



AZERBAIJAN PRIMARY HEALTH CARE STRENGTHENING PROJECT

Year I Annual Report
September 1, 2007 – August 31, 2008



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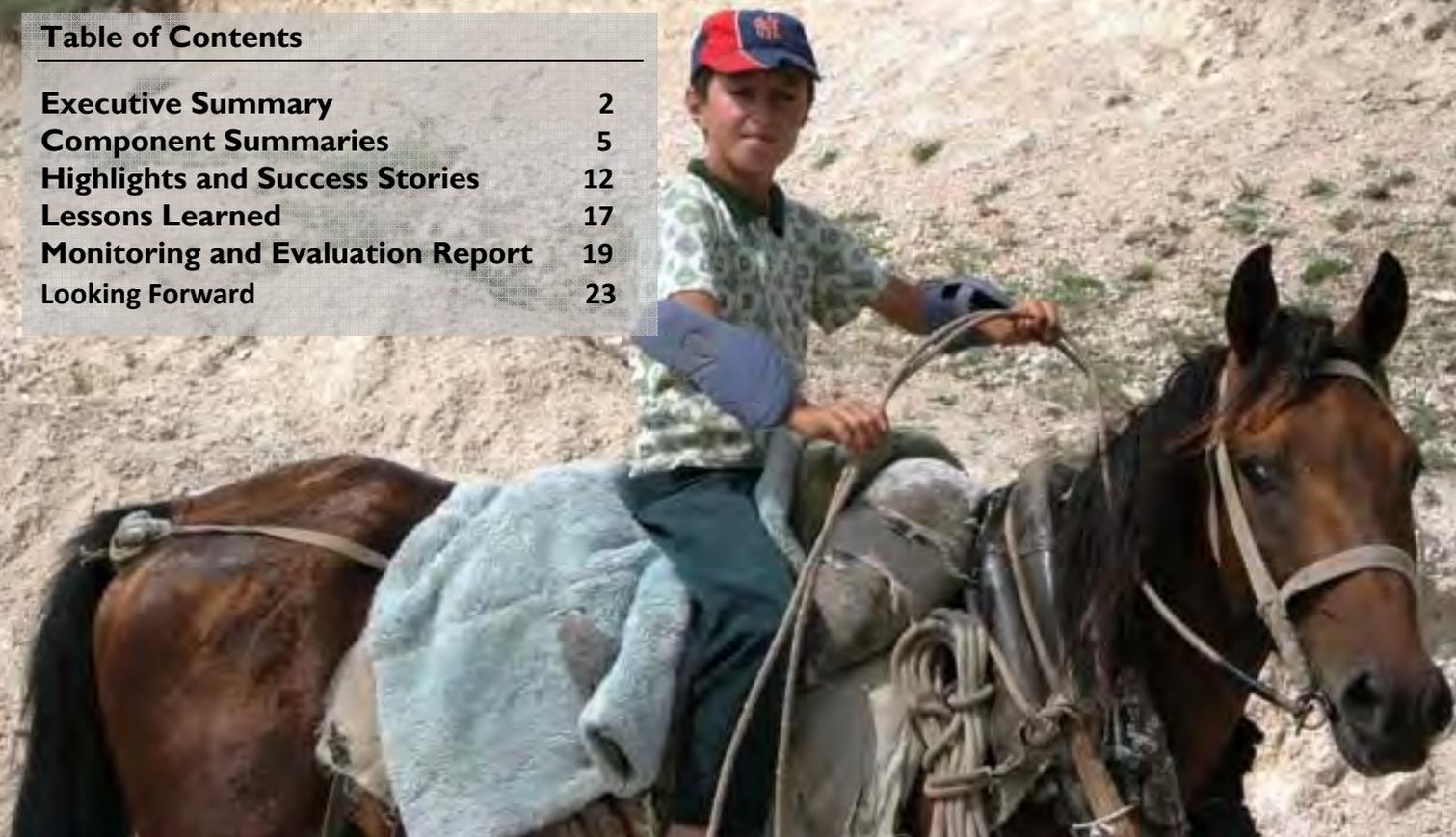
PHCS

PRIMARY HEALTH CARE STRENGTHENING

Submitted by
Abt Associates Inc.

Table of Contents

Executive Summary	2
Component Summaries	5
Highlights and Success Stories	12
Lessons Learned	17
Monitoring and Evaluation Report	19
Looking Forward	23



EXECUTIVE SUMMARY

The health system in Azerbaijan remains fragmented and specialized with a weak primary health care (PHC) sector and no financial incentives to operate more efficiently or to provide higher quality care. While a network of health facilities remains in tact, even in rural areas, health providers continue to use outdated clinical practices and are quick to refer patients to higher levels of the system. The population has limited knowledge on disease prevention and health care issues, and until recently, assumed little responsibility for their own health.

Although it is difficult for a specialist-oriented system to shift to PHC, Azerbaijan is in the process of design and initial development of a new model of care with an end vision of reformed and strengthened PHC providers. The reformed PHC providers will: be more autonomous with efficient and effective internal management structures and operations; offer a complete range of accessible, high-quality PHC services to meet a family's needs; develop and maintain high-quality services centered on evidence-based CPGs that are linked to an incentive system for payments and represent a continually improving system that is attractive to the population and responsive to their health needs.

In line with the government's vision, USAID/Caucasus has identified the need to provide technical assistance that improves the way PHC in Azerbaijan is financed, delivered, and organized and to expand the comprehensiveness of PHC. The USAID Primary Health Care Strengthening (PHCS) Project provides technical assistance to the Government of Azerbaijan (GoAz) in a collaborative effort to strengthen Azerbaijan's PHC system. In September 2007, USAID awarded Abt Associates a new, three-year PHCS Project (August 2007–August 2010) with an overall funding envelope of \$2,800,000.

