students/Teachers	1570	1460
Health Professionals/Family Doctors	400	910
Population	673	780
Subtotal	2983	3570
Total	6553	

The DIC continued presenting and distributing the first Tajikistan National Medicine Formulary and the revised Tajikistan Essential Medicines List (EML) among PHC practitioners at the TSMU Family Medicine faculty. The formulary provides readers with detailed information on all medicines on the Essential Medicine List (EML).

To promote RDU to a wider audience, the DIC communicated and reached agreement with the popular national medical newspaper ‘Avicenna’ to publish RDU materials on a regular basis free of charge. 18,000 copies of the newspaper are published weekly. During the reporting period, the DIC published six articles in the newspaper.

In September, the DIC in collaboration with the MOH and Pharmaciens Sans Frontières conducted a number of trainings on Drug Management in Kulob and Kurgantube (Khatlon Oblast), Dushanbe, and in Kofarnihon (RRS). A total of 80 health facility managers participated in the trainings.

The DIC in collaboration with the Dushanbe COE conducted a campaign to educate households in the catchment area of the COE on RDU issues. The DIC prepared and printed a number Tajik language RDU informational flyers, which were disseminated during the campaign. The DIC also provided informational materials on RDU, EML and diabetes for use by COE practitioners.

In August, the DIC conducted a training course on rational antibiotics use for FM specialists in Khujand. Fifty FM specialists participated in the training.

The DIC finalized a reference book on 272 medicines commonly used in reproductive health. The information provided focuses on the pros and cons of using the medicines during pregnancy and while breastfeeding. The DIC also developed and printed a new drug bulleting titled “The Principles of Rational Pharmaceutical Therapy while Breastfeeding.”

The DIC delivered five seminars on rational drug use for students of the TSMU pharmaceutical faculty. The lectures included discussion of generics, content of drug information, the concept of RDU, and the EML. More than 98 students attended these seminars. In collaboration with the TSMU Pharmacology faculty, the DIC also conducted a lectures on the principals of the rational pharmaceutical therapy for 180 professors and students.

The DIC supported TSMU professors in teaching a course on pharmaceutical information. The course covers topics such as 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.

Quality Improvement and Integrated Improvement Projects (IIPs)

Hypertension

ZdravPlus continued to provide 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 according to QI indicators.

MCH

PEPC Follow-up

ZdravPlus continued to provide technical assistance in training and clinical mentoring of the health providers providing maternal and newborn care services in Tajikistan during the second half of 2008. Following the Effective Perinatal Care (PEPC) Trainings held in Dushanbe in 2006 and in Konibodom in 2007, ZdravPlus organized follow-up clinical mentoring and monitoring visits to seven Safe Motherhood (SM) pilot maternities by a ZdravPlus international consultant. The consultant observed progress in the implementation of SM technologies at all pilot maternities, which has led to: 1) a significant decline in use of unnecessary, non-evidence-based procedures and medications; 2) active management of the third stage of labor and reduction of percentage of postpartum hemorrhages; 3) an increase in partner participation in labor and delivery; and 4) an increase in the percentage of labor and deliveries managed according to WHO standards.

The clinical mentoring and monitoring team developed a list of recommendations tailored for each maternity covering technologies successfully implemented in the facility, practices that require improvement, and next steps in SM implementation. In addition, in late December 2008, Tajikistan's national expert on perinatal care provided reinforcement sessions on essential newborn care and newborn resuscitation to providers at the Maternity Ward of Dushanbe City Medical Center.

PEPC Training

To further promote the implementation of SM and scale up activities, ZdravPlus collaborated with the MOH and Sugd Oblast Health Administration to conduct the fourth PEPC training at Istrafshan Maternity House, and open one more SM pilot in Sugd Oblast. The 10-day training was held in November with the participation of 31 health care providers, including Ob/Gyns, midwives, neonatologists, neonatal nurses, and epidemiologists from the newly established pilot, as well as untrained providers from Konibodom and Isfara CRH maternity wards, and the Khujand Oblast Maternity.

An oblast-level policy meeting led by the Chief Ob/Gyn of Sugd Oblast was held on the last day of the PEPC training, with participants including health care providers and representatives of the Istrafshan City Health Department and Hukumat. The meeting provided a forum to discuss both the outcomes of the training and the methods providers and local authorities can use to scale up the use of family-centered maternal and newborn care at the city and oblast levels.

Antenatal Care and Birth Preparation Classes

In August, a team of international and local experts visited five ANC sites established by ZdravPlus and the Dushanbe City Health Administration. The purpose of the monitoring visits was to observe progress achieved in implementation of the WHO ANC approaches. The recommendations developed by the expert team emphasized the successes achieved and practices that needed improvement.

In addition, to create conditions conducive to providing birth preparedness classes, all ANC sites were provided electric heaters in late December 2008.

Family Planning

ZdravPlus collaborated with the JSI Eastern Europe and Eurasia Family Planning Activity on conducting a number of activities during the latter half of the 2008. From September 1-10 a training on voluntary surgical sterilization was provided to eight participants from Sugd and Khatlon Oblasts. The training was conducted by local experts with the support of an international consultant. Participants

were trained on counseling principles and performing minilaparotomy, and performed surgeries under supervision of the expert team.

From September 15-16, a national-level workshop on the development of clinical practice guidelines for IUD services was conducted. The purpose of the workshop was to develop the CPG based on WHO recommendations, and to remove the barriers negatively influencing the quality and cost of services to improve the quality of IUD services provided to clients. The draft CPG has been developed and is currently under review.

From October 15-26, in collaboration with JSI, two IUD trainings for midwives were conducted for 20 midwives from the remote areas of Sugd and Khatlon Oblasts. The 10-day training educated participants on counseling technique and IUD insertion.

To further promote family planning and increase clients' awareness of contemporary contraceptive methods, ZdravPlus provided Tiaht posters and population education materials covering various contraceptive methods to 22 family planning sites located in Dushanbe, Khatlon and Sugd Oblasts.

Population and Community Health

Promoting and Marketing the Health Reforms

ZdravPlus continued promoting the advantages of family medicine through COE as a key pillar of health reform in Tajikistan.

Health Promotion

Mahalla Meetings

With ZdravPlus technical support, a number of community education meetings were held on such topics as ARI, hepatitis, typhoid, family planning, and immunization. Fifty community education meetings were conducted by the Dushanbe COE, three by the Konibodom COE, three by the Istrafshan COE, and ten by the Penjikent COE.

Breast Feeding

ZdravPlus provided technical support for the national breastfeeding program and supported the printing of brochures titled "Mother's Milk is the Spring of Life."

Arterial Hypertension

ZdravPlus introduced the MOH AH working group to the experiences of working with population and patients on the PHC level in Kazakhstan. These experiences included campaigns for screening AH patients and developing support groups for patients with AH. The MOH WG granted the Association of Cardiologists responsibility for leading the process of implementing the AH guidelines, which they began in ZdravPlus pilots by providing a one-day workshop for PHC- and hospital-level medical professionals. The workshops involved the MOH WG, specialists from EBM center, the Association of Cardiologists and the National FM Association. From December 18-19, workshops were conducted in the Istrafshan and Konibodom COEs. 51 PHC workers in Istrafshan and 38 in Konibodom were trained and provided with guidelines, AH protocol and brochures.

ZdravPlus provided technical assistance to the MOH WG in developing two versions of AH educational brochures and a poster adapted from material developed previously by the Project in Kazakhstan. In 2009, the Project expects to launch AH patient support groups at ZdravPlus pilot sites.

Birth Preparedness Classes

In collaboration with Dushanbe City Health Department, ZdravPlus conducted two training workshops on IPC skills for 40 PHC medical workers involved in implementing birth preparedness classes. ZdravPlus adapted and printed a brochure for pregnant women titled "Your Pregnancy, Your Child" and distributed these to reproductive health centers conducting the classes. ZdravPlus also adapted and printed leaflets on nine contraceptive methods, and distributed these to pilot sites.

Support Group for Patients with Diabetes

Jointly with the City Health Department and Republican Endocrinology Center, ZdravPlus conducted Open House events at City Health Center #1 for World Diabetes Day. One activity included a meeting with journalists where the MOH Press Center and representatives of PHC structures of Dushanbe, Konibodom and Istrafshan discussed diabetes in Tajikistan and the role of mass media in raising awareness of the disease. Journalists were also introduced to the experience of Dushanbe COE in conducting diabetes patient support groups.

TURKMENISTAN

Six-month Report

July - December 2008

During the second half of 2008, ZdravPlus continued to build upon its positive working relationships with key national partners, including the Maternal and Child Health Institute (MCHI), Turkmen State Medical Institute (TSMI), National Center for Health Promotion (NCHP), and MOH Statistics Department. The political environment in Turkmenistan remained challenging, however, and the Project continued to contend with lengthy waiting periods in obtaining MOHMIT approval for most activities, as well as advanced approval for all travel by ZdravPlus Turkmenistan and regional staff. Coordinating participation of Turkmen specialists and officials in international workshops and meetings was also a particular challenge. Nevertheless, the MOHMIT and other national partners continued to reach out to the Project for technical support, and ZdravPlus was invited to participate in a number of policy meetings organized by the MOHMIT in areas such as immunization, malaria, and TB prevention and control. ZdravPlus also participated in a two-day MOHMIT/WHO workshop on the development and approval of the National Strategy on Child and Adolescent Health.

In close collaboration with the MOHMIT and MCH Institute (MCHI), ZdravPlus continued to focus on maternal and child health (MCH) during the second half of 2008, building on its training programs in physician and nurse Integrated Management of Childhood Illness (IMCI), Making Pregnancy Safer and Effective Perinatal Care (MPS/PEPC), and antenatal care (ANC). IMCI Physician training was finalized in Boldumsaz – a new IMCI pilot etrap in Dashoguz Velayat – by mid summer, and IMCI Nurse training continued through November. ZdravPlus supported the MCHI in its efforts to continue developing the design of a monitoring system for the National Safe Motherhood Program. ZdravPlus conducted follow-up clinical mentoring and monitoring visits to MCH Hospitals in Mary, Dashoguz and Lebap velayats to support the National Safe Motherhood Program and solidify gains achieved through the first five MPS/PEPC and ANC training courses conducted in collaboration with the WHO in 2007, as well as two MPS/PEPC and four ANC courses conducted in 2008. The Project also supported the MCH Institute’s ongoing monitoring activities in all five velayats of the country.

Implementation of the ZdravPlus-developed automated hospital clinical information system was expanded to a total of 10 hospitals by the end of 2008. The first cycle of five three-day HIS training courses at the Turkmen State Medical Institute Health Management Center was conducted in 2007. During the second half of 2008, the Project provided a second cycle of training in collaboration with USAID’s IATP Project. The program has been positively received by both the MOHMIT and pilot hospital staff, who view it as a valuable tool for improving management and reporting systems in Turkmen health facilities. The MOHMIT also understands the role of HIS for future health financing reforms. In continuing policy dialogue with the MOHMIT on health finance and health insurance, it has been agreed that new types of provider payment systems are necessary, both for Turkmenistan’s current health finance system and for improving the health insurance system of the country. The MOHMIT has set a challenging near-term goal of providing all hospital statisticians with personal computers to encourage the use of ZdravPlus-developed HIS software and to improve the efficiency of reporting systems.

Stewardship

Legal and Policy

In coordination with WHO and UNICEF, ZdravPlus continued to engage the MOHMIT in policy dialogue on a variety of issues during the reporting period, including the implementation of the WHO IMCI and Safe Motherhood strategies, and the expansion and improvement of health information systems.