PHCS is implementing four strategies to provide technical assistance to the government: 1) improved mobilization of health care resources; 2) the establishment of policies and a legal framework with an increased focus on community-based health care services; 3) improved quality of health care services;

and 4) a population better informed about healthy lifestyles and personal health care rights and responsibilities. Implementation of these project strategies in a coordinated manner will assist the government of Azerbaijan to improve the quality, accessibility, and efficiency of health care for all its citizens, and over time will contribute to improving the health of its population. PHCS's four overarching strategies correspond to the four primary project components:

Component 1: Increase public expenditures for health and improve resource allocation for PHC

Component 2: Create a policy and legal framework that defines PHC services and the delivery system

Component 3: Improve quality of PHC services

Component 4: Promote personal responsibility for health among individuals and families

This annual report covers the period from September 1, 2007 – August 31, 2008, and includes a summary of key achievements, results against monitoring indicators, and lessons learned during Year I of project implementation.

In Year I, PHCS was successful in establishing effective working relationships with the Ministry of Health (MoH) and other national-level stakeholders, building capacity among counterparts at national, regional, and facility levels in both designing and implementing health reform activities, and actively coordinating project technical assistance and support with other development partners including other USAID projects, the World Bank, and the World Health Organization (WHO).

The following strategic goals and specific objectives were achieved during the reporting period:

1. Provided technical assistance to the government, along with other development partners, to help design **new health care financing system** which resulted in:
 - Approval of a government decree to establish a State Agency for Mandatory Health Insurance as a health purchaser/single payer for health services in Azerbaijan
 - Development and endorsement by Presidential decree of a Health Financing Concept 2008-2012, including new provider payment systems (PPS)
 - Development and endorsement by the Cabinet of Ministries the Action Plan to implement the Health Financing Concept
 - Began strengthening the capacity of pilot districts and MoH to design and introduce health financing changes such as new provider payment and health information systems
2. Initiated policy dialogue with the MoH and supported development of **Evidence-Based Medicine (EBM)** process including **Clinical Practice Guidelines (CPG)** development and **Rational Drug Use (RDU)** process in Azerbaijan resulted in:
 - Institutionalization of EBM process at the National Center for Public Health and Reform (NCPHR)
 - Standardization /Development and approval of a CPG format and a process of development and implementation of new CPGs (Statute of Clinical Practice Guidelines in the Azerbaijan Republic)
 - High-level acceptance of the need to update clinical practices using EBM approaches, starting at the PHC level (MoH Decree on 32 prioritized conditions selected for the development of new CPGs)

- Strengthened the capacity of national-level counterparts and PHC physicians in pilot sites (906 were trained in EBM, CPG, and RDU)
3. Developed functions and new terms of reference for the MoH's Center for Reforms Department of Public Relations in such a way that it has officially become **the final authority for all health communication activities** conducted in the country by local and international organizations.
 4. Improved **donor collaboration** to have a common policy position and leverage resources (National Health Reform Concept, National Health Financing Concept, National Pharmaceutical Policy, EBM, PHC restructuring and Family Medicine development).



COMPONENT SUMMARIES

In Year I, at the policy level, PHCS worked closely with the MoH and its institutional structures, as well as main donors to develop institutional capacity enabling the Ministry to identify key policy options for strengthening health financing and the organization and delivery of PHC and to develop strategies and programs for the successful testing and implementation of selected options. Because fundamental reform of the hospital- and specialist-centered health system inherited from the Soviet Union is still in its early stages, the Project concentrated on assisting the government in the development of national-level health policy and financing changes, while simultaneously testing critical interventions at the level of individual facilities and communities in selected districts that serve as pilot demonstration sites.

Component I: Increase Public Expenditures for Health and Improve Resource Allocation for PHC

Health Financing Policy

PHCS collaborated closely with the MoH, WB and WHO on the development of the national health financing policy in Azerbaijan. These program efforts helped lead to the Government of Azerbaijan's approval of a decree on the establishment of a State Agency for Mandatory Health Insurance (SAMHI) as a single payer for health services in Azerbaijan (December 2007). In early January 2008, the project-supported Health Financing Concept 2008-2012 was endorsed by a Presidential decree. The project assisted the Government in preparing an Action Plan for the implementation of the Health Financing Concept which was approved by the Cabinet of Ministers in August 2008. PHCS is planning to provide assistance in operations of the Agency as soon as it becomes functional through capacity building activities for its staff and by sharing experiences in establishing similar structures in other countries of the region.

In addition, the project actively participated in all technical working groups on health financing – both formal and informal – as well as continued to build the capacity of national counterparts in health financing issues. PHCS also funded MoH participation in an international Health Reform Flagship course held in the region and conducted health financing workshops and technical trainings for pilot sites.

New Provider Payment Systems

The National Health Financing Concept defines more efficient use of public funding allocated to the health sector as one of the main objectives of health financing reform. In this regard, the Project worked closely with the MoH and WB on the development of proposals for new payment systems for health providers. The new provider payment systems consider the introduction of capitation payment for primary care and case-based payment for hospital services. The new PPS will change the existing input-based payment system to one based on outcomes of work thus creating incentives to provide more efficient and higher quality care. Initial draft proposals were submitted to the MoH for review. The proposals will be further refined based on MoH feedback. It is important to mention that the project is a leading technical advisor in this area in Azerbaijan and such a role has been accepted by all stakeholders including MoH, WB and WHO.