Legal and policy activities during the second half of 2008 included:

- Contributions to MOHMIT, WHO, UNICEF and UNFPA efforts to design and implement an M&E system for health care providers working within the National Safe Motherhood Program;

- Contributions to MOHMIT, WHO, and UNICEF efforts to improve the M&E system for IMCI-trained health care providers;
- Technical input to the MOHMIT, TSMI Post-graduate Faculty, Medical Schools and the MCH Institute on promoting the sustainability and institutionalization of the WHO IMCI and SM strategies;
- Inputs to discussions on the design of an HIS M&E system;
- Continued dialogue with the MOHMIT, MCH Institute, and TSMI (initiated during the January USAID mid-term evaluation) on enhancing the efficiency of donor support and its impact on health sector development;
- Contributions to MOHMIT, WHO, and UNICEF planning to improve the capacity of members of the National TB Prevention Working Group;
- Input to the work of the MOHMIT Immunization Committee;
- Participation in the WHO Health Systems Development Mission;
- Participation in the two-day WHO/MOHMIT workshop on development of the National Child and Adolescent Health Strategy;
- Participation in the MOHMIT/WHO/UNICEF workshop on development of clinical protocols;
- Input to the MOHMIT/UNFPA National Safe Motherhood 2008 Review and 2009 Planning Meeting;
- Assistance to the MCH Institute in reviewing and evaluating the implementation of the national IMCI, Safe Motherhood, Breastfeeding, and Anemia programs in preparation for the MCH Institute Annual Conference in October 2008; and
- Participation in the MOHMIT/WHO Roundtable on review and refinement of the 2007-2011 Reproductive Health Strategy.

Monitoring and Evaluation

Safe Motherhood Follow-up

From July-December, ZdravPlus accompanied the Deputy Director of the MCH Institute on visits to the Project's three Mary Velayat Safe Motherhood (SM) pilot sites and to Dashoguz, Lebap, Akhal, Balkan MCH Hospital roddoms to monitor and evaluate the work of MPS/PEPC- and ANC-trained health workers. The purpose of the visits was to 1) evaluate the implementation of WHO PEPC standards and prenatal care recommendations introduced during the PEPC and prenatal care trainings; 2) observe prenatal care services; and 3) to determine the degree to which the approaches have been standardized at the hospital and PHC levels. MPS/PEPC training courses were conducted in Mary (39 trainees) and Ashgabat (44 trainees) for Ob/Gyns, midwives, neonatologists and neonatal nurses, and for Turkmen State Medical Institute and Medical School professors. The issue of monitoring WHO MPS/PEPC standards introduced in pre- and post-service training was discussed during the December MOHMIT/UNFPA Safe Motherhood Review Workshop, where the MOHMIT confirmed that they would consider the issue for inclusion in the SM Program prikaz for 2009.

The evaluation of MCH Hospitals in Mary City, Sakarchage Etrap and Yoloten Etrap showed that the implementation of PEPC standards is continuing successfully. For example, PEPC-trained health care workers are actively managing the third stage of labor and encouraging early and exclusive breastfeeding. They are also using individual delivery rooms, liquid soap, and individual towels. The evaluation also uncovered areas that require improvement, including encouraging delivery with partners, using partograms, and making available the equipment needed for adopting free positions during labor. A series of mentoring visits during the first and the second half of 2008 led by a ZdravPlus WHO-certified consultant also served to promote and reinforce PEPC standards in all 13 ZdravPlus pilot sites.

IMCI Monitoring and Evaluation

In December, national and velayat IMCI trainers conducted routine monitoring and evaluation of IMCI pilots according to WHO IMCI M&E standards, on which the trainers were mentored during the

IMCI Randomized Evaluation conducted by WHO, UNICEF, and the MOHMIT in July 2007. The trainers' M&E activities have proven an effective instrument for improving and promoting IMCI standards and ensuring the success and sustainability of the strategy. Results revealed some limitations to the sustained implementation of IMCI by family physicians and nurses, especially those trained during the earliest courses. According to the results of the M&E analysis of October provided by the national IMCI team, 69% of all 1,745 health workers trained currently practice according to IMCI Protocols. In order to ensure the sustained implementation of IMCI, ZdravPlus will shift its focus in 2009 from expanding first-time IMCI trainings to supporting a continuous series of mentoring and refresher trainings that will reach the majority of trained IMCI personnel and will target lower-performing facilities.

Resource Use

Health Financing

ZdravPlus collaborated with a WHO-mission engaging in policy dialogue on health systems strengthening and health financing. No concrete plans were developed but it was agreed that a health financing workshop would be held in spring 2009 to continue dialogue.

Health Information Systems

Over the past six months, ZdravPlus partnered with the USAID IATP Project to finalize the implementation of a training program for HIS specialists in Ashgabat and Balkan, Mary, and Dashoguz velayats. Approximately 60 statisticians were trained in the use of ZdravPlus-developed software that automates Hospital Discharge Form #66 and Aggregate Hospital Reporting Form #14, and increases the technical efficiency of the MOHMIT hospital information system. 125 key statisticians have received ZdravPlus HIS training from 2007 to 2008.

ZdravPlus continued to support MOHMIT efforts to improve monitoring of the automated hospital information system and database in ten ZdravPlus pilot hospitals during the second half of 2008, and also supported gradual expansion to other facilities not supported directly by the Project. Monitoring results show that the statistics departments in all ten pilot sites are using automated forms #66 and #14 appropriately, and that the heads of all pilot hospital statistics departments supervise data entry and coding of diagnoses effectively. Based upon ZdravPlus suggestions and technical input, the MOHMIT developed and issued Prikaz #92, which describes the MOHMIT's goal to computerize statistics departments in all primary and hospital care facilities in order to improve data collection and statistical reporting.

In collaboration with the MOHMIT Information and Statistics Departments and ZdravPlus regional HIS staff, the automated information system was updated at the end of 2008. The new system includes improved software and automates an additional two reporting forms: Form #7 ("daily report of number of beds and movement of patients in hospitals"), and Form #16 ("consolidated report of number of beds and patients in hospitals"). The updated software is expected to be installed in early 2009 in the 10 current pilot hospitals and 4-5 additional hospitals to be determined in consultation with the MOHMIT.

Service Delivery

Physician IMCI

According to the approved MOHMIT schedule for Physician IMCI Program implementation, ZdravPlus supported two 12-day IMCI training courses for 40 family physicians and feldshers from Boldumsaz Etrap, Dashoguz Velayat in September. The training courses were conducted by four velayat IMCI trainers and overseen by national-level trainers. The training courses included both theoretical and clinical practice components and were conducted in Dashoguz 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, and the Chief Trainer for each course provided a report to the Course Director that included details on trainees' ability to practice in accordance with IMCI Protocols.

Nurse IMCI

Nurse IMCI (N-IMCI) training continues to enjoy the strong support of the MOHMIT and National MCH Institute, and is carried out by velayat-level trainers with support from national-level MCH Institute trainers. According to the approved MOHMIT schedule for N-IMCI Program implementation, two N-IMCI training courses were conducted in September and November in Lebap and Dashoguz velayats for 40 family nurses. N-IMCI training seeks to increase the quality of primary health care provided by family nurses in houses of health and to enforce the skills and practices necessary for the prevention and treatment of childhood illness. The trainings also incorporate instruction and practice in the counseling and interpersonal communication skills required for effective communication with patients and their families. These trainings added to trainings conducted earlier in 2008 for twenty family nurses from Etrek and Essenguly etraps (Balkan Velayat) and forty family nurses from Geok-Depe and Ruhabat etraps (Akhhal Velayat). IMCI nurses from Geok-Depe etrap who were trained earlier in the year were very effective in conducting a Keeping Children Campaign in their etrap in September and October (see Health Promotion section of this report).

Hospital IMCI

In July and August ZdravPlus provided training materials for H-IMCI trainings conducted by UNICEF for an additional 60 pediatricians, including Turkmen language WHO H-IMCI pocket books. ZdravPlus-trained National IMCI Trainers led the courses with funding from UNICEF. A total of 100 hospital pediatricians have now received H-IMCI training (including 40 trained by ZdravPlus in June 2008).

Safe Motherhood Program

In close collaboration with the MOHMIT, MCH Institute, UNICEF, WHO, and UNFPA, ZdravPlus continued to focus heavily on maternal and child health (MCH) program implementation during the second half of 2008, building on its training programs in Making Pregnancy Safer and Effective Perinatal Care (MPS/PEPC) and antenatal care (ANC).

The first MOHMIT Safe Motherhood Interim Evaluation Meeting, conducted in January 2008 at the Turkmen State Medical Institute, was the starting point for SM program for the year. The second MOHMIT/UNFPA Safe Motherhood Interim Evaluation Meeting followed in December 2008, during which the MCH Institute Deputy Director recognized USAID/ZdravPlus for providing the major portion of funding and support for the implementation of Safe Motherhood training. ZdravPlus conducted three MPS/PEPC trainings (covering 121 health workers) and four ANC trainings (covering 100 family physicians, nurses and Ob/Gyns) during the second half of the year. Seventeen professors from the Turkmen State Medical Institute and four professors from Turkmen Medical Schools participated in the MPS/PEPC Training course. ZdravPlus WHO-certified consultants also provided technical assistance in the development of the MPS/PEPC curriculum for the TSMI students. The curriculum has been introduced in pre-service training (for 4th and 6th year students) and post-graduate training for velayat Ob/Gyns. Forty-four of the 121 MPS/PEPC trainees were trained during a December course that was cost-shared by ZdravPlus and UNFPA.

The ZdravPlus WHO-certified consultant provided debriefings to providers and managers from roddoms and Mary, Lebap and Ashgabat City Health Departments, including observations and recommendations for improving labor, delivery, and pathology wards, and for strengthening linkages with prenatal care services. The consultant's recommendations addressed the unique needs of each facility, and focused on improving the implementation of WHO-recommended technologies.

One month prior to the December ZdravPlus-UNFPA cost-shared MPS/PEPC training, almost all specialists from roddoms in Lebap Velayat participated in an MCH Institute update on MPS/PEPC technologies, where they participated in deliveries managed by the MCH Institute staff. By the time of the December training, most delivery rooms in Lebap Velayat roddoms were equipped in accordance with WHO standards, so that specialists were immediately able to begin practicing in accordance to

WHO MPS/PEPC technologies following the December MPS/PEPC training in Sayat and Farap etraps. The MCH Institute SM Team conducted follow-up monitoring in these two roddoms, as well as the two roddom departments of the Lebap MCH Hospital.

In collaborating with the WHO, UNICEF, and UNFPA in implementing MPS/PEPC, sharing results and consolidating implementation efforts remained a priority over the past six months. In addition to cost sharing training and developing unified approaches, partners participated in a review meeting of the National Reproductive Health and Safe Motherhood programs to discuss reducing maternal and neonatal mortality in Turkmenistan from 2007-2011. ZdravPlus continues to enjoy the overwhelming support of the MOHMIT and Heads of Health Departments in all five velayats, who shared their concerns regarding the quality of perinatal care in the country with an increasing degree of openness. Local health authorities and training participants alike underscored the importance of MPS/PEPC and ANC trainings and expressed interest in participating in similar activities in future.

Public Health: Tuberculosis

ZdravPlus provided limited support for printing training materials for DOTS training for TB specialists and family physicians during the second half of 2008.