The introduction of new PPS requires simultaneous improvement in health information systems (HIS). With this aim, the PHCS Project worked closely with the MoH Department of Health Information and Statistics (DHIS) in order to strengthen the HIS to match the needs of new PPS. It is worth noting that use of international classification/coding of diseases was not widespread in Azerbaijan. Therefore, PHCS proposed to use International Classification of Diseases 9th revision for clinical modification/surgery (ICD-9 CM) for the coding of surgical procedures. This suggestion was accepted by the MoH and relevant changes were made to official clinical statistical forms and reports, as well as the hospital database. Trainings on the use of International Classification of Diseases 10th Revision (ICD-10) for coding of diagnoses and on ICD-9 CM for coding of surgical operations were conducted for physicians and statisticians in pilot districts. The project helped to install a computerized system on discharged patients in pilot districts and has provided on-going support to form a hospital database. This database is important for the health financing reform in the country because its analysis is crucial for the development of case-based hospital payment system. To date, approximately 20,000 cases have been entered into the database. This database, along with other data (national annual report on the discharged patients – Form #14), was used by the project in developing initial proposals for the hospital payment system. These proposals were presented to the MoH and WB for their review. The computerized database for the data on discharged patients will allow the State Agency on Mandatory Health Insurance to introduce and further refine the new hospital payment system in the future. It also helps the hospitals be prepared for the introduction of new financing mechanisms as well as provides them with the necessary skills to collect and analyze clinical data in connection with financial information.

National Health Accounts

The Government of Azerbaijan declared its commitment to the introduction of National Health Accounts (NHA) as part of overall health financing reform. However, the process with NHA implementation in Azerbaijan has moved slowly. The World Bank-funded Health Sector Reform Project (HSRP), who is responsible for NHA implementation in Azerbaijan, has postponed its interventions planned for 2008 that support the introduction of NHA. Despite the delay, the PHCS team, in collaboration with WHO, has continued policy dialogue and capacity building of MoH and NCPHR staff on NHA. In June 2008, the CIS NHA and Health Expenditure Monitoring Workshop took place in Bishkek, Kyrgyzstan. The project funded MoH participation in this workshop. The Project also collaborates closely with the State Statistical Committee to institutionalize the NHA process in the country.

Component 2: Create a Policy and Legal Framework that Defines PHC Services and the PHC Delivery System

Health Policy Development

PHCS collaborated closely with the MoH, WHO and the World Bank on the development of the National Concept for Health Care Reform in Azerbaijan. The project team participated actively in national working groups and led, together with WHO, the development of the health financing, drug policy, human resources and service delivery sections of the Concept. The draft concept was presented and discussed at a national-level event organized by the MoH, WHO, PHCS and WB on December 17, 2007. Feedback from the MoH, MoF, Ministry of Labor and Social Protection of Population (MLSPP), and Ministry of Economic Development (MoED) was received and incorporated into the final version of the document, which was then submitted to the Minister of Health for final approval.

National Drug Policy Development

The project team worked closely with the National Center of Public Health and Reforms (NCPHR) and HSRP to assist in the development of the National Drug Policy (NDP) where significant progress has been made in the first year of the project. As part of this process, PHCS conducted drug utilization and drug price studies in order to have a real picture and more updated information on the situation regarding Rational Drug Use (RDU) in pilot districts. These studies revealed a great need for educational activities related to RDU issues. The project responded by organizing a training of trainers (ToT) on RDU for selected specialists and supported further rayon-level trainings for health providers.

PHCS also collaborates with the Analytical Expertise Center for Medicine (AECM) of the MoH and WHO on NDP issues. It was agreed to continue strengthening RDU related activities with an emphasis on antibiotics use, and needs in this area were identified and prioritized. AECM approached the project team to assist and coordinate the following steps:

- Revision of National Drug Formulary
- Identifying of prescribing practices in different health care facilities
- Development of Rational Antibiotic Use CPG
- Development of a draft strategy for use of antibiotics in Azerbaijan

The project team actively participated in the process of developing the Essential Drug List (EDL) and National Drug Formulary. PHCS staff helped to create and facilitate a proper process for the development of these important documents. The project advocated for using WHO EDL as a model for national EDL as well as for inclusion of only those medicines whose effectiveness has been proven by evidence.

Support Institutionalization of Evidence Based Medicine

The project initiated discussions around the establishment of a proper EBM process in the country. It was agreed that this process should be institutionalized. The MoH identified NCPHR as an institutional “home” for EBM and where a national EBM Center will be located. As a first step, a workshop on EBM and a ToT on CPG development were organized. Then PHCS supported an assessment of the situation regarding use of EBM, aiming to develop recommendations on the following organizational elements of EBM Center: positioning and structure, staffing, information access, guidelines development and other roles of the EBM Center, quality assurance and teaching EBM. The project also assisted NCPHR in drafting a “Statute on Clinical Practice Guidelines in the

Azerbaijan Republic”, which will define a legal status for CPG development process including the purpose, structure, methodology as well as the implementation, monitoring and updating of clinical protocols. This document was submitted for MoH approval. In addition, 32 priority areas for CPG development (focusing primarily on PHC conditions) were selected based on up-to-date statistical information. The list was approved by the MoH.

Family Medicine Development

To assess the interests of various parties involved in or affected by the MoH’s intention to reform the country’s PHC system, the Project conducted interviews with district-level stakeholders. The study findings confirmed the prevailing view about the existing PHC delivery system in Azerbaijan. The majority of the stakeholders agreed that it is ineffective in terms of trained personnel, physical infrastructure, its referral system, and general access to care. The MoH sees the introduction of Family Medicine along with changes in health financing mechanisms and increases in provider autonomy as ways to improve the situation. The study revealed that there is strong support for those plans at the local level. The policy on capitation payment of providers was supported the most with the FM concept being the second and increased provider autonomy supported the least. However, local stakeholders overall have poor knowledge about the details of any of these plans.