Population and Community Health

Keeping Children Healthy

In collaboration with the MOHMIT and local health authorities, ZdravPlus continued to contribute to health promotion activities by providing technical assistance through the MCH Institute.

The project concluded two Keeping Children Healthy Campaigns (KCH) in Etrek and Essenguly in July. A new KCH campaign was initiated in cooperation with Akhal Velayat health authorities in the fall. Seventy-two family nurses participated in the two-month KCH campaign and were responsible for disseminating information on an array of IMCI-related child health topics to households in Geok-depe Etrap, Akhal Velayat. The campaign started in early August with a short-term training and refresher for Geok-depe etrap family nurses on the key elements of the IMCI strategy. After the training, nurses competed in educating their communities on home care for children, the danger signs of acute respiratory illnesses, rational use of antibiotics, breastfeeding, and proper nutrition. To facilitate the campaign, USAID and the MCH Institute provided booklets, leaflets, posters, and other informational materials for the nurses, which they disseminated in their communities. Pre- and post-testing of mothers showed a 29% increase in knowledge of the key IMCI messages.

At the suggestion of the MCH Institute, key Safe Motherhood and ANC messages were also presented to family nurses in Geok-depe etrap in order to increase the awareness of health care providers and community members of such topics as healthy pregnancy, normal delivery, and postpartum care for women and newborns. Representatives of the MCH Institute made presentations on implementation of IMCI and Safe Motherhood in Turkmenistan during the KCH training for nurses, and the event was covered in the local newspaper.

Other Activities

WHO Workshop on Child and Adolescent Health

ZdravPlus participated in a November WHO workshop on Child and Adolescent Health, where representatives of a number of Turkmen ministries and governmental organizations were presented with a concept for developing a National Child and Adolescent Health Strategy. WHO experts jointly with governmental participants developed a Plan of Action for the coming year that outlines the process for strategy development. ZdravPlus made a presentation on the results of the IMCI program and KCH campaigns in Turkmenistan.

National Malaria Elimination Campaign

While no malaria cases recently have been registered in Turkmenistan, Turkmenistan does border countries with registered cases of the disease (e.g. Afghanistan, Tajikistan, and Uzbekistan). Within the framework of the National Program "Elimination of Malaria in Turkmenistan within the Period

2005-2010,” ZdravPlus provided limited support for MOHMIT educational activities in Mary Velayat. These including a contest between health workers from two boarder etraps where participants competed to demonstrate their knowledge of key malaria prevention and treatment messages. Representatives from the MOHMIT and WHO informed participants of the Yoloten educational event about MOHMIT plans to submit documents to the WHO in 2009 to secure WHO certification confirming that malaria has been eliminated in Turkmenistan.

UZBEKISTAN

Six-month Report

July - December 2008

Despite continued problems with accreditation, over the past six months ZdravPlus was able to maintain its strong working relationships with the MOH and the World Bank and ADB health projects in Uzbekistan and implement activities as planned. The Project achieved progress in a number of important areas, including national roll-out of the rural PHC per capita financing model, the pilots on urban PHC reform, clinical data collection and entry into the modified hospital information system for the case-based financing pilots in Ferghana, medical education improvement, and quality improvement in priority programs including Safe Motherhood, IMCI, and hypertension.

Stewardship

Policy, Legal and Regulatory Framework

ZdravPlus continued policy dialogue to advocate for government support of the ongoing and planned health financing and management reforms including new roles and relationships between the OHD and OFD given introduction of the Treasury System and institutionalization of the health financing reforms. Specific input was provided to drafting an MOH order governing the collection of clinical and finance information from Central Rayon Hospitals in Ferghana Oblast, which facilitates estimation of the diagnostic related groups for the oblast's case-based hospital financing pilots. ZdravPlus specialists completed an extensive review of all legal and policy documents from 2005 to the present to identify issues that directly or indirectly impact the financing and management (F&M) reforms. ZdravPlus analyzed the potential positive and negative impact of these documents on the current and planned F&M reforms to identify issues and we will continue to collaborate closely with the World Bank to address these issues.

ZdravPlus engaged in dialogue with the MOH and World Bank and ADB Joint Project Implementation Bureau (JPIB) to solidify the strategy for strengthening and expanding Safe Motherhood in Uzbekistan. ZdravPlus initial EPC trainings and extensive clinical mentoring and monitoring in selected sites in Ferghana and Kashkadaryo Oblasts are an important part of the general strategy and helping to drive a step-by-step approach to implementation and expansion. ZdravPlus also continued to engage in policy dialogue on strengthening general practice and improving medical education.

Monitoring and Evaluation

Collection and analysis of quality improvement indicators continued for Safe Motherhood, IMCI, and hypertension. ZdravPlus prepared a brief evaluation report for the MOH/JPIB describing the contribution of the F&M component to the overall implementation of the Uzbekistan health financing reforms under USAID/ZdravPlus and the World Bank Health II Project. The Project also contributed country-level data to the USAID performance monitoring plan for 2008.

Donor/Project Collaboration and Coordination

ZdravPlus continued to jointly implement activities with World Bank Health II and ADB Women and Child Health Project during the second half of 2008. The ZdravPlus linkage with the ADB project strengthened over the last six months as MCH activities increased the pace of implementation fairly significantly. Project staff participated in two World Bank missions held in September and December. Significant contributions were made to the completion of the mission's assessment of the per capita financing reforms and its preparatory activities for the case-based hospital payment system pilots, including technical assistance on critical organizational and legislative issues surrounding these reforms. ZdravPlus also provided input to the mission in pre-identifying the overall framework and activities for the follow-on Bank loan "Health III" Project, which is expected to begin in the summer of 2010. ZdravPlus continued to collaborate with other USAID projects especially the CAPACITY Project on PHC level and health promotion HIV/AIDS activities.

Resource Use

Roll-out of Rural PHC Finance and Management Reforms

With the target of completing the nationwide roll-out of rural PHC per capita finance and management reforms largely achieved in 2008, ZdravPlus shifted its focus over the last six months to concentrate more heavily on the further solidification and institutionalization of the practical skills required for appropriate implementation and refinement of the finance and management reforms. To this end, the Project developed a practical guide in Uzbek language on “Business Planning and Budget Formation” for the reformed rural PHC facilities and submitted it to the MOH for publication and broad dissemination among the SVPs.

In view of Uzbekistan’s recently-introduced national Treasury System – and the consequent realignment of functions across the oblast/rayon health, finance and treasury departments – the JPIB and MOH, in collaboration with the MOF, organized a number of capacity-building technical seminars on per capita financing procedures for the oblast and rayon health, finance and treasury department specialists. ZdravPlus participated in the seminars and acted as resource for the technical sessions. A total of 12 such seminars, attended by approximately 600 participants, took place from November to December in Sirdaryo, Jizzak, Karakalpakstan, Khorezm, Surkhandaryo, Ferghana, Namangan, Andijon, Navoiy, Bukhara, Kashkadaryo, and Tashkent. Relevant officials from city health, finance and treasury departments were also included in the seminars in Sirdaryo, Ferghana and Tashkent, to cover the urban pilots taking place in these cities.

Urban PHC Reform Pilots

ZdravPlus’s technical assistance to the urban PHC reform pilots continued during the reporting period. Overall, these pilots are progressing well. A meeting of the Inter-ministerial Expert Group took place at MOH in August to address the following issues: 1) the latest implementation status of the F&M reforms within the urban pilots; 2) the implication of the treasury system for the per capita F&M reforms; and 3) the ongoing monitoring process of the urban pilots. An action plan was developed following the Expert Group meeting, which is currently being implemented on the basis of the key findings from the meeting.

In late October, the regional head of USAID in CAR paid a visit to Polyclinic #23 in Uchtipin district, one of the ten urban pilot sites in Tashkent City. He expressed his appreciation for the considerable changes resulting from the ongoing reform initiative in the clinical, financing and management practice of the pilot PHC clinic.

Case-based Hospital Payment System Reform Pilots

ZdravPlus made two presentations during the reporting period on the main features of case-based hospital payment systems, the latest implementation status of the related preparatory activities, and required next steps. The first presentation was made in a working group meeting at the MOH in October. A list of actions to be realized by the end of December was approved at the meeting to speed up the implementation of the case-based hospital payment system pilots. The second presentation was made in Ferghana in December for participating MOH, MOF and oblast health, finance and treasury officials as part of the WB mission. The mission and MOH and MOF officials agreed to take all necessary steps for stepping up the pace of activities on the case-based hospital payment system pilots.

Implementation of the automated hospital information system improving the health statistics system, contributing to improved management at the hospital level, enabling implementation of the case-based hospital payment system continued. At the time of this report, a total of approximately 160,000 cases from the 15 pilot CRHs in Ferghana have been entered into the new hospital database.

In addition, ZdravPlus completed an inventory of the organizational structure of the Ferghana pilot CRHs and the forms and tables to collect the needed financial information were developed and finalized. The latter have been provided to the MOH to enable collection of financial information by

the JPIB for the Ferghana CRHs. This financial information will be used in the cost accounting required for implementation of the case-based hospital payment system.

Other Activities

Uzbekistan made initial progress on National Health Accounts (NHAs), and an international consultant was hired with World Bank Health II funds to support the process. A national seminar comprised of participants from the MOH, MOF, MOE and State Statistical Department took place in September to orient key stakeholders on the content and activities of the NHAs. ZdravPlus provided minimal support, is monitoring the progress, and will provide limited technical assistance if the NHA process continues to progress.

Service Delivery

Undergraduate and Graduate Medical Education

Training Pre-Service Medical Educators and Introducing New Modern Teaching Principles

ZdravPlus continued working with Uzbekistan's medical institutes to enhance medical education of future health professionals. Current initiatives include the development of a Problem Based Learning (PBL) module in collaboration with teachers at the leading Tashkent Institutes in collaboration with the WB Health II Project. The first part of the course was held from June-July, the main goals of which were to practice PBL teaching and to emphasize an EBM approach to critical appraisal of medical literature. The second part of the course is planned for early 2009, with the goal of providing training on PBL course development. Further courses in Adult Learning Techniques for teachers at the Tashkent Pediatric Medical Institute are also planned in 2009.

In collaboration with the ADB WCHD project and the MOH, ZdravPlus provided technical support for round table discussions on WHO strategies and programs in the area of Child and Adolescent Health for the medical teachers of Pediatric and GP Departments from all eight medical institutes of the country. Overall agreement was reached on the need and general strategy for incorporation of WHO recommendations into the medical curriculum. In addition, the medical teachers of the Medical Institutes are becoming involved in the Hospital IMCI course currently being rolled out throughout the country, which includes introductory training in EBM at the start of the course.

Postgraduate Medical Education

GP Training Course Requirements

A set of standards which will form the basis of an officially recognized set of requirements for GP training are in the final stages of completion, and will undergo further review and adaptation before being submitted for official approval.

Courses to upgrade the GP Trainers

In collaboration with WB Health II Project, ZdravPlus supported a meeting of GP Training Center directors in September. The main points of discussion included summarizing the latest achievements and issues, discussing the results of the last set of final exams, and clarifying plans for the future. ZdravPlus specialists together with GP master-trainers conducted a session on international trends in medical education and updates of GP educational requirements. The second day of the meeting focused on additional training and practice using newly developed assessment criteria. In 2009 ZdravPlus plans to support three more upgrading courses for GP trainers on 1) WHO monitoring of child growth and development; 2) emergency care; and 3) public health issues.