The PHCS team is collaborating with the NCPHR regarding Family Medicine (FM) development in Azerbaijan. The project team spent considerable time with the NCPHR team to develop a “Statute on General Practice Doctor” and a “Statute on General Practice Nurse.” These documents describe general conditions, educational and qualification requirements, and obligations and rights of both GP doctors and nurses. The draft statutes have been submitted to the MoH for review and approval. The project team also participated in a process to develop a curriculum for family medicine training. The pace of the process of FM introduction was slower than desired. Despite delays, a significant milestone was achieved with the inclusion of a Family Physician position into the official nomenclature list of medical professionals. Another success was the formal approval of the optimization Master Plan for pilot districts in which the General Practice/Family Physician (GP/FP) group practice model was included, based on an assumption that this specialty has been introduced in the country.

Component 3: Improve Quality of PHC Services

The project team worked closely with the NCPHR and HSRP to assist in the introduction of EBM principles and development of CPGs in the country, as well as on developing a Quality Improvement (QI) strategy for health care services, and integration of CPGs and QI processes into health care provision.

Integration of EBM into Clinical Practice and Development of CPGs

In order to contribute to the process of integrating EBM approaches into clinical practice and to further build the capacity of national counterparts, the project organized a workshop and 10-day training on EBM and development of CPGs. The training was provided by PHCS’s international experts in EBM and in collaboration with MoH and NCPHR. Fifteen specialists from different health care institutions participated in these trainings, including the MoH’s Center for Public Health and Reform, the HSRP Project Implementation Unit, the Medical University, the Institute of Trauma, the Institute of Lung Diseases, the Institute of Cardiology, the Institute of Pediatrics, the Institute of Obstetrics and Gynecology, and AECM.

These training sessions served as a starting point for the creation of a leading working group in the NCPHR that is responsible for further development of the evidence-based CPGs. PHCS team members participated from the beginning of the CPG development process in the formation of

expert groups and in some group sessions, namely in developing CPGs on “Bronchial Asthma,” “Gastric and Duodenal Ulcer,” and “Acute Upper Respiratory Tract Infections and Flu.” The Project supported the implementation of the Bronchial Asthma CPG in pilot districts. The project staff together with NCPHR and the Bronchial Asthma technical working group (TWG) members developed training materials such as a schedule, PowerPoint presentations, clinical cases, pre- and post-tests, etc. The Project also provided each training participant with a CPG manual. Altogether, 296 PHC providers in five pilot districts were trained on the Bronchial Asthma CPG.

Based on the results of drug utilization and drug price studies, the project conducted a training of trainers (ToT) on RDU for selected specialists from NCPHR, HSRP, AECM, and the Innovation and Supply Center of MoH. Subsequently, with participants from the ToT, the project team organized RDU trainings in five pilot districts. A total of 590 health providers from Sheki, Agdash, Ismayilli, Gakh, and Absheron districts were trained. Samples of patient education material were distributed to medical providers.

Support Continuous Quality Improvement in PHC Facilities

In order to strengthen Continuous Quality Improvement process as an essential part of EBM integration into clinical practice and CPG implementation, District Monitoring Teams (DMT) were formed in 3 districts – Sheki, Ismaili and Gakh, which includes the deputy chief doctor of the district, head of statistics department, chief of pediatric polyclinic, chief of therapeutic department, chief of polyclinic for adults. The primary role of DMT will be monitoring and supportive supervision and through improving health providers’ performance.

The project team reviewed various QI tools developed for PHC and inpatient or specialized care. Based on this review a draft QI tool for pilot districts was developed in collaboration with DMTs. Introductory workshops on QI and the monitoring tool were held in pilot districts. The monitoring tool included the following sections of primary care:

- The management of the most common health conditions targeted by CPGs;
- Rational use of drugs; and
- Patient registration and referral system.

The four PHC sensitive conditions hypertension, acute respiratory infections, peptic ulcer and bronchial asthma were chosen for CQI pilot. The Project has provided extensive technical assistance to NCPHR in development of evidence-based CPGs for these conditions. Once the CPGs developed and approved, the PHCS team will work closely with DMTs and PHC providers to finalize QI tool and start CQI process in selected PHC facilities.

Component 4: Promote Personal Responsibility for Health among Individuals and Families

Strengthening Health Communication Process

One of the major tasks of the Project was to establish a body within the MoH which is able to manage all health communication activities in the country. In collaboration with the NCPHR this body was identified. The Department of Mass Media and Public Relation (DMMPR) of the NCPHR was dedicated by the MoH to serve as a primary authority for all health communication efforts in Azerbaijan.

To support institutionalization of DMMPR in its new capacity, the PHCS team helped in revising functions and developing new terms of reference (ToR) for the Department. The new ToR broadened the Department’s scope of work and gave it more authority. Thus, under this ToR, the

Department will a) review and approve health communication materials developed by any organization active in health care (both local and international) on behalf of the MoH; b) coordinate work of partner organizations and c) provide technical expertise regarding health communication.

The Project also is concerned with increasing knowledge and skills of the DMMPR staff. Thus, the Project provides day-to-day support for the staff of the Department to improve their capacity in applying modern health communication approaches and techniques. The project contributes with its technical expertise to all public events organized by the Department, such as round tables, workshops for journalists and public events, such as AIDS Remembrance Day, vaccination week, Malaria Day, Donor Day, etc.

The Project also understands the importance of formal training and therefore developed two training courses on health communication including both theory and practical exercises. The Department staff and Health Communication specialists from partner organizations (including NGOs, government, and international organizations) were introduced to these courses during workshops on the Basics of Health Communication and How to Develop Health Communication Materials and Manage Media Campaigns. In total 27 persons were trained and certified.

The PHCS team also supported establishment of close relations between the DMMPR and partner organizations active in health communication in Azerbaijan (ACQUIRE project, the Global Fund (GFATM), WHO, ICRC, AzRCS, local and international NGOs). Currently, the Department with the support from the project team is providing its expert opinion to partners on development of communication materials (electronic and hard copies) and selecting priorities for health communication interventions. Monthly meetings for Health Communication specialists from various organizations which were initiated at the NCPHR premises allowed to improve relations between counterparts and develop a better vision of the current situation in the country and facilitate better collaboration.

Along the same line, the project supported NCPHR in developing relationships with the health communication and public relations specialists from other CIS countries. In March 2008, a group of NCPHR staff members went on a study tour to Moldova to learn about their experience in communicating about the introduction of health insurance and health reform.

Jointly with the DMMPR the project team also has initiated development of a monthly newsletter covering activities of the NCPHR and its partners. To date, four issues (starting from May 2008) of the bulletin have been printed and distributed through the mailing list (more than 50 subscribers) to all interested parties. The bulletin has a dedicated link on the MoH web-site <http://www.health.gov.az/article.php?isimbulleten>. A limited amount of hard copies also is available.

Given the absence of literature in health communication in the national language for specialists, the project in cooperation with NCPHR staff has completed an English-Azerbaijani glossary of health communication terminology. The book was published and distributed (100 copies) among partners from government, local and international organizations to serve as a reference book for unification of health communication terminology.

The project also has started working on translation from English into Azerbaijani a foundational guide book on How to Develop Health Communication Strategy. This book was produced by the Johns Hopkins University Center for Communication Programs which agreed to have it translated into the Azerbaijani language.

Patient Education

The project has worked with both the general population and health providers to ensure their improved awareness of health issues.

The PHCS team has developed a module on patient education for health providers, covering issues of effective patient-provider communication. This module was presented to health specialists by the

representatives of the NCPHR during workshops on Rational Drug Use organized by the project in all pilot districts. The project jointly with the DMMPR developed, printed, and distributed 10,000 copies of patient education materials on rational use of injections and antibiotics in all the pilots. These materials allowed the trained health providers to reinforce their verbal communication with patients with hard copy references.



HIGHLIGHTS AND SUCCESS STORIES

Developing Evidence-Based Medicine in Azerbaijan

“In the second part of the 20th century, medical science began to use clinical trials to define whether treatment methods were effective. Those studies built a foundation for developing of evidence-based medicine”, said Vasily Vlasov, a professor of the Sechenov Moscow Medical Academy and a well-known EBM expert in the CIS. Professor Vlasov was invited to Baku by the USAID-funded Primary Health Care Strengthening project to introduce the basics of evidence-based medicine to both Azerbaijani health officials and health specialists.

“Development of evidence-based medicine is closely related to the development of primary health care. PHC doctors encounter many different diseases. To treat them better, health specialists need lots of additional information. The shortest way to such information is evidence-based medicine.”

In order to contribute to the process of integrating EBM approaches and to further build the capacity of national counterparts, the project organized a workshop and ToT on EBM. At the opening ceremony of the Introduction to Evidence-Based Medicine workshop, speakers from the MoH, National Center for Public Health and Reform, and USAID expressed their interest in developing EBM in Azerbaijan. The Deputy Minister of Health, Sanan Kerimov, stressed the importance of EBM in developing high-quality, modern clinical treatment protocols and his hopes that the country will be able to produce the best and most comprehensive protocols.

The intensive five-day workshop, which followed the official ceremony, gathered representatives of the MoH’s Center for Public Health and Reform, the HSRP Project Implementation Unit, the Medical

University, the Institute of Traumatology, the Institute of Lung Diseases, the Institute of Cardiology, the Institute of Pediatrics, the Institute of Obstetrics and Gynecology and AECM. The participants had an opportunity not only to learn how and where to obtain reliable information on modern medical trends and achievements, but also practiced their skills during computer-based practical exercises.

“We learned how to formulate good clinical questions and develop search strategies, how to evaluate clinical practice guidelines and use EBM in health care management,” said Tahmina Tagizadeh, the head of the Projects Coordination Department of the Center for Public Health and Reform. “At the end of the workshop we shared information about projects we have been researching and received feedback from colleagues and the tutor.”

The workshop was initiated by the Primary Health Care Strengthening Project. One of the project's key components is expressly to focus on improving the quality of PHC services through developing a base for evidence-based medicine and introduction of clinical treatment protocols.

“Development of evidence-based medicine is closely related to the development of primary health care,” stated professor Vlasov. “PHC doctors encounter many different diseases. To treat them better, health specialists need lots of additional information. The shortest way to such information is evidence-based medicine.”

“I think this was the right time to conduct such a workshop,” said Dr Azad Ahmadov, the national EBM coordinator. “This workshop has given us information on how to systematize of knowledge of EBM and apply it to creating the clinical protocols that are being developed in Azerbaijan. We are looking forward to participating in the next training.”

The five-day seminar on development of Clinical Practice Guidelines organized by the project in May 2008 was a logical continuation of the initial training on EBM. It was a good opportunity for specialists to learn about the methodology of CPG development, and to become familiar with tools for clinical and economic assessment from the leading international experts in this field.

“Before these trainings we were like a blind person,” said Dr. Gulsabah Huseynova, the member of expert group. “Of course new skills are helpful. Now our vision, access and knowledge are expanded. We learned how to search and assess. The Statute on Clinical Protocol which had been developed by us during the training equipped us with guideline how to organize and to lead the process in the right way.”