Continuous Medical Education (CME)

ZdravPlus specialists reviewed the short-term training curriculum for GPs on major chronic cardiovascular and respiratory conditions, which the TIAME GP CME Department has now begun to teach in centers across the country. Further work to develop an antenatal care CME course for GPs is ongoing.

In collaboration with the WB Health II Project, ZdravPlus agreed to support the review and translation from Russian into Uzbek of CME training manuals for GPs on "Current Practice of Pediatrics" and

“Current Practice of Medical Therapy.” The manuals are based on up-to-date information and will become reference materials for GPs in their daily work.

In order to promote the importance of the CME/CPD structure for GPs to a variety of specialists and decision makers, ZdravPlus provided technical assistance in the development of a video spot that describes the activities and trainings provided by the CME GP Department. The video emphasizes the opinions of local authorities and GPs on the training they have received, and has been shown to faculty at the TIAME. Their feedback was highly positive.

Promote EBM and Develop CPGs

Training in EBM

Training in the principles of EBM continues. Over the past six months, with support from ZdravPlus, the EBM Center based at TIAME provided training to 90 “ordinator” and “magistratura” doctors-in-training studying postgraduate specialty medicine.

Development/Training in CPGs

ZdravPlus participated in and supported the visit of a consultant for the ADB WCHD project, Mr. Richard Porter, who conducted training on clinical guidelines and local protocols for medical teachers and leading oblast Ob/Gyns. A final conference was held, during which there was heated debate about the CPG development process, and the implementation and monitoring of local protocols in each facility.

The JPIB requested assistance from ZdravPlus in developing a pocket book for GPs containing a number of basic CPGs related to PHC, which is currently under consideration.

CAREBM Web Site

The EBM Center in Uzbekistan continues to provide input to the CAREBM website, including content and news of local and worldwide relevance. The content managers regularly upload materials developed by the regional network of EBM centers.

Quality Improvement/Integrated Improvement Projects

General Practice and Hypertension

Urban PHC Model - Tashkent City Polyclinic #57 (formerly polyclinic #17)

The QI project on hypertension at the urban Tashkent polyclinic 57 is developing, with all staff working in teams and fully trained in accurately measuring and diagnosing hypertension according to nationally approved guidelines.

Screening of all patients has been radically enhanced through the use of a triage nurse at the entrance to the polyclinic, the use of a blood pressure screening registration book and patient booklet “Have You Had Your Blood Pressure Measured?”, and a display area where all five indicators of hypertension are calculated and publicly displayed.

The QI intervention has led to an increase in screening for hypertension in all patients above the age of 18 from 66% to almost 90%, and an increase in the application of appropriate hypertension diagnostic criteria from 23% to 84%. The majority of new cases were referred for further specialist investigation to assess severity and risk. Treatment with appropriate of antihypertensive medication increased from 90% to 100%. The polyclinic GPs and nurses agree that the QI project and the organizational changes it has enabled have significantly increased the quality of care they offer patients in the area of hypertension.

The polyclinic is also being developed to become a site of mentorship for GP training, and ZdravPlus is supporting a teacher from the Tashkent International Clinic to carry out biweekly training sessions for two select members of staff to train them as teachers/mentors of other GPs. Training is conducted in consultation rooms with patients. Recent topics have included fever in children, hypertension and its management, headache in adults, and Type 2 diabetes management and referral criteria. There are reciprocal visits by the polyclinic staff to the International Clinic for further teacher training practice.

Scale-up of QI Projects in Ferghana Oblast

The expansion of QI projects to three additional rayons of Ferghana Oblast earlier in 2008 has been sustained, with regular follow-up and mentoring by the ZdravPlus team. Ongoing measurement of indicators on hypertension, anemia and IMCI is being carried out, and this should lead to improved clinical outcomes.

Scale-up of QI Projects Nationally

Two-day and five-day training programs in QI for health leaders (based on ZdravPlus-developed training modules) have now been carried out across most of the country. ZdravPlus agrees with the MOH that these leaders should now support the ongoing MCH training and quality improvement programs underway throughout the country, and ZdravPlus is in dialog with the MOH about how best to accomplish this. A strategy of round table discussions for Ob/Gyns from all regions is underway and provides the best way forward.

Women's Health

Making Pregnancy Safer/Effective Perinatal Care (MPS/PEPC)

ZdravPlus continued to provide considerable input to establishing and developing the principles of the WHO Making Pregnancy Safer (MPS) program in select regions of the country. As agreed with the MOH and the ADB WCHD project, ZdravPlus engaged three international consultants to carry out a two-week PEPC training program for obstetric and pediatric staff from three hospitals near Karshi, Kashkadaryo Oblast. Participants came from the Karshi branch of the Scientific Research Institute on Obstetrics and Gynecology and the CRH maternity units of Koson and Guzor rayons. Thirty-seven participants benefited from the training, including obstetricians, midwives, neonatologists, and nurse/midwives. Additionally, representatives of SES and anesthesiologists were invited to some sessions for joint discussions, with emphasis placed on working in teams in order to achieve real changes in practice at their workplaces. A follow-up clinical mentoring and monitoring visit is planned for early 2009.

A ZdravPlus international consultant conducted clinical mentoring and monitoring visits to the sites of previous ZdravPlus-supported PEPC training in Ferghana Oblast. At the end of the evaluation he presented his results to the Ferghana Oblast Health Department and to the MOH in Tashkent. Despite some gaps and issues that require further attention, the consultant was very satisfied with results to-date, stating that the implementation of PEPC in Ferghana is of the highest quality he has observed in region. He was particularly impressed by results from the Ferghana Oblast and Rishtan Rayon Maternity Units.

ZdravPlus is currently cooperating with the MOH in planning for a series of round-table meetings in each of the ADB WCHD Project oblasts to discuss the development and use of monitoring tools with pediatricians and Ob/Gyns. The meetings are expected to be good opportunities for staff to discuss QI issues and to be given feedback about ongoing work under the hospital IMCI initiative.

Reproductive Health

Following the "Contraceptive Technology Update" conference held in the summer of 2008 in collaboration with the JSI Eastern Europe and Eurasia Family Planning Activity (which included 80 participants from all oblasts of Uzbekistan), ZdravPlus is in the process of planning a follow-up conference for health workers in the Ferghana Oblast to present and discuss the latest techniques and methods. Each of the participants will be provided with the updated contraceptive training materials.

Child Health

Hospital Pediatric Care

The ZdravPlus-developed 10-day course for hospital staff (based on the principles of the WHO pocket book) on care for serious pediatric cases continued throughout the country in collaboration with the ADB WCHD project. ZdravPlus continued to work to ensure that the quality of the trainings is kept to a high standard, and that QI methods are integrated into the hospital management systems. The first round of monitoring visits following the trainings were conducted in all six pilot ADB oblasts (81

facilities). Results highlighted the main achievements and major issues for further improvement and enabled planning of future strategic QI activities. Agreement was achieved by ZdravPlus, ADB and the MOH to hold roundtable meetings to discuss possible solutions and strategies for QI activities within each oblast. To support the process, ZdravPlus is working closely with the Ferghana Oblast Health Department to improve the link between hospital and PHC IMCI activities, especially with regard to referral patterns, and with a focus on quality of care provided during and after discharge from the hospital level.

Over a five month period, some QI success was achieved in all indicators including 1) an increase in the percentage of mothers bringing their child to the SVP after discharge from the hospital (from 80 to 84%); 2) a considerable increase in the percentage of mothers receiving a hospital discharge form containing general information on diagnosis, treatment and further care needed (from 62 to 96%); and 3) an increase in the percentage of mothers in hospital to whom proper recommendations on follow-up care were given (from 73 to 98%).

The pilot site for these activities is in Buvayda Rayon, and there is now evidence that as a result there are improvements with better counseling and referral patterns. A questionnaire eliciting the ideas and perspectives of mothers regarding the care of their children was conducted and the results are now in the process of being collated and analyzed. The Ferghana OHD suggested inclusion of a limited number of new indicators that focus on the referral system between the PHC facilities and the hospital level, and these indicators are currently under consideration.

Tuberculosis (TB)

Having approved the TB-related materials included in the Basic Nursing Assessment Skills course as part of the postgraduate cascade training program for patronage nurses, the module was launched and is now being rolled out around the country.

HIV/AIDS

ZdravPlus supported the introduction of a three-day HIV training into the 10-month GP-training course. This course was developed by specialists and GP trainers with the help of the USAID Capacity Project.

Population and Community Health

Health Promotion

Patronage Nurse Training Program

ZdravPlus is actively working with ADB WCHD Project to develop and improve CME for patronage nurses, and the national training program established in 2007 through a series of the cascade trainings continued over the past six months. ZdravPlus and WCHD project specialists developed a Basic Nurse Assessment Skills module that was approved by MOH Education Center, and new set of trainings started in September. Forty-eight master trainers from all oblasts of Uzbekistan participated in the first TOT. From October-December 2008, ZdravPlus supported 14 TOTs for 430 oblast-level trainers from throughout the country.

Patronage Nurse Training Program – Trainings and Participants, May 2007 - December 2008

Name of the training	Master-training		TOTs		Rollout trainings for patronage nurses	
	Number of master trainings	Trained master-trainers	Number TOTs	Trained trainers	Number of trainings	Trained nurses
Interpersonal Communication Skills and Adult Learning Training			14	471	902	13 398

Breastfeeding			14	475	1 006	16 555
Basic Nurse Assessment Skills	1	52	14	430	Beginning 2009	Beginning 2009

At the request of the ADB WCHD Project, ZdravPlus provided technical assistance to develop a training course on Monitoring and Evaluation of the cascade training program. Course content was approved by the MOH, and in July ZdravPlus specialists organized three trainings for 56 nurses who will monitor the effectiveness of the patronage nurse cascade training program. The M&E system includes two stages: monitoring of training itself by assessing the work of the local trainers, and a second stage evaluation of the effectiveness and impact of the training. Training effectiveness will be evaluated by groups of specialists who will travel to each oblast every quarter, visiting select SVPs in three rayons. The nurses will be asked to fill out a simple test and show how they use their new skills in their daily work. Interviews with doctors and patients in the SVPs will also be conducted to determine their opinions. The first monitoring trips were made to evaluate the results of the IPCS and Breastfeeding trainings. ZdravPlus is assisting with collecting reports from the monitoring groups and preparation of a general report. In addition, ZdravPlus presented to the WCHD Project tools for monitoring and evaluation of BNAS training, which are now under review.

The next topic for the patronage nurse training program is “Reproductive Health and Safe Motherhood.” ZdravPlus is providing technical assistance to develop the training module, and supported the first working group meeting to discuss it.

ZdravPlus is also playing an active role in developing a work plan on HIV/AIDS training for patronage nurses, supported by the USAID CAPACITY Project.

General and Institute of Health

At the request of the JPIB and the Institute of Health, ZdravPlus provided technical assistance to conduct trainings for Institute of Health staff on a variety of health promotion topics. The first national six-day training covered: IPCS, Adult Learning Trainings and Presentation Skills. Following the national training, three more trainings were conducted for 86 trainees from regional branches of the IOH. Teachers from the Healthy Life Style Department of TIAME also participated.

ZdravPlus plans to provide technical assistance in developing the next training course, which will include the topics: “Community Education,” “How to Organize Health Campaigns,” “How to Develop IEC Materials,” and “How to form Mahalla Health Initiative Groups.”

ZdravPlus also provided support to the urban polyclinic pilot site, Tashkent City Polyclinic #17, conducting a three-day training for polyclinic 15 patronage nurses of on BNAS.

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

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		