As a result of successful achievements in the EBM institutionalization process, participants from these trainings were included in the list of expert groups on development of clinical protocols by the order of the Deputy Minister. As experts in this methodology, they will apply the knowledge and skills they gained during protocol development to improve quality of care.



Improving Rational Drug Use

Rashida Abdullayeva is a young and energetic woman who wears two hats: she is a lecturer at the Department of Pharmacology of the Azerbaijan Medical University and she is also an expert at the Analytical Expertise Center for Medicines. But recently she added one more hat to her collection. Rashida has become a part

“...we developed a strong team. Also I believe that participating in all the steps of training development allowed me personally to feel more responsible. I have a strong feeling of ownership of this workshop... I hope together with the team we would be able to improve it and continue to use it for teaching health providers all over the country.”

of the trainers' squad established by the PHCS project to develop modules on Rational Drug Use for health providers at the district level. Among her teammates also were representatives of the National Center for Public Health and Reform, the Innovation and Supplies Center of the MoH and staff of the the PHCS project itself. Rashida and 12 other participants took part in a two-day workshop on RDU organized by PHCS and facilitated by an international expert on Pharmaceutical Policy from the Central Asia. “We learned a lot,” added Rashida. “But when there came the issue of necessity to develop a district-level workshop, we decided to do it our way.”

“Often when there is a need for training, donors and partners just bring someone from abroad to make presentations and share expertise. They provide you with prepared modules and all you need to do is just use them to teach people in the field,” said Rashida. “Of course, this is a great opportunity to learn about international experience and apply what you have been taught without wasting time and efforts for developing materials. But I prefer the other way, the way our team did it.”

PHCS fully supported this idea. With assistance from the project, Rashida and her colleagues gathered materials, assessed needs of the future training participants (both doctors and feldshers), developed presentations and conducted series of workshops in five districts of Azerbaijan. Trainees included all physicians and pharmaceutical specialists from Qakh, Ismayilli, Sheki, Agdash and Absheron regions, 590 persons in total.

This training covered topics on RDU, the current situation on the pharmaceutical market, drug policy and strategies for its introduction, and the new role of a pharmacist. One part of the training curriculum focused on patient education. “Together we developed leaflets for patient on use on antibiotics and injections,” mentioned Rashida.

“I am happy that we did it this way. Firstly, we developed a strong team. Also I believe that participating in all the steps of training development allowed me personally to feel more responsible. I have a strong feeling of ownership of this workshop and I know its weak and strong points,” said Rashida. “I hope together with the team we would be able to improve it and continue to use it for teaching health providers all over the country.”

Success of the RDU training raised the interest of the team of trainers from WHO, and now the team as a whole is going to be involved in developing a National Strategy and clinical protocols on RDU.



Capacity Building for Health Communication

NCPHR Staff Introduced to Basics of Health Communication

“The most important thing I learned during this workshop was a step-by-step approach for developing communication strategies,” said Zaur Ibrahimov at the closing session of the Basics of Health Communication workshop. “Now I have a systematic knowledge of modern communication techniques which will help me a lot in my everyday activities.”

Zaur is a professional journalist, who is currently a part of the Department of Mass Media and Public Relations (DMMPR) of the National Center for Public Health and Reform (NCPHR) of the Azerbaijan Republic

Ministry of Health. He and two of his colleagues from the NCPHR participated in a three-day Basics of Health Communication workshop organized by PHCS.

The Public Relations department is staffed by young, energetic people. They have backgrounds in media, sociology and public affairs, but lack the skills and expertise in health communication vital for developing successful, nation-wide interventions to promote healthy lifestyles and inform the public on MoH policy.

That is why the PHCS project decided to organize a workshop which could provide the employees of the Public Relations and People’s Health Departments with basic skills in health communication.

The PHCS Project has a long and strong relationship with the NCPHR, providing technical expertise in issues related to health reform and supporting capacity development of this relatively new part of the MoH. One of the project’s components, covering issues of health promotion, is selectively targeting capacity development of NCPHR as a focal point for a national level information, education and communication activities.

Taking into account the potentially leading and coordinating role of NCPHR staff in the national hierarchy of health communication structures, the workshop was tailored to embrace the participants’ professional needs and areas of interest. Over three days of numerous presentations and group work, the participants learnt how to develop a communication strategy from scratch. The last day was dedicated to the creation of media campaigns; taking into consideration the approaching World TB day, tuberculosis was the subject of this activity.

“The group exercises we had during the workshop were very important for me,” mentioned Tofiq Musayev, the newly appointed head of the People’s Health Department. “This allowed me to engage my staff in a real team work.”

All the participants expressed their satisfaction with the workshop both in regards of facilitation and topics covered, and agreed on the importance of further training events to improve their expertise and understanding of health communication.

The project team has been actively involved in institutionalizing a body within the Ministry of Health responsible for health communication activities. The Department of Mass Media and Public Relation of the NCPHR dedicated by the MOH to serve as the major health communication authority in Azerbaijan, has become the close partner of the project.

PHCS contributed to the Department’s capacity development through continuous on-the-job support of its staff; several workshops on modern health communication approaches and techniques were conducted.

Monthly News Bulletin Wins the Hearts

At the end of each month, Zaur Ibrahimli and Nurlan Aliyev, employees of the DMMPR of the NCPHR check their e-mails very carefully. Zaur and Nurlan are in charge of producing a monthly news bulletin of NCPHR, and these are the hottest days for them: it's time to compile stories and articles submitted by the Center's partners for the newsletter.

The bulletin produced by the DMMPR team with support from the Primary Health Care Strengthening project is outlining all major activities of the Centre and its partners, such as NGOs, international organizations and governmental bodies. The bulletin is designed in electronic format and distributed by e-mail to over 50 subscribers, including representatives of USAID, WHO, World Bank and UNICEF.

“When we started the bulletin in May,” said Nurlan Aliyev, the head of the DMMPR, “we hardly had enough information to fill four A4 pages, and these were mostly news from the Center and our two closest collaborators: PHCS and ACQUIRE project.”

Today, in its third issue the bulletin has doubled in size, it has more illustrations and comprises stories from a number of contributors, such as the National AIDS control center, Open Society Foundation, Azerbaijan Red Crescent Society, ICRC, private foundations and local NGOs.

“When we started this work we weren't very optimistic,” continues Nurlan Aliyev. “We weren't sure that we would be able to collect enough information each month; that our partners would be willing to write for us. But time proved that our doubts were incorrect.”

Today the bulletin has a dedicated link on the MoH's web-site, permanent contributors and a growing list of subscribers. The editor is working hard to make it more interesting and comprehensive.





LESSONS LEARNED

During the first year, PHCS has achieved its objectives through a set of complementary activities targeted at technical support in policy development processes and capacity building for policy makers, health care managers, and health care providers. To optimize its support strategy, the Project has established very good working relationships with its partners and opted for joint activities where in line with the Project's objectives. During the year, we met a number of challenges mainly related to delays in approval of certain policies by the government as well as a relatively low readiness of policy makers at different levels of the system to take full leadership and – to some extent – responsibility for changing some critical features of the health system. However, it could be observed that the capacity of MoH staff to critically discuss reform proposals has significantly increased as a result of the Project's and partner's investments through consultative processes with individuals or groups and that a number of policy makers are expressing a more clear vision and ownership for certain ideas than was the case a year ago.

One of the main lessons learned during the first year of the project was that delays in reaching project objectives due to the absence of certain political decisions should not stop the project's activity in that field. For instance, despite the formal approval of a Health Financing Concept and the decision to establish a single payer for health care in December 2007, the government was very slow in implementing these new policies. The Action Plan for Implementation of the HF Concept has not been approved until August 2008 and the State Agency for Mandatory Health Insurance (SAMHI) has not started its operations yet. Nevertheless, the project continued its work in health financing by focusing on those priority needs that are less dependent on political decisions. Among such areas were: strengthening the health information systems at the facility level aiming to prepare health providers for the introduction of new financing mechanisms and to build their capacity in collection and analysis of clinical and financial data. Another priority was the development of proposals for a case-based hospital system, which also will be required when the new provider payment systems are

introduced. All this preparation work will be useful next year when SAMHI is formally established, so the project can allocate more time and efforts to support its operations.

Another major lesson learned was the positive results we obtained by investing in local capacity. A strict selection process was followed by which priority was given to experts from government institutions in charge of the respective task. Following a training provided by international specialists, the local experts were usually closely involved in the process of policy or standard development as well as in subsequent training activities targeting the implementation level at national or regional level. Thus, rather than using independent trainers, emphasis was put on increasing knowledge and competencies for organizing and conducting trainings within government structures. The local trainers developed training materials, adapted presentations, facilitated training sessions, and assessed achievement of learning objectives through feedback forms. This has increased ownership and responsibility for their training work and provides an excellent condition for sustainability of respective project components. The Project considers the latter strategy as successful approach e.g. in the area of EBM, Health Communication, RDU, etc.

The Project also learned the importance of institutionalization. Under the Health Communication component PHCS strived for creating a body within the MoH structure dedicated exclusively to coordination and management of communication activities to promote better health. Absence of such an institution has severely constrained the volume and quality of the MoH's health communication thus far and also reduced the impact of related capacity building activities by international organizations. The ToR developed by the Project clearly defined the role of the DMMPR as the main authority for coordinating health communication activities in the country. This clearly defined role and continuous on-the-job support provided to DMMPR allowed for better collaboration between the Project, MoH and other partners and improved quality, scope and outreach of the NCPHR activities.

Considering all experiences and lessons learned, the Project intends to continue implementation of activities under all project components during the Project's second year (in line with the work plan) and will maintain the current strategy of simultaneously supporting the policy and the implementation level of the health system.



MONITORING AND EVALUATION REPORT

PHCS has made significant progress in achieving its main objectives under each project component, which is tracked through the Project’s monitoring and evaluation process.

Rational use of health care resources is critical to improving access and quality of PHC services in an environment of inadequate government funding. PHC services operate in a broader health system that is struggling to afford a commitment to provide free services to the entire population but in reality operates on out-of-pocket and informal payments. To mitigate these shortcomings, the Project has made significant progress.

The table below shows the needs identified before project implementation and the progress made toward filling those needs during Year I under **Component I** of the project:

Needs Identified	Progress in Filling the Need
Lack of policy dialogue and weak legal framework for	▶ National Health Financing Concept (HFC) endorsed by the President

health financing reform	▶ Action Plan for Implementation of HFC approved by the Cabinet of Ministers
Fragmented funding that result in inequity and poor financial risk protection for vulnerable populations	▶ The Agency for Mandatory Health Insurance, a single payer for state-guaranteed health services in Azerbaijan, formally established
Input-based budgeting with few incentives to create efficiencies	▶ Proposals for new provider payment system submitted to the Ministry of Health for review ▶ Built counterpart capacity at the national and pilot level in health financing reforms through direct training
Lack of adequate health information systems required to support the transition to new provider payment system	▶ Built counterpart capacity in selected pilot districts to implement computerized information database for discharged patients

The project has made significant progress in enhancing legal and policy dialogue in the country. During the first year of the project the following health related policies, laws and regulations were developed with significant project contribution: National Health Reform Strategy, Statutes on General Practice Doctor/Family Physician and General Practice Nurse/Family Nurse and others. The table below shows the needs identified before project implementation and the progress made toward filling those needs during Year 1 under **Component 2** of the project:

Needs Identified	Progress in Filling the Need
Need for a comprehensive health reform strategy	▶ National Concept Paper on Health Reform developed and discussed at national level
Lack of Evidence Based Medicine (EBM) process	▶ EBM home identified ▶ EBM Coordination Committee established and started to work ▶ “Statute on Clinical Practice Guidelines in the Azerbaijan Republic” developed, which identified the entire process of CPG development and implementation
Lack of Family Medicine approach to PHC	▶ Position of Family Physician officially included into the nomenclature list of health care positions ▶ “Statute on General Practice Doctor/Family Physician” and a “Statute on General Practice Nurse/Family Nurse” developed
Need for a comprehensive National Drug Policy: EDL, NDF and regulatory basis for Rational Drug Use (RDU)	▶ Development of EDL started ▶ Development of National Drug Formulary started ▶ RDU training developed

The first two components of the Project deal with the financing reforms and overarching PHC policy framework necessary to support quality PHC service delivery. **Component 3** concentrated on the

quality aspect more concretely. Critical to success is the theoretical and practical linkage of different interventions such that they are not implemented in isolation but rather integrated at the health facility level to drive change in clinical practice. The table below shows the needs identified before project implementation and the progress made toward meeting those needs during Year I.

Needs Identified	Progress in Filling the Need
Lack of integrated GP/FM in service training program	<ul style="list-style-type: none"> ▶ 9 expert groups for the development of various CPGs formed and started to work ▶ 296 providers trained on CPG for bronchial asthma in pilot districts ▶ Trainings on Rational Drug Use (RDU) and QI basics conducted; 590 providers trained in pilot districts
Lack of Evidence Based Medicine (EBM) process	<ul style="list-style-type: none"> ▶ Two rounds of training on EBM and CPG development conducted
Lack of QI techniques to ensure quality of care	<ul style="list-style-type: none"> ▶ EBM/CPG development process established and prioritized PHC conditions ▶ QI monitoring tool developed ▶ Introductory workshops on QI and monitoring tool were held in pilot districts

The needs identified and filled in the framework of **Component 4** of the project are shown in the table below:

Needs Identified	Progress in Filling the Need
Absence of a body responsible for health communication within the MoH	<ul style="list-style-type: none"> ▶ Upon the discussions with the NCPHR the DMMPR was identified as a primary coordinating and supervisory authority for all HC activities in the country
Lack of clear understanding of the dedicated body's scope of work	<ul style="list-style-type: none"> ▶ Terms of Reference for DMMPR were developed
Lack of skills and knowledge on modern HC trends and approaches	<ul style="list-style-type: none"> ▶ Day-to-day support to all the DMMPR's activities ▶ Two formal training workshops on health communication techniques and approaches for the NCPHR and its partners
Lack of information on what is being done in regards of health communication in the country	<ul style="list-style-type: none"> ▶ Monthly meetings for HC specialists from the government, NGOs and international organizations to share experience, news and select priorities
Lack of specialist literature on HC in national language	<ul style="list-style-type: none"> ▶ An English-Azerbaijani glossary on Health Communication terminology developed, printed and distributed ▶ A guide book on HC strategy development is being translated

Lack of information on health issues among general population and health providers	<ul style="list-style-type: none"> ▶ A training module on patient-provider communication for health workers developed, training held ▶ Patient information materials on two health issues printed and distributed
Lack of information on activities of NCPHR	<ul style="list-style-type: none"> ▶ A monthly newsletter outlining activities of NCPHR and its partners developed and issued

A full report on the Project's Performance Monitoring Plan indicators is in Attachment I.



LOOKING FORWARD

In Year 2, PHCS will begin to move from policy dialogue, consensus-building, and strategic planning to working with the Government of Azerbaijan and other counterparts on decision-making and models for implementation. Our approach will:

- Continue to push policy dialogue forward;
- Implement PHC financing reforms;
- Focus existing facility interventions through a more integrated PHC model; and
- Through those interventions increase outreach efforts to further involve the population in improving its health.

Project technical assistance will be provided to help the government define appropriate institutional roles and relationships for key health system functions that are to be reformed, and then to build counterpart capacity in these institutions in designing, implementing, and monitoring health systems strengthening interventions. This approach ensures sustainability because it embeds health systems functions in appropriate institutions and builds institutional and individual capacity to perform these functions. The project also will use a “top-down, bottom-up” approach to connect the development of national policies and programs with on-the-ground implementation in pilot sites.

LIST OF ACRONYMS

AECM	Analytical Expertise Center for Medicines
CPG	Clinical Practice Guideline
DHIS	Department of Health Information and Statistics
DMMPR	Department of Mass Media and Public Relation of NCPHR
DMT	District Monitoring Teams
EBM	Evidence-based Medicine
FM	Family Medicine
GoAz	Government of Azerbaijan
GFATM	Global Fund to Fight AIDS, Malaria and Tuberculosis
HIS	Health Information System
HSRP	World Bank-funded Health Sector Reform Project
ICD	International Classification of Diseases
MoED	Ministry of Economic Development
MoF	Ministry of Finance
MoH	Ministry of Health
MLSPP	Ministry of Labor and Social Protection of Population
NCPHR	National Center for Public Health and Reform
NDP	National Drug Policy
NHA	National Health Accounts
PHC	Primary Health Care
PHCS	Primary Health Care Strengthening Project, Abt Associates
PPS	Provider Payment Systems
QI	Quality Improvement
RDU	Rational Drug Use
SAMHI	State Agency for Mandatory Health Insurance
ToT	Training of Trainers
TWG	Technical Working Group
WB	World Bank
WHO	World Health Organization